#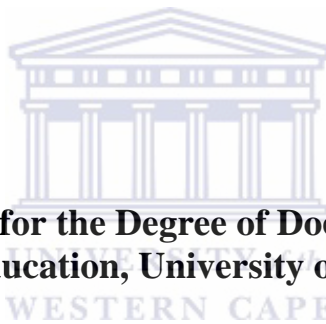 An Understanding of HIV and AIDS Discourses of Teachers in Cape Town, South Africa, and its' Relevance for HIV Prevention in Schools

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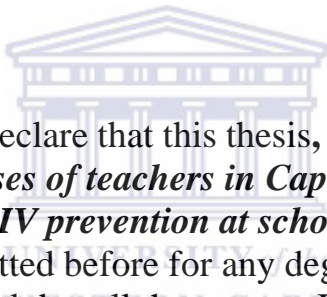
Thesis presented for the Degree of Doctor of Philosophy in the Faculty of Education, University of the Western Cape.

November 2010

Supervisor: Dr. James Lees
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Dr Dirk Meerkotter

DECLARATION

I the undersigned, declare that this thesis, *An understanding of HIV and AIDS discourses of teachers in Cape Town, South Africa and its' relevance for HIV prevention at schools* is my own work, that it has not been submitted before for any degree or examination at any other university, and that all the sources I have used or quoted have been acknowledged by means of complete references.

Full name:

Date:

Signed:

Abstract

This study investigates the content and nature of the HIV and AIDS "discourses" of teachers, which I have identified as a knowledge gap in the existing HIV and AIDS education literature that, presumably, is informing practice. The argument is that, without an understanding of teachers' HIV and AIDS discourses, we will continue to speculate about why HIV education often does not have the effect we expect of it – reduced HIV infection, reduced risk behaviour, reduced teenage pregnancies – and why it has been regarded as a failure by many. The public media often expose rampant teenage sexual behaviour, such as abortions, pregnancies, and an addiction for electronically generated pornographic materials, causing consternation and sending shockwaves through schools and society. These reports attest to the kind of risky sexual behaviour which makes children vulnerable to HIV infection. In spite of more than twenty years of HIV and AIDS education, teachers and society at large remain uncertain and uncomfortable about teenage sexual behaviour, HIV infection and the inability of adults to protect young people from sexual exploitation.

This study identified five overriding knowledge themes which are central to the HIV and AIDS discourses of teachers. This was done by subjecting teachers' discourses to a mixed methodological investigation, establishing the basis of the nuanced and complex nature of their HIV and AIDS discourses. I employed the focus group discussion, questionnaire and face-to-face interviews as research techniques which enabled me to identify three research foci and five dominant knowledge themes. While it is disconcerting that the knowledge of learners' sexual behaviour has not emerged as a dominant concern in teachers' discourses, the knowledge themes serve as a signpost for future teacher training and educational policy reform. I further argue that an explanation for the poor state of HIV and AIDS education goes beyond the need for improved teacher knowledge or an efficacious implementation of educational policy. The study explains the concerns for a perceived 'poor achievement' in HIV and AIDS education as an outcome of an epistemological fault line between educational policy and teacher practice. It provides evidence of contradictions and ambiguities between educational policy and teacher practice. HIV and AIDS education policy expounds a particular instrumental rationality,

one which underestimates the complex mediatory role that teachers play in the policy implementation process. In addition, to the educational policy, teachers' discourses are also informed by a complex interplay of multiple factors and influences (or discursive practices) which are embedded in their subjective sense of self. The study employs Foucault's (1978) concept of discursive practices as conceptual framework. Discursive practices explain how discourse is produced on a subjective level by the self which happens when teachers play an active role, using their power to enunciate discourse.

Constructing an understanding of teachers' HIV and AIDS discourse took on a different meaning in the later stages of researching for this thesis when I adopted the role of a teacher myself. New tensions emerged between me as teacher and me as researcher. I returned to the classroom in 2009. During this time, I experienced the realities of teaching about HIV and AIDS in the context of C2005.[1] I felt that the absence of my own voice deprived the study of the context in which it was perceived. I then reviewed, as part of the methodology and conceptual framework, my own subjective knowledge and experiences of HIV and AIDS education, from which emerged the *context within the context* of this thesis.

My sincere hope is that this thesis will contribute to the essential task of helping teachers to discover their own power and voices in relation to HIV and AIDS education in the classroom. I also hope that, through opportunities for relevant teaching and reflective action, teachers' awareness of learner sexuality will be raised and that learners will be inspired to achieve their full potential, of which being free from HIV is an integral requirement.

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[1] In light of the new educational reforms announced by the National Minister of Education, Ms Angie Mosekgha, I was concerned about the relevance of this study in relation to the new reforms. This matter is fully attended to in a Postscript at the end of this thesis. In essence, these reforms aim at reducing the administrative workload of teachers, while creating improved teaching and learning opportunities by providing more schools, improved training and learning materials.

Acknowledgements

A word of thanks must go to the Western Cape Department of Education which gave me permission to conduct my research at numerous secondary schools. To those schools and the teachers who participated in the various research stages: this thesis resonates with the echoes of your voices and concerns. Thanks for sacrificing your time and effort. Your participation serves as abundant evidence that there are many teachers at our schools who care about HIV prevention. More than a hundred teachers participated in this study. To all of you, I wish to extend a personal word of acknowledgment.

On a personal note, this thesis is dedicated to the memory of my deceased parents and siblings, in whose shadows I have always lived. Trammakasie, Mamma (Rugaya Isaacs) for instilling the importance of education in us. Shukran, Boeyah (Imam Yusuf Davids, 1915-1963, of Ellismere Street Mosque, District Six) for providing me with a role model, a life worthwhile examining. In spirit, I thank my eldest brother, Haji Affan, for taking me to Mr Sammy Frans (George Golding Primary) on my matriculation, for guidance in furthering my education; Haji Moegsien, for taking me to school (St Josephs/ Salie Dollie, District Six) for the first school day in my life (Sub A - and I have never stopped going to school!); Haji Goesnie, for your perseverance and openness about life, and Haji Sedick, for the spiritual stamina that you so selflessly shared with others. To my remaining siblings, Haji Asa (Asie), Jawayariya (Wyrie), Haji Shadley, Alie, Fatima (Tiemie) and Haji Osman: you and your families are always in my thoughts and prayers. I hope I have made you proud, because in many ways, this achievement is also yours.

Last but not least, to my wife, Waheba Sabera, thank you for your understanding and unstinting support, especially when I needed to do my own things while you and our son, Umayr, had to steer the business. To my children, Tharwah and Umayr, this thesis is yours, too. Without having you as my children, I would have found it much more challenging to conceive. May it be a source of pride and inspiration to your mother Waheba, to you and our offspring, In Sha Allah.

List of tables

Acronyms

ACE   Advanced Certificate in Education

C2005   Curriculum 2005

ELRC   Education Labour Research Council

EMDC   Education Management and Development Centre

HSRC   Human Sciences Research Council

HIV and AIDS Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome

NGO   Nongovernmental organization

JoE   Journal of Education

OBE   Outcomes-based education

PET   Postgraduate and throughput program

SPSS   Statistical Program for Social Sciences

Key Words

Discourse

Discursive practices

HIV Prevention

Self-reflection

Teachers

South Africa

Schools

Foucault

Policy

Sexuality

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Chapter 1: Introduction

1.1 The HIV and AIDS[2] pandemic: The gap between theory and practice

Despite all the human effort and financial resources invested in preventing the spread of HIV and AIDS, there remains a constant concern about its impact, both now and in the future. As long as people are dying[3] of AIDS, questions about the efficacy of school education will be raised. School education has become a major avenue to address these concerns, so questions about what, how and to what effect teachers are teaching HIV and AIDS education will remain a legitimate field of investigation.

Due to the crucial role played by teachers in the implementation of HIV and AIDS education, their function in this regard will become an essential knowledge component if a comprehensive understanding of this educational challenge is to be attained. This study has been approached from the perspective of the lived experiences of teachers, with the main focus on their discourses on HIV and AIDS education. The study must also be seen in the context of the National Department of Education's efforts to implement educational policy on HIV and AIDS education, as formulated in the Life Orientation sections of Curriculum 2005 (C2005).[4] Curriculum 2005 was the post-1994 government's new educational plan, designed to transform the apartheid-formulated educational policy (Harley and Wedekind, 2004:195). In the context of the national educational transformation, this study explores the state of HIV and AIDS education by focusing on what teachers are thinking and how they are navigating their professional practice of HIV and AIDS education.

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[2] The term 'HIV and AIDS' has been used throughout this thesis. However, the reader's attention is drawn to the meaning of 'HIV', which is an abbreviation of the medical term 'Human immunodeficiency virus', and 'AIDS', which stands for 'Acquired immune deficiency syndrome'. HIV is the infection that causes AIDS. HIV as a virus shows few or no symptoms for up to 10 years or more, before symptoms of AIDS develop (Lachman,1999). Due to the social and economic impact of HIV and AIDS, the educational sector responded to prevent the spread of the HI virus, especially amongst school-going children. In the context of this thesis, 'HIVand AIDS' is invariably linked to the prevention of HIV and AIDS through educational means and not to its medical nature. The term 'HIV and AIDS education' came into existence to give 'sexuality education' a new dimension.

[3] Smetherham reported a study conducted by the Institute of Democracy in South Africa (Idasa) that estimated 28 000 South Africans are dying every month of AIDS-related illnesses. This calculation was based on work by the Actuarial Society of South Africa (The Cape Times, 17 March 2009).

[4] Refer to Postscript at the end of this thesis for a brief reference to the newly announced educational curriculum changes, due to be phased in as from 2011.

What teachers do in their classrooms is often contrary to the expectation of them as effective implementers of school policy. Teachers are not a homogenous group who are slavishly committed to implementing a prescribed educational policy. In practice, each of them plays an active mediatory role in the interpretation and enactment of the school curriculum. Teachers mediate HIV and AIDS education through discourses, and an understanding of such discourses could illuminate the state of HIV and AIDS education as it is grounded in the way teachers are thinking and talking about HIV and AIDS.

My contention in this thesis is that too much emphasis is being placed by educational authorities on the implementation of policy, while ignoring how teachers are thinking and talking about HIV and AIDS education on the ground. While education policy focuses intensely on the desired outcomes of curriculum proposals, realities which mitigate the implementation of the curriculum are overlooked (Harley & Wederkind, 2004:212). Not only are some teachers uncomfortable about teaching HIV and AIDS education, through an educational policy which lacks an appreciation of the complex nature of human sexuality, but they are also asserting their own subjective understanding of HIV and AIDS education in ways which produce a variety of different discourses on the subject. The content and nature of these discourses are becoming a crucial component in what constitutes HIV and AIDS education. On the one hand, C2005 prescribes clearly what teachers need to teach in order to achieve the specified curriculum outcomes, while on the other hand teachers themselves approach HIV and AIDS education differently. Unlike other school subjects, the teaching of HIV and AIDS, which is a new component of the curriculum, was foisted onto teachers in the expectation that the schools would play a role in the prevention of HIV and AIDS amongst school-going children.

According to the National Education Policy Act (DoE, 1996), teachers are expected to have substantial knowledge of HIV and AIDS. They are in direct contact with the learners and arguably in a better position to provide them with meaningful HIV prevention education. To this end, educational policy explains the purpose of HIV and AIDS education as follows:

> The purpose of education about HIV and AIDS is to prevent the spread of HIV infection, to allay excessive fears of the epidemic, to reduce the stigma attached to it and to instill non-discriminatory attitudes towards persons with HIV (RSA, Government Gazette, 1996:15).

These policy objectives further elaborate the 'type' of teacher who should implement policy on HIV and AIDS education:

> Because of the sensitive nature of learning content, the educators selected to offer this education should specifically be trained and supported by the support staff responsible for skills and HIV and AIDS education in the school and province. The educator should feel at ease with the content and should be a role-model with whom learners and students can easily identify (RSA, Government Gazette, 1996:16).

These policy objectives reflect society's concerns and interest in the pandemic. Issues about the mode of transmission of the virus, the dangers of unprotected sex, attitudes towards people infected with HIV and AIDS, and social stigma have all been incorporated into educational policy.

This policy, I would suggest, reflects a limited, if not superficial understanding of the complex nature of HIV and AIDS education. For example, it does not sufficiently recognize the multifaceted nature of sexuality as an educational subject. Teachers' sexuality, a facet that is crucial to policy implementation, is in practice a private matter. No provision has been made to differentiate between teachers who may be 'at ease' and those who qualify as 'role-models with whom learners and students can easily identify' (RSA, Government Gazette, 196:16). These policy issues are still largely left unattended at the grassroots level of implementation. However, I do not suggest that a clearer exposition of these issues would make the policy more teacher-friendly, but attention to its complexity may bring about a greater awareness of the objective of policy and simultaneously, exposes some of its gaps and shortcomings at the level of practice.

Given the focus of this thesis, which is teachers' HIV and AIDS discourses, as opposed to learners' understanding and discourses of HIV and AIDS, I want to refer to the question of learner sexuality which, as a neglected research topic, still presents many

challenges to teachers and those framing educational policy. Learners are the target of instruction by teachers and their sexuality cannot be ignored. Rademeyer (2009) reported the results of a special investigation into teenage pregnancy in an article entitled "Teenage pregnancy in South Africa – with special focus on school-going learners". The results of this special investigation was disclosed by the Minister of Basic Education, Ms Angie Motshekga. According to this report, 1% of 15-year-olds contribute towards the statistic for teenage pregnancy, as against 6% of 16-year-olds, 22% of 17-year-olds, 23% of 18-year-olds, and 43% of 19-year-olds. Amongst other aspects of teenage sexuality, the study investigated the pregnancy rate per 1000 learners between 2004 and 2009 in various provinces. In 2008, 62 learners in 1000 became pregnant, as compared to 51 in 1000 in 2004. The report also revealed that 70 000 abortions were performed at public health centres in 2003, an increase of 200% since 1997. What is also significant about this statistic is that 30% of these abortions were performed on teenagers between 15 and 19 years old. The report also noted that 66% of the respondents blamed their pregnancies on 'unsafe' sex (Rademeyer, Die Burger, 29 August, 2009).

In the Western Cape region, the provincial department of health revealed that almost 14 400 teenagers had given birth to live babies in the past year (The Cape Argus, 14 September, 2010:7). This press release also stated that at the Marie Stopes Clinic, one of the largest private clinics specializing in reproductive health care, teenage pregnancies were "on the rise". Last year alone more than 5 000 terminations of pregnancy in teenagers aged between 12 and 19 were performed. Among the reasons for the rise in teenage pregnancy was the lack of open communication between parents and children; this points clearly to the need for relevant and meaningful HIV and AIDS and sexuality education for teenagers (The Cape Argus, 14 September, 2010). Responding to this report, the mayoral committee of the City of Cape Town (Mayco) agreed to launch an investigation into the reasons for the high number of teenagers falling pregnant annually, and would also identify appropriate interventions (The Cape Argus, 16 September, 2010).

The implications of teenage sexuality and its association with the growth of HIV and AIDS infections should not be neglected. If teenagers are falling pregnant, it means that

they are not practicing 'safe sex', still one of the vexed issues surrounding HIV and AIDS education.

With the explosion of the HIV and AIDS pandemic in South Africa in the late 1990s, the focus seems to have shifted from teenage pregnancy to HIV (HSRC, 2009:63). Both teenage pregnancy and HIV stem from the common factor of unprotected sex. The studies about teenage sexuality are significant, conveying messages of concern and asking questions about what teachers are teaching when they engage their learners in HIV and AIDS education. The statistics on learner sexuality accentuate and support the call for a more relevant and meaningful role for HIV and AIDS education at schools. But of more fundamental interest to this study is the fact that these statistics provide supportive evidence of an underlying gap between educational policy on the teaching of HIV and AIDS education and teachers' understanding and practice thereof. While teenage pregnancy rates may be employed to illustrate the need for new approaches to HIV and AIDS and sexuality education, it is rather 'youth sexuality' that should provide the broader framework which could inform educational policy and practice.

The glaring absence of such a framework for the understanding of 'youth sexuality' in educational policy and practice and the alleged failure of HIV and AIDS education are further mirrored in studies which reveal that learner sexuality has evidently become a "huge problem" for teachers to handle. The benefits of HIV and AIDS prevention education have been questioned in relation to teenage sexuality, as reported in recent studies conducted on schoolchildren in Pretoria and in Vredendal in the Western Cape. According to the Foundation for Professional Development, the results of a survey conducted in Pretoria revealed that 253 out of 665 pupils from five schools admitted to being sexually active, and 48 – or nearly one out of every five - had had two or more partners in the last 12 months (Govender, Sunday Times, 22 August, 2010). Andrew Julies, the leader of a pilot study which tried to reduce the school dropout rate in Vredendal said sex among boys aged 12, 13 and 14 was a "huge problem". He explained that a total of 22 girls fell pregnant at a local school, because of the poor socio-economic conditions, exacerbated by alcoholism, that turned girls to their boyfriends for the

comfort and support which was denied by their unstable domestic environments (Govender, Sunday Times, 22 August, 2010). In the light of the serious implication of sexual promiscuity for the spread of HIV and AIDS, there remains a need for educational policy and teacher practice to be better informed so as to make HIV and AIDS and sexuality relevant to the lives of the youth.

The situation at schools begs for an empowering approach, one which would lead to a direct reduction in unsafe sexual practices and by implication a reduction in the incidence of teenage pregnancies, abortions, and new HIV and other sexually related infections. According to the findings of this study, teachers are generally out of touch with youth sexuality, and when they are aware of it, the educational challenge of facing the task constructively is far too big for them to handle. Needless to say, HIV and AIDS prevention education is in need of serious attention if teachers are to play a meaningful role in the sexual lives of school-going children.

My interest in the HIV and AIDS pandemic[5] falls within the area of prevention education, with special reference to the way teachers are thinking and talking about HIV and AIDS. I have focused on the contradictions and ambiguities embedded in the discourses of teachers in terms of the multiple contexts which produced their understanding and generated their discourses. When teachers give instruction about the prevention of HIV and AIDS they have to address issues of sexuality which may pose personal and pedagogical challenges to them. Due to the different pedagogical and subjective orientations that they assume when they teach HIV and AIDS education, they express their discourse in different ways; these result in a multitude of possible outcomes in learner behaviour.

This thesis sets out to understand and analyse those diverse discourses in terms of their content and nature, in an attempt to narrow the existing gap between educational policy

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[5] I am using the term "pandemic", because since 1998, HIV and AIDS has reached pandemic proportion. Since 1998, an estimated 5.8 million people became infected with HIV and 2.5 million died of AIDS. By the end of 1998, the total number of AIDS deaths since the beginning of the epidemic stood at 13.9 million. AIDS and HIV infection are a worldwide pandemic that requires a worldwide response (WHO, 1999:5).

and the actual teaching of HIV and AIDS on the ground. Parental and social concerns surrounding HIV infection, teenage pregnancies and abortions, exacerbate the existing confusion and uncertainties about the outcomes of current teacher practice of HIV and AIDS education. The HIV and AIDS pandemic has brought about major problems for school–going youth. They face fear if they are ignorant, discrimination if they or a family member is infected, and suffering and death if they have been unable to protect themselves from the preventable disease (WHO, 1999:5). At the level of school and classroom practice, policy implementation of this vitally important component of the child's education is mediated in practice by teachers whose discourses constitute a multitude of ideas, experiences and world views on HIV and AIDS education and sexuality. As teachers' understanding of HIV and AIDS is largely subjective in nature, I argue that their discourses often contradict the rational expectations that educational policy assumes about teacher practice. These expectations are often phrased as definite learner behavioural outcomes. The logical conclusion that HIV and AIDS education should lead directly to changing the sexual behaviour of learners and *solve* the problem does not hold water in light of the empirical evidence on teenage sexual behaviour. While I support the argument that an increase in sexuality knowledge of teachers and learners is necessary, I do not suggest that a mere increase of knowledge offers a solution. On the contrary, I have argued elsewhere that, despite knowledge of HIV and AIDS and safe sex practices, the problem of youth sexuality is embroiled in a complex mix of socio-economic and psychological factors. The scope of HIV and AIDS education is vast; the discourses of teachers represent only one but a significant segment that has the potential to influence learners' sexual decision-making processes in a positive way.

This thesis therefore argues that teachers' implementation of HIV and AIDS education, which is often articulated in predetermined and defined ways, should rather be seen as being of a complex, indeterminate, and contingent, but also of a comprehensible nature. I set out to substantiate this argument through an analysis of the complex subjective thought processes involved when teachers produce discourses on HIV and AIDS. The thought structure of a teacher comprises a universe of discursive events, practices, and experiences, used to refer to patterns of meanings employed by humans to make sense to

each other (Parker & Bolton, 1999:3). When teachers actually teach HIV and AIDS education they transform policy into a diverse landscape of discursive formations, spread across a wide and uneven educational context. These discourse formations emerged in this thesis from my understanding of the research questions, which deal with the content and nature of teachers' HIV and AIDS discourses and its relevance to the reduction of HIV and AIDS and other sexually related illnesses. I suggest that an explanation for the confusion and uncertainty of the outcome of HIV and AIDS education may be found in the contradictions and discrepancies between the knowledge conception of HIV and AIDS as defined by educational policy and that experienced in the teachers' daily practice.

What follows below is an overview of the thesis, with reference to my motivation and rationale for embarking on the study, the research questions, the research focus and the overall aim of the study. A brief introductory note on the conceptual-theoretical framework which I developed to analyse and explain the research questions brings together the theoretical and the methodological approach of the thesis. The chapter concludes with an overview of the thesis structure by providing a brief description of the core issues discussed in each of the ensuing chapters.

1.2 Rationale for this study

The school is often presented ubiquitously as society's hope against the spread of the HIV and AIDS pandemic (Peters et al, 1993). This is founded on the belief that the school-going youth of today will be the adults of tomorrow. An extension of this argument asserts that by addressing the problem at the level of the school, meaningful intervention should produce positive results, which in turn will lead to more responsible sexual behaviour (Kelly, 2002: 4).

The view that learners' sexual behaviour can be prescribed and controlled through HIV and AIDS education at school is contested terrain. Education and behaviour-changing programs may contribute to awareness and knowledge of HIV, but still have only weak to

moderate effects on the sexual risk behaviour of adolescents (Aaro et al, 2006: 156). In fact, research indicates that many young people still engage in high-risk sexual behaviour, despite sound knowledge about sexual health risk (Visser, 2007:679). Educational policy insists that teachers are expected to act as role models worthy of emulation by the learners (DoE, 2002). However, this expectation is often contradicted in the way teachers themselves understand the curriculum requirements. The intellectual puzzle which this thesis intends to confront is to explain how an instrumentalist conceptualization of education, as formulated by current HIV and AIDS policy, is contradicted at the level of teacher practice. Contrary to the expectation that teacher practice is determined by educational policy, in practice teachers mediate educational policy in complex ways, characterized by what can be regarded as indeterminate and unpredictable knowledge constructions and discourse. The argument will be made in this thesis that the content and nature of the knowledge produced by teachers is a far cry from the uncomplicated, deterministic and linear understanding of knowledge as assumed in educational policy. As implementers of HIV and AIDS policy, teachers mediate in the pedagogical process to produce potentially diverse and uncertain outcomes (Smart, 2002:36). This contradiction between educational policy and teacher practice is in need of redress in light of the need for a more realistic and relevant approach to HIV and AIDS education.

This thesis thus poses the argument that HIV and AIDS educational policy is contradicted in practice by the complex process of teacher mediation. I based this argument on the notion of a conceptual fault line, one which runs through educational policy as it is translated into the diverse discourses of teachers. A Human Sciences Research Council (HSRC) study into teachers' sexual behaviour, carried out in 2005, illustrated the paradox in educational policy, in its revelation that teachers' HIV prevalence rate was ironically no lower than that of the population at large. This finding demystified the expectation that teachers are per se equipped and trained to implement educational policy. Teacher HIV prevalence rate in South Africa, according to the HSRC study, is 12,7 % (Shisana et

al; 2005: 53).[6] Furthermore, it was reported that 4000 teachers died of HIV and AIDS and related illnesses in 2004 (http://uir.unisa.ac.za, accessed 27/08/2008). In a statement on the need for stricter screening of teachers, the National Department of Education Director-General, Duncan Hindle, asserted that officials needed to check teachers' backgrounds, including criminal records. The Department of National Education fired 90 teachers for rape and sexual abuse in 2006 and 2007 (The Sunday Times, 13 April 2008:6). These startling revelations contradict a romanticized conception of teachers as role models, as ipso facto bearers of knowledge, and as passive implementers of a prescribed curriculum. In the light of such reports, which are often received with incredulity and public protestations and perplexity, the argument is made that a closer analysis of the nature of teachers' HIV and AIDS instruction be investigated in order to redress the teaching of HIV and AIDS education at schools. The HSRC study (2005) critically reviewed the role of teachers as sexuality educators. These findings also exacerbate the uncertainty and fears of parents about the outcomes and usefulness of the sexuality education their children receive at school. Given the need for a way forward, I suggest that an investigation into teachers' discourses on HIV and AIDS would provide a comprehensive understanding and a yardstick to grasp both why HIV education is regarded as a general failure and how it could become more relevant to learners' needs.

The questions about the efficacy of prevention education have led to the need for an appraisal of the role of the teacher and the school in the fight against HIV and AIDS. Many HIV preventative interventions using diverse approaches have been implemented in South African schools over the past decade, but with varying results (Visser, 2007:679). A project from outside South Africa, a multi–country study, compared the role of the school in HIV prevention in Mexico, South Africa and Thailand. In response to the question, `Can school HIV programs change behaviour?', the study concluded that no overwhelming evidence existed to suggest that school programs in developing countries did in fact protect young people from HIV infection (Stewart, et al 2001:3).

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[6] The key behavioural determinants of HIV infection amongst teachers were the lack of condom use, multiple sexual partners, alcohol use and age mixing. It was recommended that the Department of Education and Trade Unions target teachers in their HIV prevention programs (HSRC, 2005:xxii).

Notwithstanding these findings, teachers and schools still have a role to play in the campaign to stop the spread of HIV amongst the school-going population. In fact, the school provides a convenient space for meaningful engagement both on the pandemic and on sexuality. Kelly (2000:9) argues that education might be the single most powerful weapon against HIV transmission. Studies show that youth in Sub-Saharan Africa are making their sexual debut while still of school-going age; it therefore makes sense to provide them with HIV and AIDS education to minimize the potential risk of infection (Baxen, 2006:2). While school education per se cannot be the only method of preventative education, it cannot be ignored as a practical space for intervention.

This thesis makes a contribution to existing knowledge by analysing the subjective processes involved in the production of HIV and AIDS discourses. By focusing on the productive role of the teacher in the process of discourse formation and enunciation, it becomes possible to understand the contradictions between educational policy and actual teacher practice. Having a clearer idea of teachers' HIV and AIDS discourses, a better understanding of the mismatch between educational policy and practice is possible.

My contention is that schools and teachers have a formal and moral responsibility to make a difference in the lives of children. Realizing the limited but potentially positive role that schools and teachers can play in the prevention of HIV and AIDS and other sexually risky behaviour, a more relevant and meaningful approach to the teaching of HIV and AIDS prevention will empower the younger generation to face the challenges of growing up with more confidence and knowledge. The positive results of improved teaching will enhance their chances as they strive for a better future and an improved quality of life. They will no longer fall prey to ignorance of their own sexuality, once the quality of the HIV and AIDS education they currently experience has been reviewed and addressed.

Flowing from the rationale for this investigation into the HIV and AIDS discourses of teachers, this thesis aims at providing a better understanding of the complex nature of teaching HIV and AIDS education to the school going generations. By identifying the

nature and content of HIV and AIDS discourses of practicing teachers, a critical assessment between educational policy informing practice, and actual practice of policy could take place. In light of the outcome of this process, the formulation of possible ways of improving policy and practice could be undertaken in a more realistic and positive frame of mind.

1.3 Research questions

The focus of this thesis is 'teachers' discourses of HIV and AIDS education', therefore the research question concentrates on providing a description of the content and nature of teachers' HIV and AIDS discourses. Having answered these questions through empirical research and argument, I then go on to ask: In the light of this new-found knowledge, how could matters concerning educational policy be guided to develop a more appropriate response to HIV and AIDS education?

To make for easier reading and understanding, I rephrase the research question for this study into the following three sub-questions:

1- What are the common language expressions that convey the content of teachers' HIV and AIDS discourses?

2- What are the knowledge features that describe the nature of teachers' HIV and AIDS discourses?

3- Could current educational policy matters and teacher practice be guided to be more relevant and meaningful to the lives of school-going children?

Research Questions 1 and 2 will be answered as part of the findings in Chapter Five (5) and Question 3 will be answered in Chapter Six (Conclusions and recommendations).

1.4   Research focus of the study

The National Education Policy Act 27 of 1996 promulgated the introduction of HIV and AIDS prevention as an integral part of Curriculum 2005 (Department of Education:2002). Primary and secondary school teachers as from that time were expected to be proficient in matters of HIV and AIDS and sexuality. However, in practical terms, at the level of classroom practice, the teachers remain the embodiment of educational ideals, bringing educational policy to life through discourse. In short, they are the mediators of the curriculum. They do this in their own way, which researchers have attempted to explain. This study investigates how teachers mediate educational policy, particularly those aspects of the curriculum which deal with HIV and AIDS education. It focuses on what teachers are thinking and talking about when they articulate their discourse on HIV and AIDS education. The focus of this investigation is 'discourse'. Discourse mediates policy through the action of the teacher. Teacher discourse represents knowledge and power which are located in a social context of relationships (Popkewitz, 1998:20, Smart, 2004:75). Following Foucault's notion of knowledge, this study adopts the view that, while educational policy dictates educational practice, the knowledge of the teacher mediates educational policy through a 'discourse' which brings to life the teacher's own knowledge and power (Smart, 2004:78). In other words, educational policy represents a form of social institutional power mediated by the power and knowledge of the teacher, but operating on a subjective level. Teachers are thus the implementers of policy. Policy is given expression in practice by the teacher, who shapes knowledge and power, and is shaped by them in return. Knowledge, says Foucault, is the effect of power (Smart, 2004:78, Blommaert, 2005). Discourse is the expression of knowledge and power, and is used and understood in this thesis as a form of social practice that is situated in a context in which a continuous exchange of meaning takes place between individuals (Dant 1991:135). Discourse and practice are thus two inseparable concepts in this study, in which teachers' discourse practices occupy the centre stage of analysis and interpretation.

Given the context of the study, which takes HIV and AIDS discourses of teachers as its focal point, I am using the concept 'discourse' to denote the mediation of HIV and AIDS

education through teacher practice. According to Popkewitz (1987:4), discourse is produced from different vantage positions in a cultural context which changes continuously under shifting power relations. Teachers enunciate HIV and AIDS discourses by using language to articulate their thoughts. Taking the view of teacher discourse as relational, dynamic and including language as an element, I will be able to differentiate between policy formulation of HIV and AIDS, which is static, and teachers' pedagogical use of discourse, which becomes the actual manifestation of the changing nature of discourse.

As stated in the previous paragraph, teachers' discourse on HIV and AIDS is the focus of research for this thesis. A mixed methodological approach, with an overwhelmingly qualitative technique and a limited use of the quantitative method, was devised to explore an understanding of the external and internal features of HIV and AIDS discourses. The qualitative techniques employed were focus group discussions, in-depth interviews, and self-reflexivity. As the quantitative technique, a questionnaire was employed to survey and describe the sample (respondents) in terms of their age, gender, qualifications, etc. (Babbie & Mouton, 2001:232). It was also used to describe the teachers' responses to questions pertaining to their understanding of HIV and AIDS education. The teachers' HIV and AIDS discourses invariably became a mixture of qualitative and quantitative knowledge claims, reflecting their understanding and discourses on the subject.

The research context of the participating teachers was three focus group discussions, conducted at three different schools, a randomly selected sample of teachers who participated in a survey by filling in a questionnaire, and three in-depth face-to-face interviews with three Life Orientation teachers. One hundred and ten (110) questionnaires were distributed amongst nineteen schools (19) in the EMDC South. A return of 79 questionnaires, representing a response rate of 71%, was achieved. The data capturing and analysis was done in consultation with a statistician associated with the Postgraduate Enrolment and Throughput project (PET) at UWC[7]. In my attempt not to compromise the

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[7] The quantitative design for this study was done with the assistance of the Postgraduate Enrolment and Throughput project (PET) that contracted statisticians from the Information Technology Department. The

value of the research techniques, I conducted and reported each technique in three separate stages. However, to synthesize the data, and in the process to draw some of the conclusions to this study, I borrowed from the research methodology of McNiff (2008:351-364); this provided a reflective lens with which to construct and locate my personal interests and background in HIV and AIDS education. This story is dealt with in Chapter Three.

An analysis of these three different kinds of data (focus group, questionnaire and interviews) accentuated the nuanced differences between the content and nature of the knowledge produced. These different constructions of knowledge sharpened the argument against the view that the efficacious implementation of curriculum policy and teacher training would be the obvious solution to resolving concerns surrounding HIV and AIDS education. The nature of the problem would be better understood as a different and often contradictory knowledge conception of HIV and AIDS education at the level of educational policy and teacher practice.

The knowledge characteristics of educational policy on HIV and AIDS education are seldom obvious to teachers in practice. At the heart of this thesis is an investigation into the knowledge features of HIV and AIDS, as conceptualized in teachers' discourses. The research questions challenge the hitherto unfulfilled policy objectives of HIV and AIDS education, with their expectation that teachers will function as 'selected role models' with whom 'learners and students could easily identify' (Policy Handbook for Educators 2003: A-6). Educational policy conceptualizes teachers as a homogenous group of professionals employed to implement a common curriculum. The curriculum adopts a largely instrumentalist view of education, based on the achievement of certain specified outcomes (Harley and Wedekind, 2004:196). A review of C2005 brought to light that teachers' knowledge of the new curriculum and their practice thereof presented a major challenge, as they often displayed inadequate knowledge of the subject and of curriculum objectives (Taylor and Vinjevold, 1999). This view about the general implementation of

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design, implementation, data analysis and presentation of tables were some of the core issues of consultation.

C2005 is particularly apt when applied to those aspects of the curriculum which deal with HIV and AIDS education. The argument was made that a 'false clarity' exists between teacher knowledge and practice, that 'schools were doing their own thing', and that 'anything goes' (Harley and Wedekind, 2004:201). When applied to HIV and AIDS education, this argument could be equally useful in explaining the poor state of such education at schools. In other words, with regard to HIV and AIDS education, it could be argued that there is a 'false sense of clarity' about teachers' knowledge, that 'schools were doing their own thing', and that 'anything goes'. Given this picture as a general description of the state of HIV and AIDS education, this thesis aims at providing a view of what happens in this field through investigating teachers' discourses on the subject.

This study thus partly sets out to bring some understanding and a rational explanation of that 'false clarity' between teacher knowledge and practice, in order to advance the status of HIV and AIDS education. A response to the research question on the content and nature of HIV and AIDS discourses provided a possible explanation for the uncertainties surrounding the outcomes of teacher practice of such education. An analysis of the content and nature of HIV and AIDS discourses will make it possible to grasp to what extent teachers have been 'doing their own thing' and why. An analysis of their discourses on HIV and AIDS education will also provide an understanding of the complex and composite nature of the educational landscape which constitutes the discursive framework and scope of HIV and AIDS education.

1.5   The conceptual framework

One of the many social consequences of the HIV and AIDS pandemic has been the elevated level of public interest in and knowledge of sexuality education. It has been argued that sexuality has been 'opened up' and made accessible to research from different perspectives (Williams and Bendelow, 1998). As an integral part of the *self*, sexuality functions as a connecting point between the body, self-identity and social norms. The individual is an embodiment of physical and emotional features which have been shaped in a cultural context and come to constitute a notion of self-identity

(Williams & Bendelow, 1998:1-4). Teachers' statements on HIV and AIDS provide a connection between self-identity and sexuality. As an analysable body of knowledge, teachers' discourses are reflective both of their identity and their knowledge of the subject.

The conceptual framework developed to analyse teachers' discourses of HIV and AIDS education penetrates to the deep subjective meanings of the cognitive activities that produce the teachers' discourses. To this end, I have borrowed some profound concepts from Foucault (1978) and Wetherell (1998) in order to develop a discursive approach as a conceptual framework for this study. Discourse, as mentioned earlier, is used and understood to be a form of *social practice*, situated in a context in which a continuous exchange of meaning takes place between individuals (Dant, 1991:135).

Language is one element which offers access to understanding the discourse practices of teachers. According to Wetherell (2001:8), language is constitutive; that is, it creates an object that it refers to. I understand language as being used and situated within a particular social and cultural context (Blommaert, 2005:233). Because the meaning of language is situation specific, such meaning is created in the interactive context between individuals (Wetherell, 2001:8). The language user becomes restricted by the interactive context, which in the classroom exerts an influence on what the teacher can or cannot say. According to Foucault, the influence exerted is conceptualized as *power*; this is exercised by individuals who occupy various subject positions when they give meaning and content to discourse (Smart, 2002:77). Teachers' HIV and AIDS discourses, which are expressed through their utterances and enunciations, reflect thinking and understanding which were formed in context and in relation to their experiences of the pandemic (Mills, 2003:17). An understanding of these discourses goes beyond any linguistic meaning they may project. On the contrary, these linguistic features of discourse provide an entry point to a deeper analysis of discourse.

This study sets out to analyse the heterogeneous statements and expressions of teachers and explain them in terms of the differentiating features, by combining Foucault's use of

discourse as a relational and dynamic exchange of power and Wetherell's situation of the meaning of language between individuals. I employ the concept *discourse* as connecting the individual with his or her internal (subjective) and external (objective) world. Different expressions of discourse become a reality in terms of the changing subject position of the teacher, whose discourse becomes an expression of self in multiple forms (Wetherell, 1998:405, Howarth, 2000:79). Thus, teachers construct their discourse on the basis of changing social relations and multiple forms of self-expression.

Foucault's conception of *discursive practices* is used as a conceptual lens to analyse and interpret the production of discourse and the thought structure that governs discourse formation (Smart, 2002, 39-41; Howarth, 2000:48-66; Mills, 2003:48). According to Foucault, it is discourse that makes the subject, and not the subject that makes discourse. His main approach to the understanding of discourse is an analysis of discourse as it is practiced. I find this particularly useful, since it makes sense that new knowledge should become possible through new methodological orientations which build on existing ways of creating knowledge.
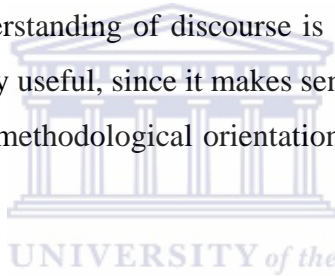
The innovative idea in Foucault's approach to discourse is that he discards an essentialist understanding of a subject and sets out to discover new meanings. If the subject (teacher), as opposed to discourse becomes the focus of analysis, all practices can then be interpreted on the basis of a pre-existing and deterministic knowledge of the subject (teacher). According to Foucault, a discourse is something which produces something else, rather than existing in isolation and being analysed in isolation (Mills, 2003:17). By shifting my conceptual orientation towards Foucault's notion of discourse as practice, I believed new meanings of discourse would emerge, especially in light of the need for an understanding of teachers' discourses in the struggle to advance the course of HIV and AIDS prevention at schools.

My understanding of teacher discourse, therefore, is that discourse practices, rather than the existing knowledge of the teacher, provide the possibilities of new knowledge of HIV and AIDS discourses. Discourse should not only be seen as a group of signs or a stretch

of text but as 'practices that systematically form the objects of which they speak' (Foucault, 1972:49, Wetherell, 2001). The objects that such practices create (or 'form' in Foucault's words) will include all the things that we see, refer to and take for granted as actually existing 'out there' (Parker & Bolton Discourse Network, 1999:3). These practices 'that form the objects of which they speak' include patterns of meaning which may be visual or spatial or which may comprise face-to-face interactions between people. By appropriating teacher discourse on HIV and AIDS through various methodological techniques and subjecting it to analysis, Foucault's concept of discourse as practice provides a useful lens to understand the content and nature of discourse. An analysis of discourse practices now opens new windows for interpreting and understanding teachers' HIV and AIDS knowledge.

On a cautionary note, I want to alert the reader that in this study my approach to the understanding and interpretation of discourse is of a transient nature. The relational and contextual basis of discourse always makes discourse production a work in progress. Discourse is understood as an interpretive moment in which the indeterminacy of language usage defies the permanency of a determinate and knowable understanding of reality informed by dominant conceptions of knowledge (Scheurich,1995: 239). On the basis of different kinds of data gathered during the fieldwork for this thesis and by employing the technique of self-reflexivity[8] (McNiff, 2008), I identified five emerging knowledge themes that became the basis for understanding the content and nature of teachers' HIV and AIDS discourses. These are not to be viewed as universally generalizable and permanent knowledge themes cast in stone. They emerged from across

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[8] At the time of drafting the initial thesis proposal for this study, I was just about to complete a teaching stint of 18 months at a local high school. My original methodological design did not include any reference to 'self-reflexivity', as my research was conceived as a descriptive study of teachers' HIV and AIDS discourses. This would be achieved through the use of established methodological techniques of which discourse analysis was to become one. However, in an unexpected way, after almost completing all the work for this thesis, I found myself going back to the classroom, teaching, among other learning areas, 'Life Orientation'. This teaching experience brought new insights and interpretations to my research experiences which reated some tensions between how I saw myself as a researcher and, towards the final stages of completing this thesis, as a teacher-researcher. I felt academically compelled to revise this thesis in light of my recent return to the classroom. To give expression to my newly discovered insights in my study, I inserted some of my experiences and thoughts on this issue in different places throughout the thesis. I have used the self-reflective technique in Chapter Three (Methodology), Chapter Five (Findings) and Chapter Six (Conclusions and recommendation).

different research sites, but their meanings were constructed under specific social contexts.

The use of a discourse-focused approach to understanding teachers' HIV and AIDS thinking and talking made it possible to identify knowledge as based upon differently constructed subjective and objective discursive practices. These different views challenge the notion that knowledge construction constitutes neutral and value-free statements of objective *truth*. Taking a critical view of how teachers had been struggling to implement the HIV and AIDS program at schools showed me how questionable were the dominant practices of the educational authorities' uncritical top-down application of educational solutions. The argument is posited that, if discourse can be seen as contingent and contextual, then the concerns and uncertainties which surround the outcomes of HIV and AIDS education may be better understood as permanent features which need evaluation on an on-going basis. A fresh and constant contextual analysis will have to take place in order to keep track of the changing nature of discourse. However, the dominant approach by the education authorities, which is mainly fixed and static, may not be suitable to embrace this fluid and flexible interpretation of the pandemic. The conceptual lens employed in my analysis of discourse as practice is of a generative and changing nature which recognizes the fluid and dynamic nature of discourse.

Needless to say, for educational practitioners to become relevant in the prevention of HIV and AIDS and other sexually-related problems there needs to be a dramatic adjustment in the approach to HIV and AIDS education. Teachers need to allow themselves to be guided and influenced by new practice-based experiences and knowledge if they wish to play a meaningful role in such education.

1.6   Structure of the thesis: Chapter divisions

This thesis consists of Six (6) chapters. Chapter One outlines the study in terms of its rationale, research focus and structure. Chapter Two discusses the extant literature around the subject, as well as developing a conceptual framework to assist the analyses. Chapter

Three is the methodological chapter, which discusses the research approach and techniques used in the various data gathering stages of the study. Chapter Four presents the data of each of the methodological techniques employed. The data in Chapter Four are presented on the basis of the literature foci which emerged in Chapter Two. Chapter Five provides an interpretation of the data which supports the central findings of the study. The thesis concludes with Chapter Six, a self-reflective exercise in which I recast my thinking and teaching of HIV and AIDS education. I draw upon the findings of the thesis and my personal reflections to formulate some conclusions and recommendations to improve the state of HIV and AIDS education at schools.

This introductory chapter (One) provides an overview of the thesis by working towards a rational argument to explain the uncertainties and fears in contemporary society on the dubious and ambiguous outcomes of HIV and AIDS prevention education. The chapter fleshes out the research focus, which is 'discourses of teachers', to make the argument that an explanation for these concerns may be provided in an investigation into the nature of HIV and AIDS discourses of teachers in relation to educational policy. Some critical reference to policy statements on HIV and AIDS education provides the basis for empirical investigation. The main research question that drove the investigation, 'What is the content and nature of HIV and AIDS discourses of teachers?', was approached by using a combination of methodological techniques to collect, compare and evaluate data.

The intellectual puzzle was crystallized from questions regarding the concerns surrounding the outcomes of HIV and AIDS education. These revealed an epistemological gap between policy and teacher practice, bringing into question the soundness of policy implementation and the argument that the poor quality of teacher training and knowledge was responsible for the state of HIV and AIDS education. Needless to say, the problem is beyond this instrumentalist understanding of a complex social phenomenon, one which has dominated the discourse and understanding of HIV and AIDS education.

Chapter Two discusses the extant literature on teachers' educational discourses on HIV and AIDS. The literature has been arranged around certain identifiable foci to demonstrate the emerging concerns and contents of HIV and AIDS education and to identify the research gap to which this thesis is addressed. A brief overview of the dominant theoretical frameworks which informed the literature has been noted. Special mention is made of the role of *power* and its influence on teacher discourse formation. Common research foci that were identified in the literature provided the background for the development of a conceptual framework and research design. The second part of Chapter Two expounds the development of the conceptual framework which guided the analysis of the data. I employed Foucault's notion of *discourse as practice* or discursive practices (to use Foucault's expression), focusing on the subjective meanings of teachers' discourse. In this view, teachers construct their discourse on the basis of changing social relations and multiple forms of self-expression.

Chapter Three describes the methodological design and the implementation thereof. The nature of the research question required the use of a mixed methodological design to emphasize the central concern of the thesis, the knowledge gap between educational policy and teachers' discourse of HIV and AIDS education. The chapter offers a rationale for the use of this methodological design and in particular outlines how discourse as practice has been applied as an analytical lens to explain teachers' subjective experiences. The chapter describes each research technique, presented in terms of its construction, implementation, analysis and the ethical considerations which occurred while performing the research. This was been done to ensure that the research conformed to established ethical norms and standards. As a departure from traditional research reporting, I incorporated a *self-reflective* technique to enhance the context of the study. I borrowed from McNiff the notion that the `I' cannot stand outside the domain of educational research (McNiff, 2008:351). To add meaning and relevance to the study, I sketched the discursive context of my own subjective experiences and struggle in understanding HIV and AIDS education. The self-reflective technique assisted me in constructing the central findings of this study (Chapter Five) and drawing practice-based conclusions and recommendations; these are presented in the conclusion, Chapter Six.

Chapter Four presents the three different sets of data: focus group discussions, questionnaires, and interviews. The nature of the knowledge foci emanating from the use of qualitative and quantitative techniques is noted in a tacit way. The tension between the social nature of the research techniques and the subjective nature of teachers' discourses presented a serious methodological challenge, one which impacted on the nature of the emerging knowledge claims. The data sets are synthesized and critically discussed in Chapter Five.

Chapter Five presents an interpretation of the central findings of the study. In this chapter, I respond to the research Questions 1 and 2 concerning the expressions used to describe the content and nature of HIV and AIDS discourses. The findings of the three methodological techniques are presented and discourse analysis is used as a conceptual lens in the interpretation of the findings. The interviews are interpreted using 'discursive practices' as lenses to gain new perspectives on the five discursive foci that subsequently emerged as knowledge themes exemplifying the content and nature of HIV and AIDS and the sexuality discourses of teachers.

Chapter Six concludes the thesis. In Chapter Three, I took a journey back into my own experiences and involvement in HIV and AIDS education from the late 1980s. This culminated in 2009, with a year of full-time teaching at a local secondary school. These experiences and my immersion with the pandemic presented some authentic moments of tension which I felt it would be worthwhile to share with others in the field. Together with the findings presented in Chapter Five, this forms the background to the concluding chapter. I critically reflect upon the research question and the intellectual puzzle of this thesis as an epistemological contribution to the literature. Chapter Six engages some key issues that explain my theoretical and methodological approach to the research questions asked in Chapter One. My conclusions and recommendations respond to the third research question, concerning the relevance of the findings to the teaching of HIV and AIDS education. I also point towards other educational concerns worthy of being raised; research into these could further advance the present understanding of issues relevant to

teacher education. The chapter ends with a concluding thought, an appeal for the 'voice of the teacher' to be heard!

Chapter 2: Literature review and conceptual framework

2.1 Introduction

The previous chapter introduced the study, which focuses on constructing an understanding of teachers' discourses of HIV and AIDS education. It aims to explain teachers' thinking and talking about HIV and AIDS education in the light of the need to prevent the further spread of the HI virus. This chapter presents the extant literature and conceptual framework relevant to the research focus of the research. The first part of the chapter consists of a review of the relevant literature. This part (2.1.1) constitutes three broad areas of research in HIV and AIDS and education: firstly, socio–cultural studies in HIV and AIDS relevant to this study; secondly, pedagogical research in HIV and AIDS education; and thirdly, the role of power relations in studies of HIV and AIDS education. The literature review aims at synthesizing current thinking and research findings in the field. The second part of the chapter (2.1.2) deals with the development of a conceptual framework to guide my analysis. The notion of viewing discourse as a form of practice that goes beyond the use of language, together with the notion of 'power' of the teacher, emerge as key concepts which play a subtle role in the production of teachers' HIV and AIDS discourses. A focus on the discursive practices of teachers and their subjective production of discourse illuminates the complex processes at play when discourse is enunciated. An understanding of these expressions becomes the ultimate objective of this research. The chapter is followed by the methodological chapter (Chapter Three); this describes and outlines the data gathering approaches and techniques employed to investigate the nature and content of the HIV and AIDS discourses of teachers.

2.1.1   Literature foci

2.1.1.1 Socio-cultural studies in HIV and AIDS

Researchers have approached the state of HIV and AIDS education at schools from different angles. As a relatively recent[9] phenomenon, the HIV and AIDS pandemic has

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[9] The emergence of the HIV and AIDS pandemic in South Africa coincided since the early 1980s and 1990s, with significant political transition in South Africa. Consequently the response to HIV and AIDS

become a popular research subject at educational institutions. The devastating impact of the pandemic on human life compelled researchers to investigate how best to contain and prevent the further spread and devastation of the virus. While HIV and AIDS knows no boundaries of class or sexual preference, the pandemic manifested itself disproportionately in developing countries, especially in Sub-Saharan Africa, with South Africa the worst affected (USAID, 2003). With concerns increasing with the growth of the pandemic, the realization soon dawned that a comprehensive understanding and appreciation of the extent of the effects of the pandemic was needed before a positive approach to HIV and AIDS prevention could be developed. Research has revealed that the perceptions and attitudes towards HIV and AIDS have been influenced by sexually-related pandemics of the past. The stigma associated with sexually-related diseases of the past was transposed to the HIV and AIDS pandemic. The stigmatisation of HIV and AIDS sufferers caused delays in testing, poor treatment adherence, and greater numbers of new infections (Goudge et al, 2009:94). The destigmatisation of HIV-infected people also became an explicit educational objective for teachers to pursue [Education Labour Relations Council (ELRC), 2003:19]. What follows is a brief explanation of the socio-medical aspects as part of the cultural background that forms the context of contemporary HIV and AIDS perceptions.

During the early days of the pandemic, HIV and AIDS was predominantly viewed and described from a medical perspective. This was also a global perception (Maphosa, 2003:56). The medical and health manifestations of HIV and AIDS as experienced by the human body became a prominent focus of research and in public discourse. But perceptions of the pandemic also fell prey to the age-old social tendency to ascribe a plague or disease to superstition and religious beliefs. Because HIV and AIDS is inextricably bound up with sexuality, explanations of the virus are often associated with religion. Baxen asserts that responses to HIV seem consistent with the ways of the past when sicknesses were ascribed to the will of God (Baxen, 2006:95, Paruk et al, 2006:510). Images of disease and sin have always been inextricably linked in the popular

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prevention took off slowly, with devastating effects for the newly founded democratic South Africa (USAID, 2003).

imagination (Weeks, 1990:23). Religion often provided the dominant paradigm for understanding of the world. This was so until the late nineteenth century, when medicine began to replace the Church as a moulder of public opinion (Weeks, 1990:23). Current research findings support the claim that religion continues to influence society's perception of HIV and AIDS. Sontag (1988), for instance, draws an association with HIV and AIDS as the wrath of God, grouping it with diseases like the Black Death, smallpox, cancer, syphilis and tuberculosis. As a modern disease, the metaphors associated with HIV and AIDS present it as the 'disease of all diseases'. It is understood and interpreted as a 'plague', constituting `the highest standard of collective calamity, evil scourge' (Sontag, 1988: 44). Together with diseases such as leprosy, syphilis, and tuberculosis, HIV and AIDS is understood as shameful, since it not only has fatal consequences but also changes the body and makes it abhorrent (Baxen, 2006:95). Unlike other diseases, HIV and AIDS exposes the social vulnerability of both the individual and social groups, in that it not only infiltrates the body but also becomes the property of an entire group (Sontag, 1988: 45).
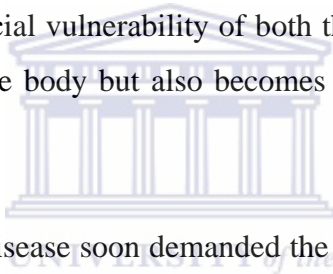
The compelling nature of the disease soon demanded the attention of serious researchers. They set out to locate the study of HIV and AIDS in different disciplinary perspectives in order to obtain a clearer understanding of its nature and its effect on the human body and on society. The need to differentiate the various aspects of researching the HIV and AIDS pandemic became a matter of urgency as the disease threatened to dislocate the social, economic and medical resources, especially of highly infected and affected societies. The destructive potential of HIV and AIDS is such that the pandemic is classified as being worse than the bubonic plague which decimated more than a third of Europe in the 14th century, and the influenza epidemic early in the 20th century which killed approximately 20 million people globally (Lamohr, 2006:13). Given the historical experiences of previous pandemics and the current manifestations of HIV and AIDS, researchers highlighted the need to recognize the diverse interests and dimensions in understanding HIV and AIDS (HSRC, 2010). This is important, given the demands for a more balanced understanding and hopefully more appropriate interventions to prevent the further spread of the disease. The need to alleviate the human pain associated with the pandemic

became a humanitarian and moral imperative. Stakeholder partnerships in the government and health sectors began to recognize the role of culture and in particular the influence of tradition, since culture and health have become an important area of overlap in a large section of the South African population (Kangethe, 2009:90).

Earlier perceptions of the HIV and AIDS pandemic thus influence the current social perceptions and attitudes of society. Because teachers form an integral part of society, their responses to HIV and AIDS by implication were also shaped by the social processes which influenced society at large. Notwithstanding the need to pursue a medical cure for HIV and AIDS, there remains an urgent need to explore how the pandemic has become manifested in the social and cultural fibre in human relations. Lees (2008) argues that there is an emerging literature about HIV and AIDS which goes beyond the medical manifestations, instead relating it to the transformation of self and 'others'. He asserts that instead of trying to change human behaviour, which has been the overwhelming objective of AIDS education, there should be a commitment to a vision of a more just and caring world; this should replace the 'language of battle' so often observed and used in approaching AIDS education (Lees, 2008:67).

The past decade has witnessed a shift in the literature which now explores the multifaceted nature of how the pandemic has become embroiled in the complex social and cultural milieu of communities, complementing the proliferation of medical knowledge of HIV and AIDS which is an ongoing process.[10] Furthermore, Baxen (2006) expresses the view that social attitudes are perpetuated by culture and further strengthened by the uncertain future of the disease, which is constantly kept alive in the public domain by the media and other social institutions. Consequently, as it has been

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[10] The Sunday Times reported that scientists are closer to creating a vaccine for HIV after discovering two powerful antibodies that attack a vulnerable spot common to many strains of the virus that causes AIDS. The discovery highlights a potential way around HIV's defences against the human immune system. The hope is that a vaccine that stimulates the production of these antibodies could remain effective even as the virus mutates. Up to now vaccine research has foundered because HIV mutates more quickly and easily than any other known human pathogen. Scientists from the International Aids Vaccine Initiative are examining the antibodies for clues to vaccine design. The organization's Wayne Koff said: "We have a potentially better target on HIV to focus our efforts for a vaccine design. Having identified this one, we are set up to find more, which should accelerate global efforts in vaccine development (The Sunday Times, 6 September 2009:10).

argued below, researchers have increasingly complemented the medical understanding of the HIV pandemic by giving due consideration to the socio-cultural context in which it occurs. The growing body of research conducted from a socio-cultural perspective provides a more balanced understanding of the pandemic than in the past, one which should inform efforts aimed at the prevention and reduction of HI infections. Needless to say, knowledge beyond the medical nature of HIV and AIDS has become an essential ingredient in promoting a positive approach to HIV and AIDS education.

The realization that social and cultural contexts have a profound impact on society's experience of HIV and AIDS culminated in the establishment of the Social Aspects of HIV and AIDS Research Alliance (SAHARA) by the Human Sciences Research Council of South Africa (HSRC) in 2001 (Shisana, 2004:17). This alliance studies the socio-cultural contexts in which HIV and AIDS occurs and informs official policy and program development on HIV and AIDS prevention. The rapid development of the pandemic as a national, international health and educational priority presented a challenge for researchers working in universities, government and non-profit organizations (NGO's) to respond to the various challenges posed by the pandemic. What follows below is a discussion on the research conducted on HIV and AIDS from a cultural and social perspective.

The lack of socio-cultural studies analysing teachers' experiences of the pandemic has been identified as a vacuum in the literature (HSRC 2005, Baxen and Breidlid, 2004). The social and cultural contexts in which the HIV and AIDS pandemic plays itself out provide the knowledge and information needed to design educational prevention initiatives. In the South African context, the literature on HIV and AIDS and culture emerged only in the early 2000's. The nature and content of the issues around HIV and AIDS and culture are illustrated in early studies; among these are the theses of Ahmed (2003) and Amod (2004), and a special issue of the Journal of education (JoE). The latter contains articles specifically written in response to the lack of cultural studies dealing with HIV and AIDS education and teachers (Bhana, de Lange et al. 2006 and Vaughn and Rule, 2006).

A new research focus on culture, as opposed to the medical aspects of HIV and AIDS, marked a shift in the production of knowledge on HIV and AIDS. The two theses referred to above were conducted in the context of Muslim culture and represent some of the first local attempts to analyse how culture, and in particular religion, influence the social and individual behaviour of people in the context of the HIV and AIDS pandemic. While these two studies are culture specific, my contention is that they provide early examples of a cultural analysis of HIV and AIDS. Ahmed's thesis analyses the approach adopted by Positive Muslims, an NGO involved in HIV and AIDS prevention, care and support, whilst Amod's thesis is a study of a religious (Islamic) perspective on HIV and AIDS. Amod adopted a doctrinal approach to the understanding of HIV and AIDS by focusing on the religious prescriptions of Islam on the subject. His understanding of HIV and AIDS emanates from a broader framework of the Quranic scripture; thus he asserts that:

> (Islam) integrates both the spiritual and material world into a harmonious and balanced, integralistic (all embracing) way of life. This integration is manifested in its principle of Tawhid (Unity) which permeates the entire fabric of Islam with its fountain-head being the Unity of the Creator. From the Unity of the Creator flow the unity of creation - the unity of humanity - and the unity of the human personality (Amod, 2004:33).

Amod (2004:34) argued that Islam is a way of life and cannot be compartmentalized. For Muslims to attain the full benefit of Islam's protection from all social ills, including HIV and AIDS, they have to practice all its aspects in totality. Amod further explained how the principles of Islam, such as faith, prayer, fasting, and Hajj, together with prohibitions, such as those against homosexuality and lesbianism,[11] extramarital sex, and intoxicants, are all fundamental to the development of an Islamic personality, one which should be cultivated to prevent the spread of HIV and AIDS.

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[11] Issues of sexual orientation are also rife in the Muslim community both on a global and a local level. In the 2008 Gay and Lesbian Film Festival in Cape Town a film entitled "Jihaad with love" challenged the dominantly accepted Quranic view on the prohibition of homosexuality in Islam. The film demonstrates the existence of homosexual Muslims in different cultures in Muslim and non-Muslim countries. According to the producers of the film, there seems to be a gradual but slow transformation of Muslim attitudes towards homosexuality. A local Muslim homosexual organization, Inner Circle, is headed by a South African Muslim religious leader who provides guidance and counselling to Muslims in need of a better understanding of homosexuality.

Amod's thesis is an example of how religious thinking finds expression in an understanding of HIV and AIDS. Doctrine becomes the benchmark in the evaluation of social conditions, as well as the solution to the problem. A moralistic discourse emanates from a religious perspective. Contrary to the doctrinal study of Amod, that of Ahmed (2003) offers a social and cultural explanation of the lived experiences of Muslim women living with HIV and AIDS.

Ahmed's (2003) research focuses on the lives of five Muslim women who contracted the HIV virus and live as HIV-positive Muslim women. Central to Ahmed's study is a discussion of the contradictions that are displayed between the norms and values articulated in religious texts and the actual practices of Cape Muslims.

In his attempt to construct the meaning of the lived experiences of his research subjects, Ahmed questioned how Muslim women negotiate the tension between their HIV-positive status and their religious values. He claims that, while his informants were unique in their own way, there were also many similarities between them. He constructed the following common themes as they emerged in their biographies: childhood, family relationships, socio-economic background, method of infection, religious beliefs, sexual violence, support services and the fulfilling of dreams (Ahmed, 2003:123). He identified the informants' socio-economic backgrounds and their history of sexual violence as important determinants of their exposure and vulnerability to HIV infection. As for the place of religious beliefs in relation to other determinants of HIV infections, Ahmed argues that:

> It could not be shown that the five informants were more vulnerable to HIV infection because of specific religious or cultural practices; it has been argued at a theoretical level at least, that certain religious beliefs and practices that discriminate against women may potentially cause them to be vulnerable to HIV infection. The beliefs and practices that have been identified affected a woman's ability to negotiate her sexuality and made her economically dependent on men. There is no doubt that women who are economically dependent on men and are unable to negotiate their sexuality are at greater risk of HIV infection than women who are economically independent and have control over their bodies. As a result, religious practices which discriminate against women have to be re-evaluated in light of the Aids epidemic (Ahmed, 2003:231).

The socio-cultural context (Ahmed, 2003) is in contrast to the doctrinaire religious position (Amod, 2004) which produced diverse interpretations of HIV and AIDS in a Muslim cultural context. Ahmed's ethnographic study demonstrates a preparedness to explore beneath the 'surface of appearance' meaning of culture and HIV experiences (Ahmed, 2003). Amod's thesis reproduces a doctrinal religious perspective on the HIV pandemic. Both these studies accentuate the complex and diverse nature of the meaning of HIV and AIDS when culture is foregrounded as a primary influence.

What is significant about these studies is that, while the researchers are working within one cultural type (Muslim), they offer differing perspectives on the subject. While these studies do not directly address the educational issues, they reflect early approaches to the study of HIV and AIDS within the context of a particular culture. Consequently, society may also express discourses of a religious nature when HIV and AIDS is being discussed. This thesis deals more directly with teachers as social agents and their diverse expressions and understanding of HIV and AIDS. While the literature above refers to the general context of culture, and in particular religion, and the diverse theoretical positions taken by the researchers (religious doctrine and social), what follows below narrows the focus of research on the role of culture to the educational context of HIV and AIDS.

Schools' and teachers' experiences of the HIV and AIDS pandemic became a much needed area of research during the early days of the pandemic. Vaughn and Rule (2006:165-186) deal with a project which investigated how HIV and AIDS affected schooling in the geographical location of a town, Richmond, in KwaZulu-Natal. The research done in this region formed part of a larger project, a qualitative study on Richmond. Vaughn and Rule (2006) analysed the socio-historical conditions which gave rise to the contemporary social pathologies prevalent in the town. Social conditions, such as fractured and displaced families, alcohol abuse, commercial sex work, drugs and poverty, were identified as the local contextual barriers to HIV and AIDS education. These conditions are part of the context which represents the public imagination of Richmond as a problematic place. Vaughn and Rule classify knowledge as memory that

emerges from the history of the people, making up part of their collective consciousness. People make sense of their contexts when their historical (past, background) knowledge is informed by their contemporary (present) knowledge (Vaughn and Rule, 2006:182). Because Vaughn and Rule constructed an understanding of the meaning of the pandemic within a particular social structural context, their study highlights the importance of 'context' as a factor in knowledge construction. Their research can also be regarded as one of the earliest social analyses in the field of HIV and AIDS and education.

While the social context in which the pandemic as experienced by communities is relevant to analysing the meaning and understanding of HIV and AIDS, a closer look at the social relations and educational experiences of teachers is needed in order to grasp an understanding of teachers' HIV and AIDS thinking and talking. The following section deals with pedagogical issues identified as significant to teachers' understanding of HIV and AIDS knowledge and education.

2.1.1.2 Pedagogical foci in HIV and AIDS research

The point was made in the previous section that the study of HIV and AIDS needs to be placed in a socio-cultural context in order to see the relationship between the HIV and AIDS phenomenon and how it is socially manifested. As an extension to this argument, researching HIV and AIDS education can only be meaningful when the educational context, such as the school, and the implementers of HIV and AIDS education, the teachers, are made the main focus of an investigation. The school as educational space and the teacher as the agent of HIV and AIDS education consequently became important foci of researchers. Given the focus of this study, that is, the nature and content of teachers' HIV and AIDS discourses, this section seeks to identify educational issues which have emerged in the literature as relevant to the explanation of the nature and content of teachers' discourses. It may be useful to the reader to note that the school as an institution functions as part of society and an analysis of the school explains on a micro-level how it relates to the socio-cultural nature of society on a macro-level.

While the focus of this thesis is 'discourses of teachers', the crucial link that teachers have with learners in the process of education should not be underemphasised. Teachers have become the focus of analysis because of a concern for the wellbeing of learners. An understanding of teachers' thinking and talking about HIV and AIDS education would also reveal to what extent learners are receiving a relevant education, one meaningful to both their present and future wellbeing. Professional educators, regardless of their moral or political convictions, are bound to protect and promote the human and civil rights of all people. They should recognize the psychological damage caused when human rights are denied, whether for reasons of religion, culture, gender or sexual orientation (WHO, 1999:8). An assessment of the literature on teachers would serve to feed a deeper understanding of the extent to which learners are in fact recipients of their constitutional rights. Without deflecting from the central focus of this section, it should be noted that an understanding of teachers' discourses on HIV and AIDS could become a benchmark in evaluating whether learners are enjoying their constitutional right to the kind of meaningful education which would empower them to become part of a HIV-free society.

Due to the contemporary and topical nature of the HIV and AIDS pandemic, teachers' knowledge and understanding of HIV and AIDS have been shaped by diverse influences. Consequently, teachers have acquired their knowledge of the pandemic through different means, including the public media, educational workshops and research publications, their own social environments, as well as their personal life experiences. Needless to say, the research interests in teachers and in education have been varied and diverse.

The apparent link between teachers' perceptions and experiences of the HIV and AIDS pandemic and their discourse on HIV and AIDS often provides the justification for researchers to investigate the impact of the social environment on their teaching. To determine the relationship between teachers' discourses and how social environment impacted on their understanding of HIV and AIDS, educational researchers have investigated the experiences of teachers in the context of the pandemic. In this regard, Bhana et al (2006) reported on a study carried out at four contextually diverse secondary schools in the greater Durban area. The study presented an analysis of the schools' social

contexts and concluded that factors such as the learners' family structures, unemployment and poverty, and social class impacted directly on the schools and the teachers' experiences of and engagement with the HIV and AIDS pandemic. What is meaningful about this study is the attempt to reflect the emotional experiences of teachers in the context of the pandemic. The research of Bhana et al (2006) demonstrated the importance of the emotional nature of reactions to the pandemic and how the trauma associated with HIV and AIDS influenced teachers' perspectives on the pandemic. The interaction between the external environment and the emotionality of the teacher foregrounds the role of individual subjectivity as an important dimension, one which needs to be recognized in the understanding of HIV and AIDS discourses. The importance of teachers' subjective experiences within structural contexts is also noted in the data analysis conducted for this thesis. As a groundbreaking study, Bhana provides an example of the voice of the teacher involved within the context of the pandemic. The impact of the pandemic is now starting to become amplified by the teachers themselves. As for the usefulness to my own study, Bhana's research recognises the influence of context when constructing the HIV and AIDS experiences of teachers. My study aims at understanding the thinking and discourse of teachers about HIV and AIDS and its impact on prevention; thus I emphasize the complex subjective processes at work when teachers construct their discourse on HIV and AIDS and sexuality. While Bhana's (2006) study offers new insights on the emotional aspects of teachers' experiences of HIV and AIDS, my study attempts to give a reasoned explanation for the emotional nature of teachers' discourses.

The emotional nature of teachers' experiences of the pandemic has been supported by a study carried out by De Lange et al (2006), which focuses on the use of a visual arts-based approach in exploring an understanding of teachers' experiences of HIV and AIDS. De Lange et al's (2006) article concentrates on alternative ways of engaging with the pandemic by creating photographic interpretations of how the human body experiences HIV and AIDS. In this project, small group discussions were used to generate data. Themes which represented teachers' inner impressions and emotions associated with HIV and AIDS were established by these groups. In this project, seven photo presentations,

representing seven photo–narratives, depicted a range of possible stories behind them. The themes which emerged from these presentations were reported as follows (De Lange, et al, 2006:50).

The first narrative: "Behind the facelessness of AIDS there is a story." This caption depicts trauma and uncertainty. The second narrative: "From complacency and denial to finding solutions." This explicates the use of humour, the feeling of anger, despair and fear, the smiling inappropriately, all emotional expressions elicited in the context of HIV and AIDS. Thirdly: "Power relations visible in provocative symbolism." This is a reference to domination and bondage in heterosexual relationships and gender inequality. Fourthly: "Human life cycle and the story of stigma." This shows images of the body from birth to death, representing the silences and absences created by death (De Lange, et al, 2006:55). Fifthly: "The physicality of AIDS" depicts the experiences of the HIV-positive person's emotional and bodily sufferings. The sixth narrative was "HIV and AIDS as a 'heavy load,'", which used the body to express emotions not often expressed (De Lange, 2006:59), and lastly, "A sense of hope." This is captured in a narrative, oriented to the future, based on the notion of the collective strength which is required to fight off the stigma.

The value of the above exercise as a contribution to the literature lies in its generation of meaningful images and reflections of teachers' emotions towards the pandemic. The diversity of meanings and of responses to the images refers to a sense of teachers' knowledge of this subject as being highly reflexive; thus it cannot be assumed or taken for granted on the basis of the mere expression of words. Making sense of HIV and AIDS experiences involves processes of individual reflexivity, which supports the notion of knowledge as being subjectively determined[12] as opposed to an understanding based only on empirical observation. The knowledge value of this study lies in teachers' divergent expressions of emotions associated with HIV and AIDS which, within a South African context adds to an understanding of the nature of the pandemic. Other than the emotional dimensions of teachers' understanding of HIV and AIDS, this (my) thesis

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[12] Refer to the analysis of my data in chapter four. The emotional references of De Lange in this article inform the 'Affective – emotional' theme that emerged as a knowledge theme from the data analysis of my focus group discussions.

explores how teachers produce different discourses on the subject; this entails the recognition that discourses are not only of an emotional kind but are influenced by other factors which constitute individual subjectivity. Knowledge and how knowledge becomes translated into discourse is a subjective process. This thesis is an attempt at explaining these complex subjective processes.

Besides the link between teachers' personal experience and how it impacted on their professional practice, a further aspect of teacher practice which captured the attention of researchers was the assumption that teachers' supposed lack of knowledge and training in HIV and AIDS education led to poor teacher performance and consequently unachieved educational outcomes. In this regard, a study by Mabece (2002) focused on the lack of training among teachers in South Africa and illustrates the primary role of the teacher in educating learners about sexuality. The efficacy of teacher training in the implementation of sexuality education is placed under the spotlight in this study. Mabece concluded that the teachers' role as HIV and AIDS educators should not be taken for granted. He argued that teachers' lack of training and of the confidence needed to teach sexuality education contributed to the poor status of sexuality education at schools.

Mabece's (2002) depiction of teachers' lack of training and knowledge of HIV and AIDS is complex and nuanced. For instance, it was found that although 70,1% of 67 teachers regarded themselves as knowledgeable about HIV and AIDS, there was still confusion about certain crucial aspects, such as the transmission of HIV through breast milk and sex, the bodily signs of the disease and how people died as a result of AIDS (Mabece, 2002:35). In other words, basic knowledge about HIV and AIDS transmission is often lacking among teachers. Mabece's (2002) study conveys the importance of knowledge as a curriculum component in the teaching of HIV and AIDS education. It explicates once again the complex nature of the processes involved in determining the educational outcomes of teaching. While a lack of knowledge may be offered as a factor in the inefficient teaching of HIV and AIDS education, the logical conclusion cannot be drawn that increasing teachers' knowledge will remedy the problem. The relevance of Mabece's (2002) study to mine lies in its explanation of the educational problems as experienced by

teachers in the field, and the complex and often contradictory nature of the knowledge component as an aspect of the curriculum. The study highlights the need for closer and more specific explanations for the different ways that teachers' knowledge is formed and how their knowledge of HIV and AIDS influences their educational discourse, which is a major focus in this thesis.

A common misconception held by teachers about sexuality education and one that often appears in the literature is the notion that sex education will lead to early sexual activity among young people (WHO, 1999:10). Researchers in many different cultural and ethnic settings have studied whether sex education leads young people to engage in sexual intercourse much earlier than they would if they had not received sex education. A 1997 UNAIDS review of 53 studies assessed the effectiveness of programs aimed at HIV prevention and concluded that sex education did not lead to earlier or increased sexual activity among young people (WHO, 1999:10). The attitudes of teachers and parents are often influenced by unfounded myths and fears associated with sexuality education. These attitudes are integrated as part of an aversion towards the teaching of HIV and AIDS education, perpetuating and reinforcing the negativity which still exists towards the teaching of HIV and AIDS education at schools.

While the literature on teachers' knowledge and training on HIV and AIDS is varied and diverse, what follows below are highlights of further substantial contributions in educational research that have advanced the pedagogical knowledge that teachers possess.

Davideciene (1999) asserted that teachers lack the necessary didactic knowledge to implement HIV and AIDS education. When teaching sexuality education, they often employ traditional transmission methods in the classroom. The use of the transmission mode of teaching places constraints on the teacher–learner relationship which may influence the nature and content of classroom discourses and practices. The method of teaching plays a major role in determining how learners will respond to the content of a lesson. In the case of HIV and AIDS education, which is a field of knowledge that is

intensely personal to the teacher and the learner, the focal point of the pedagogical action is the approach and orientation of the teacher towards sexuality education. Research which focuses on the didactic nature of the teaching process, while neglecting the epistemological aspects, works very much towards improving the technical aspects of teaching. While the importance of an appropriate didactic approach cannot be overemphasized, of more importance to the outcome of the teaching process is how amenable the teacher-learner relationship is to the handling of sensitive knowledge of a sexual nature, so as to make a meaningful contribution to empowering learners to adopt appropriate preventative sexual decision making and behaviour. Other than an appropriate teacher-learner relationship that may benefit the learners' knowledge of sexuality, an appropriate didactic approach to sexuality education may also promote open dialogue outside the classroom. Research in this regard indicates that interventions which deal with personal beliefs and use participatory techniques can also lead to closer bonds between the teacher and the class, and demonstrate to the school population and community that the school cares for its students (WHO, 1999:9). Learners can thus be given opportunities to learn and practice life skills, such as decision-making and communication skills, which in turn can enhance other important areas of adolescent development (WHO, 1999:9).

While a didactic approach to HIV and AIDS education that promotes a favourable teacher-learner relationship may be desirable, an understanding of the nature and content of teachers' discourses on the subject will still be needed to gain an overall understanding of why teachers have not been successful in delivering the prescribed educational outcomes. Davideciene's (1999) study, which explores issues of didactics in relation to the teaching of HIV and AIDS education, opened the need to investigate in more detail the content and nature of teacher-learner interaction. Besides Davideciene's (1999) study, other research projects investigated didactic issues related to the teaching of HIV and AIDS at classroom level.

Louw (2000) highlighted some pedagogical shortcomings in the teaching of sexuality education and reported that teaching strategies were mainly verbal, in the teacher–talk

mode. In the 'teacher-talk mode' approach, the teacher takes centre stage in the classroom. The learning materials and classroom organization are determined and dominated by the teacher, and the learner mainly assumes the role of the recipient of knowledge. Most of the studies that focus on teaching strategies are based on the assumption that HIV and AIDS prevention requires improved teaching skills, such as better learning materials and lesson preparation. The question remains whether these improvements in the teaching of HIV and AIDS education, taken on their own, would address what is regarded as an overall efficacious HIV and AIDS educational approach. My point of view on this matter is that a mere improvement of HIV and AIDS knowledge and teaching methodology, while a necessary intervention, would not be sufficient to have meaningful impact at a classroom level. In this regard, unexplored issues, such as teachers' sexuality and how they really feel about teaching HIV and AIDS education in relation to the formal curriculum requirements are still in need of possible literature research. The implementation of the curriculum statement and educational practice in relation to teachers' personal positions on sensitive topics around sexuality education remain challenging areas for evaluative research. In this regard, this thesis moves towards understanding the discourses of teachers on HIV and AIDS education, in order to provide the basis for a broader evaluation of its overall status and the problems associated with its teaching at schools.

Concerns that teachers' knowledge and attitudes towards HIV and AIDS education should be upgraded in line with the curriculum needs, to ensure the successful implementation of educational policy, have been addressed in elaborate intervention programs. These programs are designed to effect changes in the teachers' behaviour in order to make the implementation of policy more feasible. The studies of Flisher et al, (2004) and the HSRC (2005), which I discuss below, are examples of projects designed to address the lack of knowledge and skills. Flisher's, et al. (2004) intervention research focused on educators' beliefs, attitudes and behaviour in relation to issues of sexual reproductive health. The findings of Flisher et al, (2004) highlighted attitudes and views of educators towards the teaching of adolescent sexuality, barriers and opinions about providing sexual health promotion at school, their levels of knowledge, and the messages

educators believe should be communicated to learners in the area of sexuality (Ahmed et al, 2004:120). The project promoted a greater awareness of the importance of sexuality issues and addressed the lack of knowledge and the need for a positive attitude towards sexuality education.

The Flisher et al, study (2004) recommended developing AIDS policies in schools and ensuring that teachers receive training. The conclusions of Flisher' et al's study reiterated the notion that improved training and knowledge of HIV and AIDS may improve the effectiveness of teachers. While the study's recommendations supported the idea that there was a need for teacher training, it steered clear of engaging with the complex and sensitive issues connected with sexuality which this study regards as crucial to understanding teachers' thinking and talking about sexuality. My thesis highlights the complex nature of sexuality discourses of teachers, which may further deepen Flisher's view on the need for improved teacher training in sexuality.

Despite the paucity of research on the sensitive nature of sexuality as an educational subject, the literature revealed some informative findings which I found it useful to summarize. Boler & Carrol (2003), in a study which probed teachers' values and personal attitudes to sexual issues, such as homosexuality and safer sex methods, reported that teachers felt uncomfortable when they had to discuss sexual matters with their students. Many regard such matters as private and a subject taboo for discussion. James-Traere's et al. research (2004) showed that teachers frequently avoided teaching topics in which they had not been trained, because they felt uncomfortable with the subject (James-Traere, et al. 2004:9). Topics related to sexuality are most frequently avoided. James-Traere conducted a review of 11 African school-based HIV prevention programs and identified selective teaching as a problem, especially in controversial areas such as condom use. Selective teaching refers to those aspects which teachers choose to include or to leave out when they teach lessons about sexuality or any other topic. Studies point to the heterogeneous views of teachers on the teaching of sexuality education, a conclusion which informed the objective of this study. My study

consequently investigates the thinking of teachers about HIV and AIDS and attempts to organize and identify the nature and content of teachers' discourses on HIV and AIDS.

Sector-based studies on HIV and AIDS education have been conducted to assist policy formulation and to inform HIV and AIDS intervention programs. The Human Sciences Research Council (HSRC), on behalf of the Education Labour Relations Council (ELRC) (2005), investigated various aspects of the educational sector's experiences with the HIV and AIDS pandemic. Qualitative and quantitative techniques were used in these studies. They included factors which affect teaching and learning in South African public schools, attrition rates amongst the teaching corps, and rates of infection amongst educators in South African public schools. Amongst the most important findings of the HSRC/ELRC study was the following: that the National Policy on HIV and AIDS was limited in its use of theories that explain behaviour change, and that the policies on education and their link to health excluded issues of culture and context. The report recommended that research focus on the impact of HIV and AIDS on educators, given the reality that between 42 809 and 47 804 teachers were reported to be HIV-positive (HSRC study, 2004).
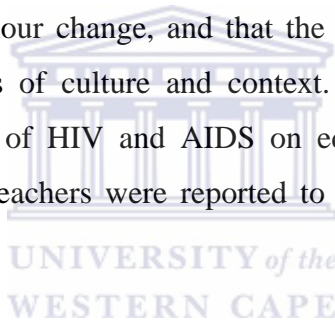
In a more recent study, it was revealed that 13,9% of teachers were HIV positive, with 51 745 infected out of a total of 372 000. 14,52% of learners, or 1.8 million of the 12,4 million in the country, are HIV positive; 7,10% of all university staff are living with HIV, and of the academic staff 1 968 (4,76%) are HIV-positive (Volksblad, 17/02/2010). A comparison between the two studies on HIV among teachers reveals insignificant differences in the prevalence figures, strengthening the knowledge claim made by these studies. However, it also underlines the seriousness of a situation in which teachers who are expected to be the implementers of HIV and AIDS educational policy may also be as much in need of prevention education and care as the general population (HSRC, 2005).

Although studies in educational research have progressed towards establishing a link between the occurrence of HIV and AIDS and its social contexts, not much research has been conducted to explain why sexuality education remains an illusive and contested

learning area. To answer this question, a focus on teachers' subjective views on HIV and AIDS and how they navigate this complex terrain as professional practitioners, may be required. A closer analysis of how and why teachers come to articulate their views on HIV and AIDS education in the way they do, which is the research focus of this study, will throw light on this educational challenge.

To summarise the above pedagogical studies on teachers' knowledge of HIV and AIDS: the teaching of HIV and AIDS has been described as exhibiting incompetence (Mabece, 2002), as being selective when teachers have to teach it (James-Traera et al, 2004), and as being regarded as sensitive in nature (Boler & Carrol, 2003). Teachers are often reluctant to teach it (Davideciene, 1999), and show ambivalence about the content of sexuality education (Boler & Carrol, 2003). The teaching of sexuality education has also been characterized as an impersonal teacher-learner relationship, and as teacher-centred rather than learner-centred (Louw, 2000). These are some descriptions of teachers' knowledge with regard to sexuality. Both Flisher's et al (2004) and the HSRC (2005) studies offer useful insights in identifying the kind of new foci that this research needed to gain a better understanding of the diverse ways that teachers express themselves on this subject. While the literature offers multiple descriptions of the nature and content of teachers' thinking about HIV and AIDS, there still seems to be a need to identify and explain the nature and content of teachers' discourses. My thesis is thus focused on making a contribution to this gap in the literature.

The literature up to this point deals with the emotionality, subjectivity and the diverse contexts in the way teachers and HIV and AIDS have been researched. The HSRC (2005) report, for example, urged that further attention be given to educational policy and its link to culture and context. While the literature above is useful in describing the various foci of HIV and AIDS education, the link between policy and context as alluded to in the HSRC (2005) report helped to narrow the focus on the relatively unexplored subjective HIV and AIDS knowledge of teachers. The relationship between policy and objectives, on the one hand, and practice on the other, emerged as a crucial focus in educational research. Educational objectives do not simply translate directly into practice. Rather,

they are mediated by teachers with different knowledge and understanding of a subject. Often, the educational objectives themselves create the scope for different approaches and interpretations of policy objectives. These differences in interpretation lead to a minefield of discourses in educational practice. One of the under-researched areas in HIV and AIDS education, which is outlined below, is the oft-occurring contradiction between educational objectives and the way teachers have expressed themselves on sexuality. This view suggests that teachers' discourse is not only informed by educational policy but that their life experiences play a major role in the way they relate to this subject. Teachers' mediation of educational policy often leads to contradictions in practice, producing complex discourses which are not easily grasped and understood, and are in need of closer analysis. As a pedagogical concern, the policy-practice gaps in HIV and AIDS education cannot be ignored.

A glimpse between the policy–practice gaps, as exposed in Curriculum 2005 (C2005) and practice-based studies supports the notion that the relationship between educational theory and teacher practice should always be open to scrutiny. Curriculum statements are often regarded as being cast in stone. The master plan for the current curriculum (2005) was launched in March 1997, with implementation in Grade 1 scheduled for 1998, and Grade 7 in 1999. C2005 was thus to be phased in progressively so that it would cover all sectors of schooling by 2005 (Harley & Wedekind, 2004:197). C2005 made teaching of HIV and AIDS education an integral part of the official policy, conceptualising it as a set of achievable objectives within its broader policy framework. Teachers were expected to be motivated and inspired by a national calling to achieve the educational outcomes. Without the necessary training and knowledge being provided by the educational authorities before implementation, C2005 was doomed to fail from the beginning. Perhaps the most telling criticism of C2005 is the view that, as a direct statement of what a society believes schooling is about, it displayed an unusually overt political agenda (Harley & Wedekind, 2004:199). In essence, this critique asserts that C2005 did not arise from a situational analysis of the existing social realities or state of education in the country. It was imposed in a bureaucratic way by political structures, without any consideration as to what the thinking on educational transformation was at the grassroots

level. Teachers, and probably most teacher educators, simply found themselves in a new curriculum world (Harley & Wedekind, 2004:199). The present state of the teaching of HIV and AIDS education emerged as part of the new curriculum environment of C2005.

HIV and AIDS education was incorporated as a section in the Life Orientation curriculum, which was a newly proposed learning area that would replace the old Vocational Guidance curriculum, amongst others. Whereas HIV and AIDS education was conceptualized as an appendage of the Life Orientation curriculum, its importance as a specialized field of knowledge and expertise was not always obvious. Teachers responsible for teaching Life Orientation were assumed to have the competencies to teach the subject. Educational policy often fails to incorporate the practical knowledge of teachers, including their views on sexuality. The formulation of educational policy, as explained in the previous paragraph, was expressed in idealistic terms without taking into account the practical situation and context in which teachers find themselves. Consequently, gaps exist on two levels. Firstly, there is a gap between educational policy and teacher knowledge and practice, and secondly there is a gap between what teachers are expected to teach to learners and the learners' own knowledge and experiences of HIV and AIDS. While research has been conducted on aspects of teachers' pedagogical approaches to HIV and AIDS education, research on teachers' sexuality in the South African context is still in its foetal stage.

My study is a direct move towards grappling with the complex nature of teacher sexuality and how it impacts on the teaching of HIV and AIDS education. It focuses mainly on providing an understanding of teachers' thinking and talking about the topic. It goes without saying that present educational policy lacks knowledge of teachers' own sexuality and is deficient in many ways in this area. Equally, on the topic of learner sexuality, educational policy remains relatively uninformed. A study of learners at primary school level revealed some startling findings about learner sexuality. Slatsha's (2001) study on learners and sexuality, for example, concluded that:

> Students in primary schools are sexually active; therefore HIV/Aids education program should target this group as well, to curb the spread of HIV. Lastly, although students have high knowledge of HIV/Aids and

know that it is transmitted by unprotected sex, they do not use condoms (Slatsha, 2001:32).

Slatsha's (2001) study highlighted the following: that some primary school learners are sexually active and therefore at risk of becoming HIV infected, that teachers do in fact teach sexuality education, and that learners at this level have unprotected sex. Unprotected sex also leads to teenage pregnancy. HIV and AIDS is unfortunately now recognized as the primary reproductive health concern for adolescents, overtaking the long-standing emphasis on adolescent fertility (HSRC, 2009:5). HIV infection and teenage pregnancy share a common origin, that of unprotected sex. However, while the emphasis of sexuality education has shifted from teenage pregnancy towards HIV and AIDS prevention, teenage pregnancy has grown in significance as a social construct and has come to represent one of several indicators of burgeoning adolescent delinquency, sexual permissiveness and moral decay (HSRC, 2009:5). I made reference in Chapter One to recent concerns expressed in the media on teenage pregnancies. In a study on teenage pregnancy in South Africa, the HSRC recommended that sex education incorporate teenage pregnancy inclusively with HIV prevention as part of a universal sex education program (HSRC, 2009: 8). Given these recent studies in sexuality education, it is clear that much of the current curriculum guidelines and teacher training stands in need of revision. A revised position, one that combined sexually-related issues into a common approach, would be a positive move towards limiting the already growing gap between educational policy and practice.

While the studies of Slatsha (2001) and the HSRC (2009) called for a targeted intervention focusing on school-going children, the pedagogical contents and processes which constitute teachers' educational practices remain unclear. Implicit in the recommendation for educational intervention is the assumption that teachers are quite knowledgeable and equipped to teach sexuality education to primary and secondary school learners. The evidence that learners are sexually active reinforces the need for sexuality education at an earlier stage of their education. The teaching of sexuality to primary and secondary school learners needs much more attention than it is receiving at the moment. Despite the increased sexual awareness amongst teachers and learners, there

still remains great uncertainty about how best to prevent the spread of HIV and AIDS. The uncritical insistence by educational authorities on the implementation of current educational policy, notwithstanding the gaps in knowledge of both learner and teacher sexuality, often contributes towards the entrenchment of the present intransigence and conformity to policy. An understanding of the nature and content of teachers' HIV and AIDS discourses requires a closer analysis of how teachers come to articulate themselves in terms of their subjective understanding of the topic. Put differently, an understanding of the contradictions between policy and practice requires knowledge of how educational policy is mediated by teacher practice. This question can be answered through an understanding of teachers' subjective production of their personal discourses on HIV and AIDS.

An uncritical and persistent continuation with the current trend in policy implementation in the light of what is happening in practice in the field of HIV education may result in the further neglect of this essential aspect of the school curriculum. While this section of the chapter dealt with pedagogical issues such as teacher knowledge and training, the emotionality and subjectivity of teacher discourses, and the contradictions between educational policy and practice, the literature also deals with another relatively unexplored dimension in HIV and AIDS and education: the emergence of the subtle role and influence of power in the teaching of sexuality. The literature reviewed below recognizes issues of power, for example gender inequality, in educational relationships. It alludes to how power operates in social relations, and how the nature and content of the discourses of teachers are shaped by the nature of unequal power relations.

2.1.1.3 Power as emerging focus in HIV and AIDS educational research

One of the emerging trends of research in education and HIV and AIDS focuses on the role of power in shaping social relationships and discourse. This kind of research led to significant knowledge claims, which brought forth new perspectives on issues which were previously underplayed in dominant research approaches. The work of Misky et al (2003), Chege (2006), Francis et al (2006) and Baxen (2006) explain what is meant by the influence of power relations in the production of discourse in recent research.

Various studies focused on the influence of sexual identities and unequal power relations in the daily realities of learner experiences at school (Jewkes 2004, Higson-Smith & Richter, 2004; Brooks & Higson-Smith, 2004; Richter & Swart-Kruger 1995). Schools are supposedly places for the development of children. However, sexual abuse and harassment are major problems, as reported in research on South African schools. These studies attribute at least part of the responsibility for the problem of sexual abuse of children to the gendered power relations that are entrenched and reproduced in the social relationship of the school and surrounding community (Richter et al, 2004:9).

A review of the literature suggests that learners' understanding of HIV and AIDS is acquired in the socio-cultural context of their upbringing. For many girls, violence and abuse of power are an inevitable part of schooling. Teachers are arguably also part of that abuse. In a study by Human Rights Watch, conducted in eight schools in three South African provinces, schoolgirls, teachers and parents were interviewed on the subject of sexual abuse (Brookes & Higson-Smith, 2004:110). The study reported that schoolgirls faced sexual harassment and violence from peers and teachers on a regular basis. Many young people have sex thrust upon them. Much of the sex experienced by young girls is either through rape or imposed through moral, economic, or academic pressure (Mirsky, 2003:21).

In subsequent studies, the focus was specifically turned towards analysing the consequences of how these power differences and gender inequalities manifested themselves in the field of HIV and AIDS education. The research findings called into question whether those teachers who were guilty of sexual abuse could play any meaningful role in the prevention of HIV and AIDS. Notwithstanding these findings, issues of teachers' sexual abuse of female learners have not been raised as a significant factor in the implementation of sexuality education (Human Rights Watch, 2001; Vally, 1998). The acceptance of male teachers as part of the normal gender composition of the school community often conceals their potentially exploitative role as sexual perpetrators. The research brought to the fore the complex nature of sexuality education and the far-

reaching effects of an uncritical acceptance of the unequal power relations between males and females in the context of the school. The findings suggest that power differences and gender inequalities should be recognized as factors which have an influence on the outcomes of HIV and AIDS education. Given the lack of research on the role of unequal power relations in schools, Brookes & Higson - Smith (2004:127) hold the view that future research facilitate a detailed examination of the interpersonal, situational and institutional factors which impact on gender violence, and help to determine both relevant areas for intervention and the methods which could be used. Researchers in South Africa, albeit on a limited scale, have attempted to probe the salient issues which impact on the quality of HIV and AIDS education. I will now review some of them.

Chege's (2006) study corroborated the role of unequal gender identities in HIV and AIDS education. Chege discussed how gendered sexual identities of males and females in an African cultural setting influenced the educational processes, and consequently the kind of discourse and social relationships existing between educator and learner. Culturally-defined gender roles become problematic when sexuality education is imparted at a classroom level. According to Chege (2006), the male stereotype, which represents power, sex and violence, confuses the way some learners perceive male teachers. The official role of the teachers as HIV and AIDS educators may be contradicted by their sexual practices and behaviour, including having sexual intercourse with pupils, which may lead to a lack of the teachers' credibility and respect at school.[13]

Chege's (2006) study was useful to my project because it moved the focus of analysis of teacher discourses from the social structural level, one which was broadly environmental and systemic, to a micro-institutional focus, in which the teacher is seen as a sexual being

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[13] In a newspaper article entitled "Teachers face allegations of infecting learners with HIV" (City Press, 7 December 2007), the writer Thabisile Khoza reported that five teachers at one high school had been accused of having sex with schoolgirls and impregnating or infecting them with HIV. The article further reported that the regional director for Ehlanzeni, Mfana Lushaba said that 1052 girls had been reported to have fallen pregnant in his district in the past 10 months. These included girls at 110 high schools and at 58 primary schools in the 13 circuits within the district. The newspaper confirms that awareness programs were introduced in March 2007 to encourage school pupils to abstain from sex, or at least to practice safe sex if they could not abstain. This reference supports the urgency of understanding why educational interventions are not having any significant effect on learners' sexual behaviour.

in his or her role as a mediator of knowledge. My study thus focuses on the individual production of discourse, in order to understand the complex nature of HIV and AIDS discourses when viewed from the perspective of the teacher (as opposed to that of educational policy).

A study which explores the role of power in shaping the nature and content of HIV and AIDS discourses of teachers is Baxen's (2006) doctoral thesis. Baxen moved decisively towards an analysis of teachers' subjective engagement with HIV and AIDS education. In her study, the role of power in shaping teacher discourse is lucidly illustrated. She examined factors shaping teachers' understanding of and experience with teaching about sexuality and HIV and AIDS in some schools in the Western Cape and Mpumalanga, South Africa. She used qualitative techniques, such as in-depth, semi-structured interviews, complemented by participant classroom observations. The study addressed two pertinent issues: (a) the content and form of HIV and AIDS and sexuality discourses in schools, and (b) what happens in the act of teaching when HIV and AIDS and sexuality are the focus. The study proceeded on the assumption that, while teachers were strategically positioned to impart knowledge which could lead to change in sexual behaviour, knowledge transmission processes could not be understood outside the broader context of social action.

In contradiction to the view of teaching as an objective, rational act, Baxen (2006) suggests that teachers are active rather than responsive subjects. To support this argument, she asserts that the problems associated with HIV and AIDS and sexuality education are based on the assumption that teachers act as 'rational, intellectual professionals' who 'mindfully' educate the 'minds' of learners. This assumption ignores the impact, for example, of the human body when it is invoked, that is, when it goes into 'action' (teaching) in the classroom. According to Baxen (2006), identifiable problems about HIV and AIDS education are understood to be located in either the structure of the school or in the curriculum; as such, they are outside or independent of the 'self', and in this case, the teacher (Baxen, 2006:81). When teachers approach sexuality education in the classroom, they establish what Baxen calls `teacherly enactments', which are

performative and contingent upon context. She describes four observable performative behaviours which teachers employ as characteristic of their educational tasks, including when they are teaching sexuality. These performative activities she identifies as follows:

1- The exaggerators – those who generally exhibited behaviour that was exaggerated both in its process and in its content. They were not authoritative and invoked a process of teacherliness that was unfamiliar (Baxen, 2006:285).

2- The normalisers – those teachers who displayed teacherly behaviour which followed a prototype, exhibiting well-modulated demeanour and control of the content through their own 'expert' knowledge of the topic. The performative was exhibited through modulation, through task or lesson sequencing, as well as through presenting the teacher as the expert but not the only knowledge producer (Baxen 2006, 278).

3- The framers – those teachers who relied on the rhetoric of assessment, task pacing, or their authority as primary resources to frame the discourse. The result was the learning of information to fulfil a pre-established curriculum objective, either through completing a set of tasks, portfolio, or as preparation for the examination (Baxen 2006:300).

4- The binders – are those teachers whose patterns of behaviour were invoked through calling up the historicity of 'teacher', rather than the authoritative 'teacher'. They projected an 'official' appearance, but did not always comply in following the content or the process of mediation (Baxen, 2006: 307).

Citing Eisner (1985) and Carr (1989), Baxen argued that the performative quality of teacher engagement makes teaching a routine activity. Teaching incorporates routines of engagement in which teachers have to continually construct meaning and make informed choices within environments characterized by complex expectations, situations, and processual demands (Baxen, 2006:81). Eisner (1985) describes this performance as the teacher's ability to reason and act reflexively, while Carr (1989) suggests that teachers need to think and make many decisions spontaneously when called upon to do so. When viewed as a performance, teaching is understood as `dynamic, expressive and emergent, and cannot be set up in advance through, for example, objectives' (Baxen, 2006:81). Baxen further argues that the outcome of teachers' actions cannot be predetermined, thus challenging on the one hand the notion of teachers as mere deliverers of a body of content

and on the other the idea of schools as stable or neutral environments where safe sex messages are effortlessly delivered by complying teachers (Baxen 2006).

Baxen's (2006) argument that one cannot use rational arguments alone to understand what happens in the complex space of the classroom is a critical one for this project (Baxen 2006). She favours the view that a fluid rather than a rigid position should be taken when teachers approach the topic of HIV and AIDS education in the classroom. Her study highlights the subtle role of power in the production of discourse, expressed in the performance of teachers in the classroom. By analysing teachers' performative actions in the classroom, she posits a notion that the `teacherly enactments' used by practicing teachers when they teach HIV and AIDS are subjectively generated manifestations. Baxen sees teachers as active productive agents of discourse, rather than responsive curriculum implementers. As a key connecting point of this study, I will refer to this view of Baxen's (2006) in the discussion below, as well as in Chapter Six, the concluding chapter.

2.1.1.4   Discussion and summary: Towards a conceptual framework.

The literature dealing with HIV and AIDS and education covers a wide spectrum of research interests, as cited above. These interests have been divided into three broad research foci with the following knowledge themes: the socio-cultural, the pedagogical, and the emergence of power as an analytical focus. Retrospectively, I have presented the literature through the historical experience of the HIV and AIDS pandemic, as it dealt with issues of perceptions and attitudes growing out of the 'sexual' connotation of HIV and AIDS. The lack in knowledge of a social nature culminated in the establishment of SAHARA to address more specifically the social aspects of HIV and AIDS. There has been a proliferation of research to grasp the impact of the social environment on the HIV and AIDS pandemic. The three broad literature foci cited above can be regarded as major knowledge themes, emerging across the literature. I have organized these research interests into five knowledge themes relevant to answering the central question of this study: What is the content and nature of teachers' HIV and AIDS discourses? These

themes also informed the development of an appropriate conceptual framework to guide the study. The knowledge themes are the following: socio-cultural knowledge; knowledge and training of teachers; issues of sexuality relevant to HIV and AIDS; the emotional nature of the HIV and AIDS pandemic; and medical and disease aspects related to the pandemic.

Having extrapolated the educational nature of HIV and AIDS research in the literature, I realised that the question as to why HIV and AIDS education was generally regarded as a failure had not been sufficiently answered. Despite the knowledge that we had on HIV and AIDS and education, knowledge of the *teacher* in HIV and AIDS education was still lacking. Thus far the literature described how teachers assumed active agential roles in their professional performance as educators. It was established that there seemed to be no uniformity in how and what teachers were teaching when they were engaging in discussions around the pandemic at the classroom level. A kaleidoscope of approaches, however, pointed to an important feature in the teaching of HIV and AIDS education: its diversity. The literature reveals different subjective positions that teachers assume when teaching HIV and AIDS, but the content and contexts of teaching practices are seldom clear. While the literature produces certain research foci, it also reveals the subjective and complex nature of sexuality knowledge and discourses of teachers. My thesis aims at interrogating and organizing these 'research foci', and analysing their nature and meaning in the context of HIV and AIDS education.

The literature gap that this thesis responds to is located in the crucial research question: What is the content and nature of teachers' HIV and AIDS discourses? A response to this question may elucidate the pedagogical concerns that society harbours about HIV and AIDS education, especially at the present time, when there is considerable uncertainty about the future of the HIV and AIDS pandemic. It may also identify what is lacking in teachers' discourses. What follows below is a conceptual framework, developed to analyse the diversity of teachers' knowledge of HIV and AIDS education. Most of the research conducted in this field approached the problem of HIV and AIDS education by using a structural analysis, i.e explaining how external social forces impact and shape

social relations. Few studies explored the subjective and experiential responses of teachers to the pandemic (Chege, 2006; Francis et al, 2006). Some studies overstated the emotional quality of teachers' experiences and underplayed a rational explanation (De Lange et al, 2006). I agree that the emotional and the rational are essential parts of an explanation and cannot be ignored. However, the study of Baxen (2000) homed in on these 'irrational' and emotional behavioral acts of teachers, providing a useful point of departure to construct a theoretical framework for this study. While Baxen (2000) describes the teaching of HIV and AIDS education as teachers' performative acts, seeing them as productive and not just responsive in the implementation of policy, my argument goes further than that. While I accept the notion that the teaching of HIV and AIDS education is not an entirely rational process, I argue that teachers' practices may be explained in terms of the notion of a personal *subjective rationality*. It is for this reason that I developed a conceptual framework which hinges on the notion of *discursive practices* – a comprehensive concept quite appropriate to explaining the diverse, contradictory and yet rational nature of HIV and AIDS discourses of teachers. Teachers develop a subjective notion of truth which may change under changing circumstances. A focused analysis of the subjective reasons which inform teachers' discursive practices may offer a comprehensive explanation for the diverse and often contradictory nature of their HIV and AIDS discourses.

I regard responding to the gap in the literature, that is, the lack of understanding of teachers' HIV and AIDS discourses, as a positive step towards preventing the spread of the HI virus. While using qualitative and to a lesser extent quantitative research techniques, I employ discourse analysis to interpret HIV and AIDS discourses of teachers. Discourse analysis complements other techniques in exploring teachers' knowledge of HIV and AIDS, but focuses more on the subjective ways in which discourses are produced.

Having taken a critical view of the dominant approaches to the understanding of the construction of teacher knowledge, I employ discourse analysis in this thesis with an emphasis on how teachers exert their subjective power as individuals in articulating their

views on HIV and AIDS, under the constrictions of the internal and external factors which impact on their thinking and talking. As mentioned in Chapter One, language represents only one aspect of discourse analysis. Language is a representation of texts which may signify what is not apparent. It thus needs to be understood in context. Discourse analysis in this sense recognizes the shift to emphasizing the *signification*, as distinct from the *representation* of social reality, as a conceptual and methodological move (Parker et al, 1999). While dominant research approaches have produced *representation* as giving shape to the reality it implicates, *signification* draws our attention to the process of forming the meaning of things (Parker et al, 1999:5). Signification implies ambivalence about how meaning is constructed. Instead of trying to tie down the meaning of things, the researcher is encouraged to understand its meaning in the context of a symbolic system of meanings, and to ask questions about its contradictions and how it is constructed to produce meaning (Parker et al, 1999:5). The meaning of things is intertwined into systems and institutions, expressed in words and phrases which Foucault (1978) called 'discursive practices' (Howarth, 2000:9). These systems of meaning position humans in relationships of power (Parker & Bolton Discourse Network,1999:6). The term *discursive practices*, which is explained in more detail below, includes all textual and non-textual influences that exert a conscious or even unconscious influence over teachers' thinking and/or articulation on HIV and AIDS. With a focus on *discursive practices*, Foucault set out to understand the *social effects* rather than the essence or the *implicit meaning* of everyday practices in the complex context of social relations (Dreyfus & Rabinow, 1982: xxvii).

In this thesis, I employ Foucault's use of the relationship between teacher as an active and power-bearing individual who expresses his or her discourse in unique ways of using language. Reduced to a text form, the full meaning of this cannot be taken for granted, but should be seen rather as an entry point to a deeper understanding of discourse. I have taken a closer view to understand the complexities between the teacher as a subjective being in relation to the discursive influence of the external world on his or her discourse. A discourse-focus analysis is useful, as it explores and unmasks the contested representation of social reality beyond its verbal expressions, through the recognition of

the power which is exerted when the teacher enunciates knowledge (Dreyfus & Rabinow, 1982:130-131). In Chapter Five, the content and nature of teachers' HIV and AIDS discourses are presented as the result of a vigorous investigation into how they have navigated their subjective situations through the complex articulations of their thinking and talking about HIV and AIDS education.

What follows below is the second part of this chapter - the development of a conceptual framework to guide my analysis. Due to the need to develop an understanding of the subjective nature of teachers' knowledge and experiences as explicated by the literature, I devised a theoretical approach to the research that would make it possible to analyse how teachers understand this subject beyond the social structural explanations that are so commonly offered. Without ignoring the educational influence of the knowledge produced through structural studies, I interrogated the appropriateness of such analysis in understanding the power of teachers in the production of their HIV and AIDS discourses. I investigated these discourses in order to gain an understanding of them in terms of the complex processes of discourse formation, which would ultimately assist me in reaching an understanding of their content and nature.

2.1.2 Conceptual framework

2.1.2.1 Introduction

Having identified in the literature the need for a closer, more personal and subjective analysis of teachers' discourses on HIV and AIDS, I developed the conceptual framework outlined in this section. It focuses on how and why teachers talk and think about the subject the way they do. This research utilizes Foucault's (1978) ideas on discourse and discourse analysis as conceptual lenses to explain the complex processes involved in the production of discourse. Wetherell's (1998) notion of *a changing subject position* and discourse as an expression of a multiple concept of *self* is key to my

argument, one that explains how diverse teachers' subjectivities constitute the discourses of teachers on HIV and AIDS.[14]

This project argues that teachers have a notion of self that is shaped and formed over time, but that this notion is also changeable and not constant. In this regard, the use of language to articulate one's ideas about something becomes central in explaining the different ways in which teachers' expressions are phrased. The use of language which teachers acquire during their socialization brings a personal understanding of language to their discourses. Language provides a finely articulated means in the expression of power in the process of social interaction and is used in different ways to express, and even challenge or subvert power (Wodak & Meyer, 2002:11). During the process of investigation, language is inevitably reduced to a textual form, which is then subjected to a process of vigorous analysis (Parker et al, 1999:4). As such, a text will always have elements of ambiguity.

To explicate the power of the individual in relation to the influence of socialization, I used Popkewitz's (2001:11-13)) notion of the creative powers of *human agency*. Given the notion of the teacher as a creative human agency, new meanings become possible, since the essential or common meanings ascribed to things are now questioned. The teacher is viewed as an entity capable of exercising techniques of power, the effects of which will result in uncountable discursive possibilities (Smart, 2002:78). The exercise of power necessarily puts into circulation apparatuses of knowledge which have been produced through instruments of observation, techniques and elaborate research systems of control (Foucault, 1978:102). The view of how *power* operates on a micro-level in a subjective way creates a new analytical aspect, one capable of explaining the meaning of the content and nature of teachers' HIV and AIDS discourses. More specifically, a subjective approach to the understanding of discourse would recognize teachers' discourse as a production of its own creative practices.

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[14] Refer to Chapter Three, subsection 3.5, where the notion of multiple identities are managed in the research context.

The conceptual framework constitutes an exposition of the following concepts: discourse, discourse analysis as theoretical approach, discourse formation, discursive rupture, subject positioning, bio-power and self formation, and a subjective notion of truth (Howarth 2000; Dreyfus & Rabinow, 1982; Smart 2002; Parker & Bolton Discourse Network, 1999; Popkewitz et al, 1987; Wetherell et al 2001). For practical purposes, I am using discourse analysis as a concept lens. In this regard, the concept `discursive practices' will be explained, since they are the (practical) acts of expression involved in discourse formation. A distinction is drawn between pre-discursive, discursive and non-discursive practices in order to analyse how the complex interplay between them impacts on discourse in unpredictable and often unexpected ways.

2.1.2.2 Discursive Practice as conceptual lens

As the focus of this study is to understand teachers' HIV and AIDS discourses, the teacher's subjective knowledge and experiences within his or her social world need to be located within a theoretical perspective. To this end, Popkewitz's (1987) understanding of discourse analysis encapsulates a notion of social construction that relies on language in a local context, locating the `individual in a dynamic world'. Discourses, accordingly, are social constructions of meanings which, through the use of language, become *texts*; these in turn become available to the reader who wishes to understand what it wants to convey (Parker & Bolton Discourse Network, 1999:6). The teacher uses words and phrases which have meanings; these are organized into the systems and institutions that Foucault called *discursive practices,* positioning the teacher in relationships of power (Foucault, 1969). According to Foucault (1980), discourse analysis is not about being 'correct' or otherwise, but rather about recognizing the intimate connections between meaning, power and knowledge. As teachers articulate their discourses on HIV and AIDS, they express certain power relations which give meaning to the knowledge that they impart to others (Parker & Bolton Discourse Network, 1999:6). The teacher thus exists in a social world of power relations which are shaped in a social environment. Soudien (2001) refers to the role of power in discourse formation as subjective and productive. He argues that discourse should be unlocked by interpreting its production

and exposing its connections to power. At a subjective level, discourse is influenced by power, located both within and external to the individual. Soudien asserts that:

> They (discourses) are not objective descriptions of the world, but are compositions riven with fractures and illogicalities that 'betray' their social constructedness. It is this social constructedness that makes them available for scrutiny, and so permits a reading of their character. Once they are understood as social constructs they can be seen for what they are, namely, regimes of power that shift and change (Soudien, 2001:103).

The teacher is thus viewed as an individual in a dynamic world, endowed with power in discourse which encapsulates his or her subjective and objective environments. *Discourse* creates systems of possibility that make a field of knowledge possible. According to Ball (ed) (1990), a Foucauldian understanding of discourse includes the following:

> ...about what can be said, and thought, but also about who can speak, when, where and with what authority. Discourses embody meaning and social relationships, they constitute both subjectivity and power relations…Thus, discourses construct certain possibilities for thought. They order and combine words in particular ways and exclude or displace other combinations (Ball (ed), 1990:17).

As the teacher lives in a dynamic world of social relations, his or her life involves personal and social actions which present a multiple possibilities of meaning. In other words, the understanding of a teacher's discourse must be seen in the context of his or her situation. Discourses take place in specifically situated contexts in which a continuous exchange of meaning takes place between and amongst individuals (Dant, 1991:135). Discourse may constitute a group of statements; these may belong to, or be identified as a single discursive formation (Smart, 2002:40), which in this study is teachers' discourses on HIV and AIDS. By focusing on the subjective production of discourse, I will provide an understanding of teachers' expressions on HIV and AIDS education. These explanations will obviously be constructed in terms of subjective experiences and explanations in relation to the teachers' external environments and discursive influences.

Having explained the concept discourse and its relation to the teacher and environment, I begin an analysis of discourse with the assumption that all objects and actions are

meaningful, and that their meaning is a product of historically specific systems of rules (Howarth, 2000:8). Teachers' world views are socially constructed and according to Howarth the concept of discourse analysis refers to the process of analysing how socially constructed views of the world become meaningful signifying practices consisting of linguistic and non-linguistic materials (2000:10). They are expressed as 'texts' which encompass all experiences and exposures of the individual since birth. Signifying practices enable subjects to experience the world as objects, words and practices.

Human perceptions of reality are shaped in social contexts and are therefore socially constructed. In the same way, teachers' conceptions of the HIV and AIDS pandemic are shaped and constructed within a social context. In this regard, I borrow Popkewitz's argument which frames the centrality of the creativity of the human factor as an active determinant in creating the perceptions that people form about the world. Popkewitz asserts that:

> Our world is continually offered as one of ready-made customs, traditions, and order in the things of daily life. Yet the natural order is not natural or inevitable, but constructed historically, socially and politically. Enquiry should enable us to consider the possibilities of our social conditions by exposing the fragility, to some extent, of the causality in which we live. To make our social situation problematic – not a foreordained order of things but the outcome of collective actions of men and women – is to make these situations potentially alterable and amenable to human agency. (Popkewitz, 1987:27).

Discourse analysis involves the identification of how and when discourse is initiated. An integral part of understanding the 'how' of discourse analysis is to use the concept *discursive practices* (as borrowed from Foucault). Discourse analysis seeks to explore the complex interplay between the subjective (or internal) production of discourse and its external (or objective) environment. When discourse is articulated, there are unaccounted and irrational conditions of a subjective nature which influence what may or may not be said. For example, the discursive and the emotional expressions of teachers are recognized as an integral part of the analysis. Language becomes an external form of discourse, which only partially represents its internal meaning. According to Howarth

(2000:65), other than the linguistic, the non-linguistic (social and relational) and situational context of discourse analysis involves the following:

1- the spaces between the self and self reflection; 2- the self and the discursive environment; and 3- the self as part of the social structure and economic processes external to the self.

The notion of *pre-discursive practices* is used to refer to the structured relations within discourses of a subject and focuses on what the teacher is thinking and talking as an individual. The pre-discursive practices include self-reflexivity and the emotionality of the human body as they impact on discourse formation. `Discursive practices' refers to all textual and social relationships that influence the discourse of the teacher within a particular practice (episteme, eg education). Included in this type of practice would be the socialization and educational exposure that the teacher experienced, and which influences his or her personal understanding and professional practice. `Non-discursive practices' refers to the relationship between discourse and those social and economic processes outside (external to) the teacher which influence his or her discourse (Howarth, 2000:64-66). In more simplistic terms, the *non-discursive* refers to the non-verbal power in society which impacts on the individual's social practice, such as the power of traditions, institutions, conventions, economic processes and practices (Smart, 2002:41).

Discourse analysis views subjective and social actions as discursive forms. By treating a wide range of discursive and non-discursive (linguistic and non-linguistic) material as *texts* inscribed in the mind of the teacher, experience in the world of objects, words and practices becomes the object of investigation (Howarth, 2000:10). The teacher produces a discourse when the *self* exerts a mechanism of power in relation to discursive practices. Foucault's notion of power/knowledge is inextricably connected with the production of discourse, because discourse takes a particular form when the self exercises power to produce such discourse. Employing discursive practices as a conceptual lens involves analysing discourse in an attempt to liberate knowledge from subjection – to make it capable of fighting against the coercion of a universal, formal scientific theoretical discourse (Varela, 2001:111). According to Foucault, the objective of analytical research

is modest: to discover the different kinds of rationalities operating in the production of discourse, and to avoid the broad generalizations which overshadow the complex specificities and features of each discourse formations (Smart, 2002:140). An analysis of discourse that deals with sensitive topics such as HIV and AIDS focuses on the subjective production of these discourses in terms of teachers' subjective knowledge and experiences. The primary focus of discourse analysis is the micro-functioning of power and the production of discourse within the broader social and cultural environment.

The HIV and AIDS pandemic elevated sexuality education as an essential part of the school knowledge which teachers needed to give their learners. An understanding of teachers' discourses on HIV and AIDS becomes a necessary knowledge component in preparing them to provide learners with the appropriate and relevant knowledge to combat the spread of HIV and AIDS and other sexually-related diseases. There has been an increasing demand that learners be given appropriate sexuality education, but there has also been some opposition to the implementation of HIV and AIDS education because of the unfounded fears that an increase in sexuality education may lead to increased sexual activity amongst school-going children. In the first part of the literature review in this Chapter (Two), I referred to studies that refuted the latter position in support of the benefits of HIV and AIDS education. While the HIV and AIDS pandemic produced a heightened awareness of sexuality education, its effects on society initiated a multitude of contradictory discourses, which have also been observed in the way teachers have expressed themselves on the subject. There is an inextricable relation between the HIV and AIDS pandemic and sexuality. Given the need to understand why the pandemic became one of the most topical issues in contemporary society, I employed the concept of *discursive rupture* to explain the sudden emergence of this new discourse. As an analytical concept, *discursive rupture* shows how the pandemic as an 'unexpected' factor unsettled the way society engages sexuality. Teachers who are now expected to be knowledgeable about HIV and AIDS were as challenged by the pandemic as was society in general. Not knowing how to approach the elusive task of being a sexual educator, the teacher found him- or herself in a situation of uncertainty and ambiguity when confronted

by the daunting task of engaging in an interactive approach to the teaching of HIV and AIDS prevention education in the classroom.

The concept *discursive rupture* helps to understand the emergence of society's concerns about the pandemic, and, given its close relation with human sexuality, opens up the kind of discourses about sexuality which have historically been suppressed. Foucault, however, claims these repressive discourses actually concealed a proliferation of sexuality discourses, contradicting the notion of a repressive sexuality discourse (Foucault, 1978).

2.1.2.3 HIV and AIDS pandemic as rupture of discourse.

The link between HIV and AIDS and sexuality brings about an inevitable association between disease and human sexuality. The public nature of the pandemic has raised the public profile of sexuality – which may be regarded, as mentioned earlier, as a social taboo. Foucault's (1978) notion of *discursive rupture* in the context of the HIV and AIDS pandemic illuminates the communicative challenges faced by teachers and society. Society's discourses about sexuality have changed significantly since the appearance of the pandemic. Foucault's notion of *discursive rupture* can be applied to the unsettling influences of the HIV and AIDS pandemic on society's discourses on sexuality. It may also explain how the pandemic created a greater awareness of sexuality, as a part of every human being, in the public domain. Howarth uses the notion of *dislocation* with reference to those contingent events which cannot be symbolized or represented within a discourse, and thus disrupt and destabilise orders of meaning (Howarth, 2000:132). In simple terms, the HIV and AIDS phenomenon, as a dislocating and destabilising factor in people's lives, provides the conditions for the construction of antagonistic relations between people without preempting the form that the discourse would take (Howarth 2000:132).

The consequence of rupturing the way people think about sexuality introduced new social constructions of sexuality discourses which are still not fully understood. These discourses are reflective of different ways of thinking and meaning making. Teachers are

no outsiders to the impact of the pandemic on how they engage in HIV and AIDS education. In a selective and subjective way, teachers' exposure to and experiences of HIV and AIDS and sexuality form an integral part of their personal knowledge and discourse. When teachers express themselves on HIV and AIDS, they give vent to the multiple possibilities of meanings and understandings that make up the diverse landscape of contradictions which describe the nature and content of their HIV and AIDS discourses.

The discursive rupture initiated by the HIV and AIDS pandemic is experienced by teachers and society at different levels and has taken different forms of knowledge. Foucault's (1978) conceptualisation of sexuality discourses entails suppressive and expressive elements. These exist simultaneously; on the one hand, sexuality discourses are suppressed when people refuse to speak candidly about them, or confront their impact openly. On the other hand, since people are sexual beings, they invariably express their sexuality in a range of different, often hidden ways. The early stage of the pandemic introduced moments of *rupture* in the way society approached sexuality and triggered discourses of incitement – an openness to speak about the pandemic, presenting a kind of preparedness to speak about both HIV and AIDS and sexuality. Simultaneously, discourses of repression - a tendency to shy away and resist openly engaging with HIV and AIDS - also emerged. Underlying Foucault's notion of a suppressed sexuality discourse is his view of power, which he argues is distributed and infused in social relations with the potential to be expressed as a discursive practice. Foucault refers to the contradictory discourses about sexuality as the effect of assuming different power positions (Dreyfus & Rabinow, 1982:129). He argues, for example, that the prudish Victorian culture did everything it could to silence sexuality, from devising techniques to prohibit masturbation by women and children, to putting up draperies to hide the sexual suggestiveness of piano legs (Bristow, 1997:173). Foucault shows that the desire to silence any public talk about sex itself created intriguing contradictory discourses, which could not be prevented. Sexuality as a public discourse became transposed and concealed in various discursive practices. He explains this paradox of discourses with a historical

glimpse into how sexuality was always of public interest, but suppressed and reconfigured in diverse and concealed discursive forms:

> Rather than the uniform concern to hide sex, rather than a general prudishness of language, what distinguishes these last three centuries is the variety, the wide dispersion of devices that were invented for speaking about it, for having it be spoken about, for inducing it to speak of itself, for listening, recording, transcribing, and redistributing what is said about it: around sex, a whole network of varying, specific, and coercive transpositions into discourse. Rather than a massive censorship, beginning with the verbal properties imposed by the Age of Reason, what was involved was a regulated and polymorphous incitement to discourse. (Foucault, 1978:34).

According to Foucault, sexual discourses have always been present in the public domain, but concealed in different ways. At a subjective level, human agency expresses sexuality in different verbal and non-verbal discourses. The question now arises: given the multiple possibilities of discourse formations about sexuality, how do teachers produce their different discourses on HIV and AIDS and sexuality? This question will be answered by employing the concepts of subject positioning, which changes as the teacher engages in different social relations (Wetherell, 1998), bio-power, when the teacher exercises the body as a productive force in discourse (Dreyfus and Rabinow (1982); Smart, 2002), and multiple views of truth (Smart, 2002), in which the teacher assumes different positions of truth depending on his or her different relationships with others.

2.1.2.4 Subject positioning, bio-power and multiple truth

Teachers express themselves in different ways and convey different meanings when they speak. The teacher uses language which is situated and located in a social and cultural context in which the meaning of language is created and contested (Wetherell, 1998:9). The language user is constrained in his or her choice of language and actions, conveying messages which may be differently received (Wetherell, 1998:10). The teacher's language of expression is thus not fully determined. Foucault attempts to get behind the meaning of discourses by subjecting the verbal and non-verbal discourse to analysis. In the process of discourse production, power operates to shape silent and active discourses.

At the level of classroom practice, the position of authority of the teacher configures a certain power/knowledge relationship between teacher and learners. Contrary to the educational policy formulation of teachers as rational and passive implementers of curriculum,[15] discourses of teachers are produced in a contingent and indeterminate way, making it impossible to speak of the teacher in a homogenous way (Mouffe, 1992:372, Baxen 2006). When a teacher enunciates discourse, complex processes of self definition and reflection take place in his or her consciousness. The relationship between teacher and learners constitutes a complex network of social relations which open the door to the development of a variety of different and divergent discourses. Learners, just like teachers, cannot be assumed to be passive recipients of knowledge. They become active participants in the teaching process when they (the learners) exercise their subjective choice of interpreting the meaning of the teacher's discourse.

Due to the complex composition of the human body, which is understood to be a physical, experiencing and meaning-making entity, the efforts of researchers to pursue an understanding of the discourses of teachers will always pose methodological challenges. As an integral part of the conceptual framework, Foucault posits the concept *bio-power* to explain the intimate power/knowledge relationship between discourse and teacher subjectivity. *Bio-power* is a term used by Foucault to differentiate a view of the body as possessing positive productive power from an image of it as docile and passive (Dreyfus and Rabinow, 1982:134). One way to illustrate the meaning of *bio-power* is to compare it to *social power*, or social/institutional power. Social institutions are examples of expressions of social forms of power. Institutions such as the school, religion and the state function as disciplinary technologies of power which aim to produce *docile bodies* (Dreyfus & Rabinow, 1982:135). These structural forms of power are mediated by individual subjectivities, which give new meanings to the lived experiences of teachers. In ever-changing power relationships, the individual poses resistance, by changing

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[15] Present educational policy discourse refrains from seeing teacher experiences and sexualities as problematic as it would contradict the dominant view and definition of the teacher as a role model. According to the National Policy on HIVand AIDS, `the educator should feel at ease with the content and should be a role model with whom learners and students can easily identify' (National Education Policy Act 27 of 1996, A-16). As this policy statement does not spell out what is meant by the teacher as a `role model' in the context of HIV and AIDS and sexuality education, the expectation may be created that a notion of a model teacher does exist and is worthwhile for the learners to emulate.

positions of power to produce discourse. While educational policy discourses produce stereotypical and homogenised expectations of teachers, at the level of practice these policy discourses are constantly challenged, resisted and interpreted by teachers on the ground. Consequently, they develop diverse and individualized ways of engaging with and understanding HIV and AIDS education through the mediation of the body. Because of its location in social relations, the body functions as a political force when discourse is produced (Smart, 2002:75). Due to the complex composition of the body as a physical and emotional entity it has been neglected as part of the traditional social analysis. According to Foucault, the body is not a neutral entity. It is not without history or culture, but instead plays a central role in the exercise of power and knowledge (Smart, 2002:75). The meaning of discourse is intertwined with the body as a physical and cultural experiencing entity. In the attempt to understand the HIV and AIDS discourse of teachers, one cannot ignore the complex analytical elements which interact to retain a subjective perspective of its production, such as the impact of the body on discourse construction. I do not imply here that discourse is incomprehensible, but rather that it is a complex expression of the teacher's subjective knowledge and experiences.
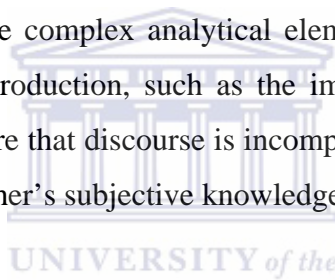
Teachers interact with the social environment in terms of their own subjectivities and position themselves in a dynamic discursive environment. In the process of interaction, they use language and words to make a cognitive connection which influences thinking and discourse. Wetherell uses 'signification' as an infinite play of differences which represents a complex picture of the human mind always in a process of constructing meaning. Meaning is never fixed, but always in a state of flux. The teacher is not the sole author of his or her discursive activity or its origin. Mouffe explains the interaction between the subject, discourse and positioning as follows:

> We can… conceive the social agent as constituted by an ensemble of 'subject positions' that can never be totally fixed in a closed system of differences, constructed by a diversity of discourses, among which there is no necessary relation, but a constant movement of over-determination and displacement. The 'identity' of such a multiple and contradictory subject is therefore always contingent and precarious, temporally fixed at the intersection of those subject positions and dependent on specific forms of identification. It is therefore impossible to speak of the social agent as if we were dealing with a unified, homogenous entity. We have rather to

approach it as a plurality, dependent on the various subject positions through which it is constituted within various discursive formations (Mouffe, 1992:372).

Viewing society as a vast, open and constant, overflowing, complex system of 'texts' in which meaning is always partial and never fixed, the teacher constructs his or her social reality in different discursive ways (Howarth, 2000: 103). According to Wetherell, (1998:405) the changing subject position of an individual (teacher) is regarded as a possibility at any given moment in time. During this moment the self can become potentially expressive of different identities through discourse. Thus the self has the power to produce different meanings when discourse is enunciated. Teachers' HIV and AIDS discourses are constructed on the basis of changing social relations and identities. At the classroom level, these diverse discourses need to be understood in terms of the experiences of teachers and learners within the context of HIV and AIDS education.

Foucault views education and the school in particular as part of the production and reproduction of modern forms of governance and social discipline. I have alluded to how educational discourses are resisted in practice by the body's enactment of power as it regulates the flow of discourse in an indeterminate way. As mentioned earlier in this section, Foucault uses the term bio-power to allude to the production of discourse through the power technologies of the body. Discourse, knowledge and power are all related to the establishment of a *regime of truth* which becomes inscribed in the subjectivities of teachers and consequently influences the teachers' social construction of reality. In other words, Foucault is suggesting that there are multiple forms of truth which teachers may assume. Truth is a subjective concept, and from time to time, each teacher constructs his or her own version of the truth, as manifested in different discourses and as the teacher assumes different identities in different social relations.

As teachers' discourses are constructed subjectively and contextually, they draw upon the notion of the *self*, which becomes a key principle through which discourse formation is organized. I am borrowing from Foucault a notion of *self* to explain how teachers develop their personal view of things, and how this becomes the basis of their thinking and

practice. Foucault uses the concept *subjectification*[16] to explain the occurrences when the individual's *self* concept is formed and the *self* becomes the subject. Self-formation has a long and complex history, one which explains how the *self* became *itself*. The *self* becomes what it is through a variety of operations on people's bodies, on their own souls, on their thoughts, on their own conduct (Rabinow (ed), 1985:11). Self-formation represents the sum total of the individual's personal and social experiences and exposures which have constituted him or her in terms of multiple identities. It is produced during processes of *subjectification*, which is mediated by the teacher's engagement with his or her social world. Teachers' discourses on HIV and AIDS are produced when a sense of *self* is assumed in a conscious way to draw upon those memories, events and experiences inscribed on the thought structure of the teacher. Becoming aware of these events and experiences creates a sense of identity which is also a consciousness of self-knowledge (Smart, 2002:107). The methodological design which I presented in Chapter Three explains the emergence of HIV and AIDS discourses, and how the textual forms of discourse became the focus of an analysis that provides an understanding of the construction of meanings of HIV and AIDS discourses based on teachers' sense of self identity and knowledge. It was through their various discourses, based on their subjective experiences and knowledge, that an understanding of the nature and content of their HIV and AIDS discourses was constructed.

2.2   Summary

In the section above, I gave an exposition of how a discursive approach could be applied to gain a better understanding of the subjective nature of teachers' HIV and AIDS discourses. I explained the diverse nature of discourse using Wetherell's (1998) notion of *a changing subject position* and the concept *self* as fundamental to understanding why and how teachers change their discourse from time to time, communicating seemingly contradictory and inconsistent meanings. The limitations of a linguistic analysis of

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[16]   Subjectification or subjectivation refers to the Foucauldian notion in which the historical practices of the making of a subject are studied. Truth and knowledge become transposed from the environment to the subject through mediating processes of subjectivation.

discourse emerges as the concept of human agency (Popkewitz, 2001), and power invested in the human body (bio-power) (Foucault, 1978) produces discourses which have a myriad of unpredictable and contingent possibilities. How *power* operates on a micro-level in a subjective way offers possibilities for understanding the nature and content of teachers' HIV and AIDS discourses. A discursive approach to teachers' discourses focuses on the subjective processes involved, as teachers' generate their own creative practices.

This thesis postulates the discourses of teachers as dynamic regimes of truth, which are thus subjectively and socially constructed. The recognition of multiple discourses argues against the tendency to view teachers in a homogenous way, thus creating space for new ways of understanding the differentiation of HIV and AIDS discourses as expressed by teachers. Discourse analysis as a conceptual approach provides an analytical lens to construct an understanding of the HIV and AIDS discourses of teachers, and it becomes useful in organizing and identifying the content and nature of HIV and AIDS discourses. In contrast to the traditional research approach to the study of social issues, a discourse analysis approach accentuates the centrality of the agential and productive role of the teacher in discourse formation. Without neglecting the knowledge value of other research approaches to HIV and AIDS education, I believe discourse analysis makes a complementary contribution that brings new understandings to the construction of teachers' subjective meanings about HIV and AIDS education. It was particularly useful in providing a focused lens on what teachers are thinking and saying, in order to put together a view of HIV and AIDS education from the teachers' discursive perspective.

2.3   Conclusion

In this chapter I have presented a discussion of the extant literature on teachers and the HIV and AIDS pandemic. As a contribution towards the prevention of the spread of the HI virus through education, this thesis responded to a gap in the literature concerning the nature and content of teachers' HIV and AIDS discourses. Although the literature explored various aspects and problems associated with the teaching of HIV and AIDS at

school, the relationship between policy formulation and policy implementation is still in need of further research. My study is located in this gap. In particular, the production of diverse HIV and AIDS discourses and their various meanings is still an under-researched field in education. We may know a lot about how teachers are teaching and what their pedagogical shortcomings may be, but we do not necessarily know why and how they came to think and speak about HIV and AIDS the way they do. This thesis explores the nature of the pedagogical problems surrounding HIV and AIDS education to deepen an understanding of the challenges facing HIV and AIDS education. My contention is that an understanding of the nature and content of HIV and AIDS discourses of teachers will alleviate the social panic and uncertainty about the future, brought on by the pandemic. An understanding of teachers' HIV and AIDS discourses would assist the educational sector in making a meaningful contribution to HIV and AIDS prevention education at schools. In the following chapter (Chapter Three), I discuss the methodological design devised to investigate the diverse nature and content of HIV and AIDS discourses of teachers.
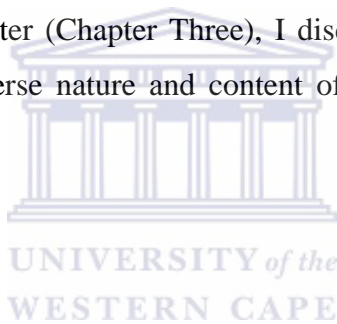
Chapter 3: Research and methodological design and implementation

3.1 Introduction

This chapter provides an exposition of the mixed methodological approach applied in this study and outlines the various aspects of the research design and its implementation. The methodological design was formulated in response to the research question: What is the content and nature of HIV and AIDS discourses of teachers? In the previous chapter, three broad research foci emerged from the literature; these can be categorized into five major knowledge themes reflecting research interests in HIV and AIDS and education. These themes provided the background for my research orientation and the mixed methodological design.

The chapter is divided into a number of interrelated subsections. In subsection 3.2, the rationale for the use of a mixed methodological design is explained. In responding creatively to the educational demands presented by the HIV and AIDS pandemic, I departed in my methodological design from the traditional use of the qualitative approach. While employing traditional data-gathering techniques, I used discourse analysis as an interpretive lens to engage with the data and to bring to the project new ways of knowledge construction. In this regard, language, context and the subtle role of power relations in knowledge construction played an important part. Different data gathering techniques are employed to bring out the fine distinctions and nuances of the nature and content of HIV and AIDS discourses of teachers.

The following research techniques were used: focus group discussions, a questionnaire, and face-to-face interviews. Teachers' responses to the questions provided the data from which I was able to argue and identify the content and nature of their HIV and AIDS discourses. The multiple techniques used also included a *triangulation* technique; this further enhanced the validity of the findings which emerged from this project (Babbie & Mouton, 2001:275). Subsection 3.3 describes the sequencing of the different research techniques and how they unfolded in the research process. Subsection 3.4 reports on how

the three research techniques were implemented. In this section, the three techniques are described in terms of their construction, implementation, and the ethical considerations involved. Section 3.5 explains how the data were analysed and synthesised, and particularly how discursive practices were used as a conceptual lens in making sense of the data. My actual way of going about analysing the data gathered in the study is described in this section. Subsection 3.6 sketches a self-reflective view of my personal involvement and interest over twenty years in HIV and AIDS education. I employed the technique of *self reflexivity* to bridge the gap between my personal involvement as a teacher and my role as a teacher/researcher. This turn to the pragmatics of researching HIV and AIDS education was valuable in that it afforded me an opportunity to reveal my own subjectivities as an integral part of knowledge construction. My voice as teacher and researcher became symmetrical with the voices of the participating teachers. Without losing my identity as teacher and researcher, I joined my voice with those of the teachers; thus the findings of the study became an outcome of participatory research in which the voice of the researcher was not aloof from the voices of the teachers. Subsection 3.7 concludes and bridges the chapter with Chapter Four: data presentation and analysis.

3.2 Rationale for the selection of different methods.

Given the nature of the research question which drives this thesis, different research techniques were selected in order to investigate the nuances of teachers' HIV and AIDS discourses. This study is overwhelmingly qualitative in its approach, but with a quantitative element, in the form of a questionnaire, which is explained below. The research techniques employed were focus group discussions, the questionnaire, and in-depth semi-structured interviews. Discourse analysis as a conceptual lens was employed to interpret the central findings of the thesis, which are presented in Chapter Five. My use of discourse analysis as conceptual lens in understanding the three sets of data demonstrates in practical terms how *discursive practice* became the tool for analysing the data (Howarth, 2000:134).

As I explained in the previous chapter[17], a need exists for educational research into the subjective experiences of those who are teaching about HIV and AIDS. Such research will offer a more insightful perspective on how and why teachers mediate the curriculum requirements with regard to the teaching of HIV and AIDS in the way they do. The public concern that the rate of HIV infection needs to be curtailed, and the uncertainty as to what teachers are doing to achieve this objective, call for a closer understanding and an analysis of teachers' discourses around this subject. This thesis adopts a critical view of research approaches, in particular those approaches that produced a common perception of teachers based on the perceptions of researchers. I avoided this common pitfall by recognizing my own knowledge bases and subjectivities on the subject and by understanding the social contexts in which disclosures are made (Stacey,1998:24). In an evaluation of competing paradigms employed in qualitative research, Guba and Lincoln asserted that 'it now seems established beyond objection that theories and facts are quite interdependent, that is, that facts are only facts within some theoretical framework' (Guba & Lincoln, 1998: 107).
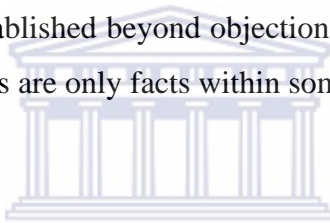
My theoretical framework, designed to understand teachers' HIV and AIDS discourses, recognizes the role of power in discourse production, as well as creating space in which my own subjective experiences can be incorporated. These two aspects of the conceptual approach which guided my study and analyses, allowed me to draw on valuable insights and knowledge generated during my engagement with the data. While the research method and techniques used in this study are common in educational research, the contextual and subjective dimensions are my own.

While the voice of the researcher is often underplayed in traditional research, this is not to say that in this study my voice will not be heard. Rather, my voice will be guided by an awareness that the way a researcher exercises power today is different from the way researchers traditionally showed their power (Gore, 1998:248). In this thesis, different research techniques are employed but in a complementary way. The focus on discourse,

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[17] See Chapter Two, where the argument is made for the need for more subjective knowledge, in order to comprehend how and why teachers think and talk about HIV and AIDS the way they do.

and in particular on the role of power and power relations when discourse is enunciated, presents new research perspectives and allows a deeper understanding of how and why discourse is produced [Fairclough, N,1989; Wetherell, 2001; Wodak, 1989; Van Dijk, (ed), 1997; Baxen, 2006]. In this regard, my research foregrounds the role of power relations in knowledge production, which by implication includes my own position as a researcher and my relationship with the teachers who participated with me in this project. Before undertaking the study, I had already had extensive experience in engaging and grappling with the problem of HIV and AIDS and how best to make a contribution to preventing school-going children from contracting the virus. I do not claim that I possessed at that stage a clear understanding of the content and nature of teachers' discourses on HIV and AIDS. My grip on this subject strengthened as I progressed and constantly reflected on the research data and experiences which I gained during the course of this study. In my role as researcher and teacher, and again as teacher/researcher, my experiences and discourse practices became entangled with those of the teachers whom I came to analyse. The subjective experiences of the researcher are dealt with in subsection 3.6, which bridges the voices of the researcher and researched. The merging of my roles as teacher and researcher also created an innovative opportunity to overcome some of the criticisms and limitations of traditional research practices.

While this study recognizes the strengths and weaknesses of different research approaches, I concede that a particular research approach may be more appropriate than another. Although I employ an interpretative approach to the understanding of discourse, my study is sensitive to the common weaknesses in this approach. Fay (1988) mentions a number of shortcomings in the interpretive approach to social science which I need to restate as part of my rationale for using a mixed method approach. Fay claims that the traditional interpretive approaches do not provide a means to establish the relationship between the structural elements of a social order and the behaviour which may emanate from such elements (Fay, 1988:84). According to Fay, men act in terms of their interpretation of and intentions towards their external conditions. They are not governed directly by the external conditions; instead, such conditions are regarded not as 'causes', but rather as warranting conditions which make action plausible (Fay, 1988:85).

Interpretive approaches often evoke a causal link between social action and external environmental conditions. They employ an instrumental notion of rationality, one which is seen as devoid of human feelings, empathy and compassion (Williams & Bendelow, 1998:131). Instrumental rationality implies that the objective of the intended action is predetermined. Reason becomes the indispensable faculty for the acquisition of human knowledge, despite the fact that rationality, even at its most positivistic, involves the incorporation of human values and emotions (Williams & Bendelow, 1998:131-132). I made this point earlier in this section, where I referred to Guba and Lincoln (1998) who asserted that facts are inextricably constructed from within a particular theoretical framework and cannot be seen as objective. In a discursive practice approach, the power position and role of the researcher are recognized and there is no ambition to establish scientific causal explanations. A discourse analysis pays attention to how the individual expresses him- or herself and employs specific rationalities when producing particular discourses. The relationship between the subjective and the objective is mediated by a wide range of possibilities, making the establishment of a causal relationship a complex matter. Fay suggests that a quasi-causal rather than a causal basis of a scientific statement be offered as a possible scientific explanation (Fay, 1988:85).

My intention here is to keep an open view for other possible explanations and to be restrictive in using *cause-effect* explanations, allowing for other plausible explanations. The recognition of the role of contexts and power relations in knowledge production limits the scope of analysis to a localized level, safeguarding the researcher from making sweeping generalisations which may have no knowledge value if extended beyond their context.

A further shortcoming of the interpretative model of research according to Fay (1988) is its inadequate explanation of structural conflict within society (Fay, 1988:86). The traditional interpretive approach offers no method of analysing the contradictions which may exist between certain actions, rules, common meanings, and their causes and results. Traditional interpretive approaches seek explanations which are coherent. Differences are seen as potentially soluble, the purpose being to promote an increase in communication

and the reaching of consensus. Fay (1988) claims that these features of the interpretive model may lead to rationalisations that may mask the reality of a situation and obscure possible contradictions between social elements. Discourse analysis, and in particular, the use of *discourse as practice*, views any statement on social reality as a power/knowledge construction (Foucault, 1980). Taking discourse as its main focus, the complexities and changing nature of meaning is one of the central elements recognized when discourse is analysed. In a discourse analysis approach, the subject's meaning of discourse is always constructed in a relational and contextual way. The subject, which in this study is *the teacher*, exerts a creative sense of power which initiates the enunciation of discourse – thus making accessible aspects of the subject's intensions which are concealed from empirical analysis. Contradictory feelings, emotions and expressions are not only experienced internally; they are also experienced externally within the subject's social environment. The presence of conflict is thus recognized as a feature of social relations, manifested in the contradictions of expressions, of which language is a main element in this study. Employing a notion of *discourse as practice,* focusing on the role of power in discourse formation, makes a closer view of the teachers' actions possible without being deterministic or inflexible.

These two fundamental points of critique of the traditional interpretive approach as presented by Fay (1988), namely 1) the relationship between the structure and subjective meaning of action, and 2) the 'lack' of accounting for social conflict, are more appropriately attended to in a discourse analysis approach. In the context of this study, the teachers' knowledge and discourse represents the subjective meaning of *action*, and their diverse ways of expressing themselves on HIV and AIDS represents the *conflict*. The link between the teacher as subject on the one hand, and the often contradictory and ambiguous nature of their discourse on the other, needs to be foregrounded in the research approach, in order to guard against the broad generalizations and deterministic explanations which characterize common HIV and AIDS discourses of teachers. The internal emotions and ambiguities and the external contradictions and differences experienced by teachers provide the space for a discursive approach to making a meaningful knowledge contribution based on the teachers' subjectivity.

The emergence of discourse analysis as a qualitative perspective introduces new epistemological questions. The *turn to discourse* encourages an exploration into `how we use and are used by language in society and …to rethink how individuals are positioned in relations of power as *subjects* by different kinds of language' (Kantor, 2006:51). The traditional interpretivists' perspective, with its overriding concern with the meanings of situations and the ways in which these meanings are negotiated by the actors involved, underscores the significance of the shift to discourse analysis (Cohen et al, 2001:27). Foucault expounds the use of power in shaping the discourse in everyday social practices (Dreyfus and Rabinow, 1982). An analysis of discourse provides a productive route to discover new, unexplored meanings. It enables one to document what causes schools to be what they are and hence, potentially, to change what they are. Given the continuing changes and instabilities which demonstrate the negative effects of schooling for many students and teachers, redressing the conditions that expose the schools' fragility seems a worthy pursuit (Gore, 1998:249).

As HIV and AIDS discourses of teachers are by nature a sensitive subject, discourse analysis offers a useful way of exploring teachers' thinking and talking about it. Notwithstanding the usefulness of knowledge generated by using the traditional quantitative and qualitative methods, the choice of methodology lies in answering the research question most appropriately. By developing a discourse analysis which focuses on *discourse as practice*, the question as to how differently and diversely discourses are produced becomes much clearer. Discourse as practice, as referred to in the conceptual framework in Chapter Two, entails an explanation of the *pre-discursive*, that is, the subjective level on which the teacher thinks and talks, the *discursive* which refers to the textual influences on teachers' thinking and talking, and the *non-discursive* which refers to the social structural processes as found in the institutions that influence teachers thinking and talking. The focus group discussion is employed in this thesis as a qualitative technique to identify the general themes and emerging patterns in teachers' discourse (Babbie & Mouton, 2001:292-293, Cohen et al, 2001:289). A questionnaire is generally employed as a quantitative technique to illustrate how generalisations of teachers' discourses are generated (Babbie & Mouton, 2001, 262-264). In this study, the

questionnaire has not been applied for this purpose. Implicit in the use of the questionnaire technique is the assumption that it has certain strengths and weaknesses. The questionnaire was used for its ability to give descriptive characteristics of the sample which may be useful in analysis. However, the questionnaire falls short in describing the subjective nature of discourse, strengthening the case for seeking other appropriate techniques, hence the use of the interview. The interview was employed in this study to give a qualitative focus on the processes involved when teacher discourses came into being (Babbie & Mouton, 2001:291). The data recorded during the interview was analysed and interpreted. During this process, the conceptual lens was used to construct an understanding of the HIV and AIDS discourses. Due consideration was given to the subjective and objective influences that exercised significant influence on the individual's discourse. By using discourse analysis as conceptual lenses, a researcher is better able to identify and explain the role of the subjective *self* in the construction of teachers' HIV and AIDS discourses.

3.3 Sequencing the research techniques

To simplify the understanding of how and when I employed a particular technique, it may be prudent to briefly describe the sequence in which the techniques unfolded in this study.

Firstly, I conducted three focus group discussions with the purpose of identifying general impressions, patterns and themes of teachers' discourses across different research sites. The methodology at this stage was qualitative. A detailed data presentation of the focus group discussions is presented in Part One of Chapter Four.

The second stage was of a quantitative nature. Identifiable analytical categories that emerged from the focus group discussions were used to construct a questionnaire. Questions were constructed around the themes which emerged during the focus group discussions. The construction of the questionnaire took place after completing the

analyses of the focus group discussions. A detailed presentation of the findings based on the questionnaire is presented as Part Two in Chapter Four.

The third method was again qualitative, namely three in-depth interviews. This was the last phase of the fieldwork. An interview schedule was designed, based on an analysis of the focus group and questionnaire data. The purpose of the interviews was to probe individual subjectivities and to understand how discursive practices influenced discourse. An analysis of the three interviews is presented as Part Three in Chapter Four. [18]

3.4 The methodological design – Implementation of the research techniques

In this subsection, I describe the methodological techniques in terms of their main purpose, construction and practical implementation in the research process. Attention has been given to the ethical consideration relating to each research technique so as to remain compliant with the ethical research standards as stipulated by the University.

3.4.1 The focus group discussions

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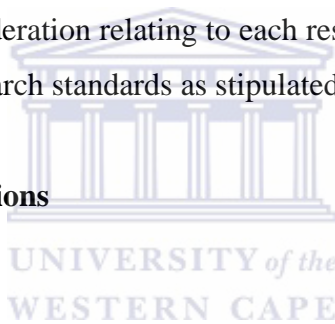
[18] My return to the classroom in 2009 as a Life Orientation teacher responsible for the teaching of HIV and AIDS education brought new tensions to this study. These tensions and concerns relate to what I had been trying to understand through research and what the practical situation was trying to teach me. Notwithstanding the research focus of this study, which is *teachers' HIV and AIDS discourses*, the complexities and challenges posed by the learners in a classroom situation opened up a different world of the teacher to me. Suddenly the teacher that I came to know through my study (focus group discussions, questionnaires and interviews) became an *imaginary* teacher. In the classroom, I became the *real* teacher confronted with the task of fulfilling the objectives of C2005. Although the research contexts were different to my classroom situation there were many similarities. In the classroom situation, I experienced those awkward feelings of teaching sexuality. The trying disciplinary problems posed by learners and how they influenced the teacher-learner relationship led to the realization of the enormity and complexity of teaching HIV and AIDS education. Often I became guilty of subverting the curriculum, suppressing the discourse of learners, of using inappropriate didactical methods, and I often felt that I lacked knowledge and needed guidance to carry out the task as HIV and AIDS teacher. Upon reflecting on my experiences, I realized that, in the classroom situation, the teacher is on his/her own with very little prior training in HIVand AIDS education. I became aware of a new *education crisis* – the crisis of not being able to teach! I came to realize that the practical situation militates against the successful implementation of HIVand AIDS education. However, given the fact that the school is overwhelmingly viewed as the space where HIV and AIDS education is to take place, the call for a revised approach to the teaching of HIV/AIDS education becomes an urgent educational imperative. Poorly resourced schools with a high learner-teacher ratio are at greater risk as HIV/AIDS education becomes more difficult to implement in large groups with poorly resourced schools. The section in this thesis on Self Reflection (Chapter Three, 3.6) and Conclusion and recommendations (Chapter Six) have been informed by the experiences gained during my year-long stint as Life Orientation teacher.

The purpose of the focus group discussion was to identify emerging patterns and linguistic repetitions that suggested the existence of meaningful language and thought processes in teacher discourse. In this section, the focus group technique is dealt with as follows: construction of the instrument (3.4.2), selecting the research sites and conducting the focus group discussion (3.4.3), and the ethical considerations involved (3.4.4).

3.4.2 Constructing the focus group schedule

The use of the focus group served as the formative research stage of data collection. The focus group discussion is a useful technique for a number of reasons. The researcher focuses on a specific issue, developing themes and schedules for subsequent interviews and/or questionnaires and for generating and evaluating data from different sub-groups of a population (Cohen et al, 2003:289). The focus group is a form of group interview, though not in the sense of a backwards and forwards interaction between the interviewer and group. The emphasis is rather on the interaction within the group as it discusses a topic supplied by the researcher (Morgan, 1988:98). I used the focus group discussions to gain an overview of the commonly shared meanings amongst teachers. The content of the interviews was subsequently analysed for frequently used words, expressions, issues and ideas. The purpose of the focus groups was to gather data that would enable a detection of issues and linguistic conventions observable across different sites. I proceeded to formulate the focus group schedule by drawing on the literature themes (Chapter Two) and personal knowledge acquired during my exposure to the pandemic.[19] I followed a focus group schedule which provided the questions and issues which needed to be discussed during the research process.

Morgan (1988: 41-48) listed the following issues as useful in arranging focus group discussions: deciding on the number of focus groups and the size of each group, taking

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[19] My exposure to the HIV and AIDS pandemic includes contact and discussions with HIV and AIDS-infected and affected teachers, close cooperation with a few community-based NGO's providing care and support to infected and affected people, attendance at workshops on HIV and AIDS education for the staff of the WCED, attendance and participation in HIV and AIDS workshop for teachers under the auspices of the WCED, providing aid to HIV and AIDS learners, and attendance and participation in numerous conferences locally and internationally on HIV and AIDS, etc.

care about the sampling of the participants, and ensuring that the conversation flow stays on track, while remaining relatively open-ended. When drafting the questions, I was guided by the five types of questioning techniques suggested by Krueger & Casey (2000). The first type was the opening questions, which were used to relax and introduce the role players to the research process. I arranged for snacks to be served before the beginning of the focus groups, since the discussions took place after school. I thought that teachers would welcome and appreciate something to eat after a long day of teaching. In all cases, this gesture produced a cordial and relaxed atmosphere.

I started the focus group discussions with personal introductions. The second type of questions were introductory ones that placed the topic for discussion on the table. I planned a number of strategic questions to trigger responses. The questions elicited different reactions at different sites, but provided a good indication of the relationships, knowledge and experiences of the teachers in the context of the pandemic. Transition questions were the third type of question; these led the session into addressing topics pertinent to the study. Questions that involved the teachers' personal classroom experiences with HIV and AIDS education were posed. Here the teachers were encouraged to reflect on possible classroom or school-based incidents that had impacted on their and the learners' experiences of HIV and AIDS. The fourth type of question dealt with sensitive issues, such as teaching the use of condoms and issues of sexuality. I also focused on educational issues, such as the methodologies used to teach HIV and AIDS, the training needs of teachers, and their schools' policies and practices. The fifth set of questions was ending questions, bringing the focus group discussions to a conclusion.

The focus group schedule thus consisted of a list of semi-structured questions. They provided a guideline for steering the conversations towards my research objectives. The schedule orientated me towards conducting discussions which would make the data collecting process useful and meaningful. A flexible and open attitude was adopted, which allowed the teachers to influence the direction of the discussion. What they generated from self-reflection and experience represented issues which grew out of their

pedagogical practices and life histories. It was important for me as researcher to be a good listener with sharpened observational skills.

3.4.3   Selecting the research sites and conducting the focus group discussions.

Negotiations to conduct research were initiated nine months before it actually happened. Doing research at high schools is an extremely cumbersome and demanding exercise. Schools are complex institutions, consisting of intricate social and professional relations. During certain times of the academic year, it was virtually impossible to conduct research with teachers. The Western Cape Education Department (WCED) also imposed restrictions on conducting research during certain times of the school calendar. Planning to do educational research at schools required thorough preparation.

I decided to conduct the fieldwork in the EMDC South Metropole for reasons of familiarity with the region. I worked very closely with the EMDC's HIV and AIDS educational unit whose focus was the training of teachers in HIV and AIDS education. My reason for volunteering to work with this unit was to gain insight into its educational programs and operation. I attended many workshops and seminars during this period. These provided me with valuable insights and knowledge of the state of HIV and AIDS education programs. I reconnected with many of those teachers whom I had met during the 'period of immersion' when I conducted my fieldwork.

I approached three different sites to conduct three focus group discussions. The school principals were contacted, visited, and letters were sent to them formally requesting permission to conduct research at their respective schools. The letter sent to the principals is included in this thesis as Appendix 1. The real identities of the school and teachers are concealed for ethical reasons. I refer to schools in this study using pseudonyms, together with site locations 1, 2, and 3. What follows is a brief description of the research sites, and the planning and conducting of the actual focus group discussions.

3.4.3.1 Rosendale High School - Site One.[20]

After receiving due permission from the EMDC to do research in the region, I approached Rosendale High School to initiate the group discussions with teachers.[21] This school is located in Mitchell's Plain. A letter was presented to the Principal of the school, requesting permission to conduct research (See Appendix 2). I liaised via the Principal with the school's Learner Support Officer who undertook to arrange the focus group discussion. At our first meeting, the purpose of my study was explained. The officer was cooperative and pledged her support for this project. I was informed that the Principal had read my letter at a staff meeting, which made it easier for me to talk to the teachers about my project. A special meeting with prospective participants was arranged in order to give the teachers an overview of my research and allow me to establish personal relationships with them. Not all the teachers who attended the briefing session were present on the day that the focus group was conducted. Working with teachers at a high school is a very demanding task. The workload and administrative demands expected of them place a high premium on their time at school. However, at this school I detected an enthusiastic response from the teachers. Eight (8) teachers attended on the day of the focus group discussion, which was more than I expected. I conducted the group by following the scheduled questions, and ensured that all the teachers participated.

3.4.3.2   Wave Crest High School – Site Two

The second school in which I conducted a focus group discussion was Wave Crest High School. This school is located in a township in Cape Town's southern suburbs. The same access negotiating procedure was adopted with all three schools. I made a personal visit to this school and spoke to the Principal about my project. He gave me his full support and during our discussion expressed the view that my study should not be confined to one

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[20] I am using pseudonyms to conceal the identities of all individuals and institutions that are referred to in this study.

[21] See copy of letter of permission received from the Western Cape Education Department. Please note that the original title of my thesis has subsequently changed. This change occurred in consultation with one of my supervisors who was of the opinion that a change from 'discourses of Muslim teachers' to 'discourses of teachers' would not be a significant change and would be more useful for teacher training in general.

'racial' group, as the 'Coloured' and Black communities have different attitudes to HIV and AIDS.[22] This Principal was subsequently seconded to the WCED administration and his post was filled by the Deputy Principal. Most of the administrative issues involving my research at the school were put in place before the Deputy Principal took over as Acting Principal. I conducted a preparatory meeting with the teachers prior to the focus group discussion. Six (6) teachers attended the focus group session.

3.4.3.3 New Island High School – Site Three

The third school where I conducted a focus group discussion was New Island High School, situated in a Black township. The selection of this school happened quite fortuitously. A student doing the Advanced Certificate in Education (ACE)[23] who also happened to be the Principal of this school responded positively to my request to conduct my research at high schools. While negotiating access to the school, I recognised some teachers who had attended the EMDC's workshops and cluster meetings on HIV and AIDS at the school.[24] I had previous contact with this school during the period when I was familiarising myself with the work of the EMDC (South) in HIV and AIDS education. This school had a particularly active HIV and AIDS unit with some known HIV-infected and affected learners. By the time I conducted the focus group, the school had a new Principal and the coordinating teacher was on maternity leave. The focus group nevertheless went off very well. Six female teachers attended the session.

The focus group technique served as a key method, shaping and informing the questions of the subsequent research techniques. The data gathered during the focus group discussions are presented in Chapter Four.

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[22] This was the opinion of the Principal at that time.

[23] I was teaching at the University of the Western Cape's Faculty of Education in 2004/5 on a part-time basis. One of the courses that I presented was the Educational Management and Leadership course as a module of the Advanced Certificate in Education (ACE).

[24] A cluster meeting is a local forum where subject-specific teachers congregate under the supervision of a curriculum advisor/supervisor to discuss, share information, do moderation etc. The teachers attending these clusters are expected to give reports to the Principal and fellow teachers who may share a subject/learning area.

3.4.4   Ethics and focus group discussion

The work done in preparation for this thesis from its inception was informed by the highest possible ethical considerations. In particular, I was guided by the ethical standards as required by the University of the Western Cape. I had to be sensitive to issues of a personal nature, as the thesis topic itself posed major challenges both to me as researcher and to the teachers who participated as research subjects. A number of ethical documents were generated at different levels of the research process. Firstly, the Western Cape Education Department had to grant permission for me to conduct research at schools falling under its jurisdiction. Permission was obtained and is attached as Appendix 2. The University had to grant permission at the level of proposal acceptance and its ethics committee. As I was going to work at schools and with teachers, I had to draft letters to each of the schools where I intended to conduct focus group discussions. A letter of consent had to be completed by all the participants in the focus groups and by those teachers who volunteered to complete the questionnaire. A sample of the consent form is attached as Appendix 3. It was imperative to guarantee the anonymity of teachers and institutions and to entrench their right as research partners, sharing their experiences with the researcher on a voluntary basis. The Ethical Guidelines for Students, from the University of the Western Cape (2006), supplied the model for the informed consent forms.

The application of the ethical considerations differed for each methodological technique. The teachers who participated in the focus group discussions had to be canvassed through their principals. Participation had to be voluntary to ensure authentic responses. Because I was using audio and visual technology to record the proceedings I had to seek special permission from the teachers to record the proceedings. Out of the three focus group discussions, consisting of 20 teachers, only two teachers requested that their faces should not be video-recorded. All the teachers agreed to be audio recorded to facilitate the complete transcription of the sessions. I gave an undertaking to all the groups that their personal and school identities would be kept anonymous and confidential. Two school

principals wanted to know how their schools would benefit from the focus group exercise. One requested a copy of the thesis on completion, which I agreed to, while the other wanted me to use the focus group at the school to initiate a discussion on the state of HIV and AIDS teaching at the school. I agreed that the focus group could be used for the purpose of initiating a school-based process, but emphasised that the process following the focus group session needed to be driven by the teachers themselves. I offered my services as a facilitator, should the school decide on such a program in the future.

3.4.5 The questionnaire as research instrument.

The questionnaire as a research technique is dealt with below in terms of its construction, its implementation, and the ethical issues observed.

The questionnaire was employed to survey and describe the features of quantitative knowledge. This study was predominantly qualitative but used the questionnaire to collect available quantitative data which could be used to highlight and draw comparisons between the content and nature of quantitatively produced knowledge. I also employed this technique to demonstrate some of its strengths and limitations in a study of this nature. As mentioned before, the teachers' knowledge about the pandemic was often the outcome of quantitative studies, stemming from the earlier dominance of the bio-medical model of HIV and AIDS research. These earlier knowledge claims invariably became part of the discursive landscape which influenced teachers' understanding and discourses about HIV and AIDS.

My analysis of the focus group data produced five identifiable emergent themes relating to the HIV and AIDS knowledge of the teachers. These research foci provided some of the material for constructing the questionnaire. According to Babbie & Mouton (2001:232), a questionnaire may be used for descriptive, explanatory or exploratory purposes. The questionnaire was intended to provide descriptive data and to draw comparisons between statements made by teachers. It was administered to a random

sample of teachers working in the EMDC South region. The data obtained through the questionnaire were analysed using a computer software package, the Statistical Program for Social Sciences (SPSS).[25]

Questions for the questionnaire were compiled from the focus group data analysis and from pertinent studies in the existing literature. The five knowledge themes identified in the focus groups provided the guidelines for the questions in the questionnaire. The questions consisted of closed, biographical items which yielded data of a purely descriptive nature. In the biographical section, questions about age, gender, qualifications and teaching experiences were asked. There was a total of ten (10) questions in this category. Following the biographical items, the questionnaire was divided into five headings. Questions were a mixture of open-ended, scaled and closed questions. In the case of the open-ended questions, the respondents were asked to provide their own responses to a question in the space provided on the questionnaire. The closed questions called upon the respondent to select an answer from the options given (Babbie and Mouton, 2001:232). Theme one consisted of eight (8) questions, theme two of seven (7), theme three of six (6), theme four of fifteen (15), theme five of six (6), and theme six of eleven (11) questions.[26] A total of 63 closed and open-ended questions made up the entire questionnaire.

The questionnaire was formatted to facilitate easy and swift responses. I arranged for a pilot run of the questionnaire at a nearby non-participating school to gain feedback on the language usage, time taken to complete it, and any difficulty in reading and understanding the questions. Changes in the content and structure of the questionnaire were subsequently made.

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[25] I am greatly indebted to the PET project at UWC for the workshops and seminars organized for postgraduate students. The SPSS package is especially designed to analyse quantitative and to a lesser extent qualitative data. While I made extensive use of the facilities of PET and the support provided in the form of manual assistance, I take full responsibility for the analyses, presentation and interpretation of the data produced from the use of SPSS.

[26] The initial number of knowledge themes was six. At the time when the questionnaire was constructed, the six knowledge themes were used. However, as the research progressed and the data were analysed, I reduced the number of themes from six to five by combining two of the themes into one.

One hundred and ten (110) questionnaires were distributed amongst nineteen schools (19) in the EMDC South. I personally visited each school to deliver the questionnaires. An official letter from the EMDC and a sample of the gift – a desktop clock - which I gave to each participating teacher, was delivered to each school. I collected the questionnaires two/three weeks after delivery. I received questionnaires from three (3) schools in the predominantly 'African' townships, six (6) in the mainly Coloured Mitchell's Plain area, seven (7) in the greater Grassy Park schools, and three (3) from previous 'model C' schools.[27] A total of 79 (71.9%) questionnaires were received; these were submitted for data capturing and analysis by a consulting statistician associated with the Postgraduate Enrolment and Throughput Project (PET) at the University of the Western Cape.

3.4.6   Ethics observed when conducting the questionnaire

As the questionnaires were self administered, the process was less personal than the focus group discussions. I mostly liaised with the Principal or the designated coordinating teacher whose responsibility it was to request and select suitable teachers to complete the questionnaires. I presented a copy of the WCED's permission letter allowing me to conduct the research, together with a batch of questionnaires, to each school. I offered a free gift to each teacher as a token of appreciation for the time taken to complete the questionnaire. The responding teachers signed the consent form to indicate their agreement to voluntary participation (Appendix 3). I mentioned on the questionnaire that their participation in this study would be one way to let their voices be heard.

3.4.7 The face-to-face interviews: purpose and implementation

The face-to-face interview is discussed below in terms of its purpose, construction, implementation, and the related ethics.

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[27] The different schools and their locations are not fundamental to the question of teachers' HIV/AIDS discourses. The reference to the geographical locations of the schools is indicative of the broad area covered in the survey. All of these schools employ teachers from different `race' groups and the cultural rather than `racial' identification of the teachers was surveyed in the questionnaire.

An interview could be defined as one or more face-to-face interactions, between an interviewer and interviewee, where the purpose is to understand the interviewee's experiences or situations as expressed in his or her own words (Manzini, 2004). The interview gives an opportunity to get to know people quite intimately, so that the interviewer can really understand how they think and feel (Manzini, 2004:18). The interview is not merely the face-to-face interaction between interviewer and interviewee, as so often understood in social research. According to Scheurich (1995: 239-252), it is best described as of a `momentary nature' in the research process. Scheurich argues that the interview interaction is fundamentally indeterminate. This means that what was said remains uncertain and unpredictable. The complex interplay of conscious and unconscious thoughts, feelings, fears, power, desires, and needs on the part of both the interviewer and interviewee are an integral part of a `moment' and cannot be ignored. Current literature shows that forms of interviewing based on positivist methodologies are increasingly considered by critics as distorting the representation of the views and needs of interviewers (Parker &Bolton Discourse Network, 1999:15).

In my approach to the interview, I paid attention to the ethical issues that would protect the researched from being mindfully misunderstood or manipulated. Social inquiry needs to be interactive and to respect interviewees' own interpretations; it therefore rejects the idea that representations are 'discovered through objective observation as they really are' (Guba & Lincoln, 1998:110). Of particular importance in the interviews that I conducted were the personal experiences and meanings that teachers attached to their emotions, their conceptual understandings of HIV and AIDS, and their views on knowledge and training, on sensitive issues around sexuality, on how they saw their own teaching in relation to their identities, and on the demands placed on them by the school curriculum.

Cohen et al (2001:145) offer criteria for selecting suitable interviewees, providing me with a guideline for the selection of my own interviewees. According to Cohen et al (2001), interviewees should be informed and knowledgeable about the subject of the research. In particular, the teachers' engagement with and understanding of the knowledge themes were probed. In the context of this study, the type of interview that I

employed was a focused rather than a non-directive interview (Cohen 2001:273). The focused interview allowed for more control over the questions, ensuring that the subjective experiences of the interviewees were prominent in their discourse. The interviews were thus focused, semi-structured, and allowed space for the exploration of sensitive issues. Interviews were conducted and transcribed immediately after completion.

The questions used in the face-to-face interviews were selected from the schedules which informed the previous two methods – the focus group discussions and questionnaires. Asking the same questions in different contexts enables the researcher to triangulate the data with the results obtained by using other methods. Triangulation is generally considered to be one of the best ways to enhance the validity and reliability of qualitative research (Babbie & Mouton, 2001: 275). This implies that the use of multiple methods raises the social researcher above the personal biases which stem from the use of single methodologies (Denzin, 1989:236). Although the same questions were posed in the three different research techniques, they were not pursued in the same sequence. Relevant data, for example, were extracted from the transcriptions to construct rich teacher narratives. These life stories were organized around the subjects' childhood and family history, schooling and teacher training, and their views on HIV and AIDS education. In this study, I selected three teachers with whom I conducted two separate interviews. The second interview followed after the first interview was transcribed. In total, six interviews were conducted and transcribed. The interview data are presented in Part three of Chapter Four.

3.4.8   Ethics and the interview process

From an ethical point of view, the relationship between the researcher and the researched had to be managed in a conscious way. Throughout the research process there prevailed an awareness of an ethical disposition, one which required faithfulness to my role as a researcher. Scheurich's (1995:239) view about the implicitly unequal relations between the researcher and the researched informed my work. Scheurich (1995) asserts that we

(researchers) need to critically rethink what occurs in research interviewing, and how we report our results. Special care should be taken not to misrepresent the subjects or assume a position of power which may present a one-sided view of the research. I tried consistently to be true to this research orientation in my relationship with the interviewees.

A further ethical concern that informed my work as researcher relates to an observation made by Francis et al (2006). He asserted that one should not view teacher participants as problematic, but rather to treat them with the respect and appreciation they deserve. The guiding principle for me during my engagement with teachers was the recommendation: `Treat others as you would like them to treat you under similar circumstances' (Dippenaar, 2004:75). This is especially valuable when dealing with sensitive topics such as sexuality and HIV and AIDS.

3.5   Analysing and synthesising data for this study

The overall aim of social analysis from a discursive perspective is to describe, understand, interpret and evaluate carefully constructed objects of investigation (Howarth, 2000:139). In this respect, I follow Howarth's (2000) three basic operations for the analysis of empirical data: translation of information into textual form, application of the theoretical conceptual framework to the problematised object of investigation, in this case the teachers' HIV and AIDS discourses, and the deployment of the various techniques of analysis to the problem investigated. To give practical vent to these steps, I turned the data sets into analysable texts, as explained below. In the following section (3.6), attention is given to my role as researcher and teacher, offering the reader a sense of my own subjectivities and my agency in making sense of the contradictory constructions and practices that I identified in the discourses of teachers (Parker, 1999:7). What eventually faces the reader is the *text* as a transcription of the focus group

discussions and face-to-face interviews (Parker, 1999:1).[28] What follows is a brief description of how I analysed each of the three data sets.

To begin with, the video-recordings of the three focus groups were transcribed. Gee (2005:115) suggests that key words and phrases in the data be selected, to highlight an awareness of the situated meanings of the language used. Highlighting social activities, identities and social language usage creates building blocks, allowing meaning to be constructed from the data. Frequent readings and re-readings of the transcribed reports and frequent viewing of the visual materials facilitated familiarization with teachers' expressions, use of language, emotional responses, and frequently used phrases. I made extensive notes during the sessions and while replaying the video. I also used a colour-coding system; this involved the highlighting of significant key words and striking phrases, which were pasted and printed on a page during the reading and re-reading process.

The next step was to group similar words and phrases together. The common meaning in a group was given an initial title. At the end of the process, the colour codes were given descriptions and common ideas were arranged under the same colour. The colour-coded system made it possible to identify clusters of meaningful expressions, which I developed in order to identify knowledge themes. Needless to say, within the focus group discussions individualistic views are exposed to public critique, expressed in the form of opposition or agreements within the group. The discourses of individuals are therefore seen as constituting the multiple-identities they display, thus reinforcing the view taken in this study that teacher identities and discourses are never unified but rather fragmented, often intersecting and antagonistic across different positions, discourses and practices (Bevan & Bevan, 1999:26). Unlike the use of focus group discussions in positivistic research, I used multiple groups to illuminate the contradictions and tensions expressed in teachers' discourses on HIV and AIDS. In Chapter Four, Part One, the data collected by

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[28] The questionnaire data have been presented in table format and certain carefully constructed inferences have been made on the basis of statistical frequencies of variables. For a detailed description of the way the questionnaire was employed as research technique in this study refer to Section 3.4.5 above.

using the focus group discussion as a technique emerge as the constructed knowledge themes based on the discourse of the teachers.

In the case of the questionnaire, the SPSS program of analysis was used to present the data. [29] Some verbal responses were categorized around questions forming certain knowledge themes. Statistical tables were used to present the data. Critical observations were made during the analyses and interpretation of these tables. The questionnaire data are presented in Chapter Four, Part Two.

A tape recorder was used to record the face-to-face interviews. Three interviews were transcribed from the spoken language to texts which became the building blocks for the construction of these participants' biographies. To bring out a sense of similarities and differences in the discourse construction of these teachers, their biographies were constructed using the same analytical categories, making comparisons between them possible. Once again, the processes of reading and re-reading were followed to gain a comprehensive feeling of the meaning of the teachers' expressions and responses. The transcripts provided the bases of the analyses and interpretation of the teacher discourses. These teachers' biographies are presented in detail in Chapter Four, Part Three.

A salient difference between the three data sets is that the analysis of the focus group data is based on a group analysis, which accentuates conflict and consensus meaning, while the statistical tables tend towards providing generalizations. The interviews were subjected to a process of discourse analysis which focused on *discourse as practice*. This involved an application of the core element of this methodology: to use discursive practices as lenses of subjective discourse production, identifying as far as possible how the *pre-discursive,* the *discursive* and *non-discursive* influence the formation and enunciation of teachers' HIV and AIDS discourses. In Chapter Five an interpretation of the data, presented as the central findings of the study, emerged as the five epistemological themes which explain the content and nature of HIV and AIDS

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[29] I once again refer the reader to subsection 3.4.5 for more information on my use of the questionnaire in this study. Footnote 25 explains the meaning of SPSS and how I made use of it to analyse the questionnaire data.

discourses of teachers. What follows in the next section are my own subjective experiences and knowledge; these sketches the background and context of my involvement and relationship to HIV and AIDS education.

3.6   Self Reflections

While the focus of this study centres on an understanding of *teachers' discourses*, the question of my personal understanding and interest in HIV and AIDS cannot stand outside this project. I needed to find a space for my own voice while synthesising the data for analysis. Being aware of the ethical implications of my role as researcher, my identity as a teacher[30] provided the 'context within the context' of the study. In this section, I reflect upon my dual role as teacher and researcher. I had a unique opportunity to teach at a secondary school while in the final stage of completing this study. In order to draw upon my teaching experiences and my involvement with HIV and AIDS education, I borrowed from the research methodology of McNiff (2008:351-364), who provides a basis for the researcher to account for his or her subjective reflections in a study.

I fully endorse McNiff's concern that dominant forms of educational research exclude the role of the `I' as a significant factor impacting on the validity and meaningfulness of the research (McNiff, 2008:352). [31] According to McNiff, knowledge is generated by a knowing subject from within a social context which is best communicated through narrativised accounts which tell the story of how the researcher came to know what he or she has learnt through research (McNiff, 2008:352). While remaining focused on the three data gathering techniques employed in this study, I traced my personal interests and involvement with HIV and AIDS education in the reflective account below. This

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[30] I started my professional career as a teacher in 1982. I left the profession in 1996 and returned intermittently to the classroom as a teacher in 2003/4 and 2009. During 2005 to 2007 I worked as a part-time lecturer in the Faculty of Education at the University of the Western Cape where I mainly worked with teachers and acted as Teacher Supervisor. These experiences kept me closely connected with the teaching profession and were a constant reminder of my teaching days.

[31] The recognition of the value of my teaching experience prior to and during the process of this study emerged at a relatively late stage. It brought a new dimension and meaningfulness to my perception of this study, in which my own voice has largely been suspended in order for the data to speak for itself as the voices of teachers in different contexts.

information provides a discursive framework for my subjective interests and involvement in HIV and AIDS education. I draw extensively on this information in the concluding chapter (Chapter Six). The recommendations that I formulate there emanate from a combination of my professional practice in HIV and AIDS education and the research findings of this study.

As a teacher I have been involved in HIV and AIDS education since the early days of the HIV and AIDS pandemic. In 2009, I was employed at a local secondary school, teaching Human and Social Science (HSS) and Life Orientation (L.O). As mentioned earlier, to find an appropriate space to account for my personal reflections on my professional practice as 'teacher' and 'researcher', I used McNiff's (2008:351) notion of making the 'I' a significant context of my research. As a point of caution, it must be noted that this study has not been approached from an 'Action-Research' perspective.[32] Notwithstanding this, I have found some of the main questions asked by action researchers useful in enhancing the epistemological contribution of the study. During the research process, my orientation was more that of a researcher than a teacher. However, I could never rid myself of my teacher identity. While I was introduced to teachers in the field as a 'researcher', at heart I was simultaneously a teacher. I could identify with teachers in terms of their workload and environment. I could identify with their struggle to teach HIV and AIDS, given the contemporary nature of the pandemic and the demands on teachers to effect behaviour change in their learners. It was my constant underlying *teacher identity* that drove this study. As mentioned earlier, my return to the classroom

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[32] I have extensive experience with 'Action-Research' as a theoretical and practical approach in the educational sector. My M.Ed degree was an Action-Research study (Davids, 1990). When I use the term 'Action-Research' here, I understand it to be focusing on the 'improvement' aspect of educational practice as emphasised in the following definition: …action research is an approach to improving education through change, by encouraging teachers to be aware of their own practice, to be critical of that practice, and to prepare to change it (Davids, 1990:39). It is participatory, in that it involves the teacher in his own enquiry, and collaborative, in that it involves other people as part of a shared enquiry. It is research With, rather than research On (McNiff, 1988:4). My study sets out to 'understand teacher discourses of HIV and AIDS'. While it shares some of the critical concerns of Action-Research, such as being critical and reflective, it does not purport 'to know' how to 'improve' practice. It shares the epistemological concern with issues of a theory and practice mismatch. My theoretical approach goes beyond taking the 'good' aspects of education as a developmental project. By focusing on teacher 'discourse as practice' it collapses theory and practice into a complex array of the subjective positions of a teacher in which power plays a role in a relational, situational, dynamic and unpredictable way. The common experience that I draw from my experience as an Action Researcher and my present role as researcher is the Reflective action which is reflective of deeply rooted subjectively constructed notions of knowledge and its inherent quality of power and emancipation.

while in the process of completing this study offered an invaluable opportunity to incorporate those experiences as a teacher as part of this study. While my roles as teacher and researcher have overlapped, in order to highlight the core 'teacher' and 'researcher' roles in this section, I divided my presentation as follows:

- My role and involvement as 'teacher'
- My role and involvement as 'researcher', and
- My role and involvement as 'teacher/researcher'.

3.6.1   Role as Teacher

I started my teaching career in 1982 at a secondary school in Mitchell's Plain. Thereafter, I moved to a school in the Southern Suburbs in 1985 where I taught for ten years. During that period I became a Head of Department (HOD). I then left the profession in 1996 to pursue business interests. For the past fifteen years I have been intermittently connected with education. I went back to teaching twice during this period - an eighteen-month stint before registering for the PhD program at the University of the Western Cape, (2004) and the full academic year of 2009. Notwithstanding the fact that I visited twenty-odd schools during my fieldwork for this thesis, my last teaching experience presented a unique opportunity to reflect upon and round off my thesis work. I will return to this point later.

My educational involvement in the HIV and AIDS pandemic was never limited to an academic study or to my role as a teacher and 'educator'.[33] My earliest recollection of my involvement with HIV and AIDS awareness and prevention goes back to the mid-1980s. One of the first attempts to mobilise schools in HIV and AIDS awareness was a poster

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[33] In this thesis I consistently use the term 'teacher' instead of 'educator'. I draw a distinction between 'teacher' and 'educator' to signify the period post-1996 with the promulgation of the Education Act of 1996. The National Education Policy Act 27 of 1996, which introduced the new post-apartheid educational dispensation, uses the term 'educator'. I have used the term 'teacher' in this thesis as I found no profound difference in the role of the teacher before or after 1996. 'Teacher' has a universal meaning and envelops all the functions of the modern 'educator'. But above all 'teacher' is generally preferred in everyday usage. 'Educator' introduces a technical meaning to the profession and cannot replace the endearing and pastoral role that teachers have traditionally played. The Policy Handbook for Educators defines 'educator' as: any person who teaches, educates or trains other persons at an educational institution or assists in rendering education services or education auxiliary or support services provided by or in an education department, but does not include any officer or employee as defined in Section 1 of the Public Services Act, 1994 (Proclamation NO. 103 of 1994).

competition organised at the Mowbray College of Education.[34] At that event I was introduced to the now popular Black Noise rap group, whom I invited to stage a play at our school. The Black Noise visited the school and introduced, for the first time, an open demonstration of 'condom use' to learners. Some teachers had serious reservations about the group's visit which was nevertheless enjoyed by the learners. These concerns of some teachers should be understood in the light of the literature (Chapter Two), which claims that sexuality education was rarely dealt with and was very much a suppressed topic amongst teachers and at schools. Other than Vocational Guidance, the school syllabus did not provide much teaching space with which to deal with issues of youth sexuality. Vocational Guidance periods mainly concentrated on career counselling. However, according to the new Curriculum 2005, sexuality education has been integrated with Life Orientation as a learning area, and now at this time, enjoys a prominent place in the syllabus.

Since the early days of the pandemic, I saw how teachers engaged with HIV and AIDS education and how they tried to find a comfortable position with this aspect of their work. I identified strongly with this struggle, as I was trying to find my own voice in this complex debate. How best do you teach learners about sexuality without being offensive or embarrassing? How does one differentiate between subjective views and professional expectations, given the demands of the new curriculum? During my research activities I listened to the voices of teachers who struggled to develop an appropriate language and method to deal with this subject. I identified with their multiple and conflicting voices, which stemmed from their life experiences, and saw the rationale for the positions they took. Often they resolved difficult situations in a pragmatic way. Equally often, they left the issues unresolved because they were seemingly too complex to handle.

3.6.2 Role as Researcher

As a researcher, my voice became entangled in the multiple voices and emotions of those teachers who participated in the construction and shaping of this thesis. During 2004/5, I

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[34] The Mowbray College of Education specialized in primary school teacher training. It became part of the Cape Peninsular University of Technology's (CPUT) Education Department.

attended and participated in the EMDC-South's HIV and AIDS educational advisory team which offered workshops to practicing teachers in the South Metropole region. I attended the workshop as an observer and later as a participant. I also attended a number of cluster meetings that were conducted in various areas in the region. These opportunities exposed me to the diverse reactions, comments and involvement of teachers in HIV and AIDS training programs. Below, I briefly present some of those comments and the contexts in which they were made.

At one of the Western Cape Education Department workshops on HIV and AIDS, a teacher commented that sex is a private matter and one should not speak 'out of your bedroom'. The teacher asked permission not to be included in the workshop, a wish that was granted. During my teaching at a secondary school in 2003/4, I was involved in a regional project organized by a teachers' union.[35] As coordinator, I was expected to give regular reports on the project so that teachers could update their learners. As this project stretched over a few weeks, one of the teachers became irritated with my constant reporting. He objected to HIV and AIDS being discussed at the expense of other issues, such as drug abuse, which also present challenges in the lives of learners. The teacher had a valid point, but failed to appreciate the nature of this campaign.

Among the many disconcerting voices that I can still remember were the protests of two principals who attended a conference organized by the EMDC-South, held at Muizenberg High School on 10 and 11 September 2004. One of the principals stated that if for three hundred years *abstinence* had been successfully indoctrinated, why should it change now? This principal insinuated that there was nothing wrong with reinforcing the traditional way that sexuality had been handled at schools. He showed resistance to the opening of discursive possibilities around sexuality and education. The other principal proclaimed that at his school, abstinence was the main message about sexuality, as it was

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[35] The National Union of Educators organised a project, 'Children for Children', to raise awareness of HIV and AIDS children infected and affected by the pandemic. Learners were encouraged to donate toiletries which were given to a children's home. The school was represented at a ceremony where their role and contribution was acknowledged. An awareness of the Tafelsig Aids Project in Mitchell's Plain was also created during this period and learners voluntarily contributed towards this project.

by far the best way forward.[36] The comments of these two high school principals lacked the insight and vision needed to develop an educational basis that would empower school-going youth to actively prevent the spread of HIV and AIDS. They also contravened the critical aspects of Curriculum 2005 on HIV and AIDS education, which entrenches the right of the learner to receive teaching in HIV and AIDS education.

An initiative worth mentioning in this context is the teacher support group formed at the Philippi Day Hospital. The teachers who attended these sessions were infected or had relatives infected and/or affected by HIV and AIDS. The emotional experiences of the teachers at these sessions remain vivid in my mind, as they complained about the added responsibilities on their households following the demise of family members. At these meetings, the lack of community support and issues of social stigma were often topics of great interest. One teacher also mentioned that his principal showed scant support for his illness, as it resulted in his absence from school from time to time.

Other significant voices that I remember during the early stages of my research into the content and nature of peoples' HIV and AIDS expressions were raised in the religious sectors. The voices of theologians at the Conference on the challenge of HIV and AIDS to Christian theology, held at the University of the Western Cape on the 30 July 2004, called for a compassionate response to people infected and affected by the pandemic. My attendance of the Positive Muslims' meetings informed me of the need for an openness about the suffering of Muslims who are HIV positive. In certain religious sectors, HIV-infected people are stigmatized and often judged as sinners. The emergence of a compassionate religious discourse to counter the dominant judgmental attitudes towards HIV-positive people added an important dimension to this study. The conflicting views on how HIV and AIDS should be managed became an issue which transcended religion and culture, as society as a whole is now challenged by a common concern which affects everyone.

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[36] I verified with Mr David Stevens, who was the coordinator of the HIV and AIDS educational unit at the EMDC-South, about the availability of the video recordings of this conference. According to him, the materials are available at the EMDC–South's offices.

The above are only some instances and voices that became inscribed in my memory over a period of time. These inscriptions emerged from different contexts in which teachers articulated their concerns about HIV and AIDS education. While they were looking for solutions, learners were experiencing the consequences of the teachers' ill-prepared and often trial-and-error approach. I also exposed myself to the role of public speaker on this topic, and as a memorable moment I remember that, after a short talk at a Grade-12 assembly on HIV and AIDS prevention, I was booed by a group of matriculants, possibly because of HIV and AIDS fatigue.[37] Offering a glimmer of hope to replace my despair after this assembly, I that received a letter from a learner; it read as follows:

> Dear Mr Davids,
>
> It is great to note the fantastic job you are doing educating the young generation in matters the elders find difficult to broach – sex and sexuality. The way you speak to us are perfect and listening friendly which means it encourage one to listen. Not only are your lessons interesting, but we also learn a lot about certain issues. After hearing a lesson from you some time around last week, I felt it was important that I share my feelings with people living (and not living) with HIV/Aids. From this I learned that every person is unique and that we are all Equal. I also learned that love is the best gift you can give a person.
>
> (Naseef, Grade 12 B Matric 2004, 26/03/04).

This letter saved my day. Upon receiving it, my embarrassment and sense of failure changed immediately into hope and optimism. The letter is not about my courageous efforts or failure in HIV and AIDS education. It rather symbolizes the challenges facing teachers in communicating with youth about sexuality. It is not only teachers who have problems finding a comfortable relationship with HIV and AIDS and sexuality. This letter attests to the responses of learners to HIV and AIDS education. Not only do teachers' responses different from each other, but learner reactions show the same diversity.

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[37] `HIV and AIDS fatigue' refers to the phenomenon where learners and teachers express resistance to HIV and AIDS awareness programs or teaching. Possible reasons for HIV and AIDS fatigue are, *inter alia*, poor knowledge of the subject, repetition of known 'facts', and moralising approaches to the subject.

3.6.3   Role as teacher/researcher

While I was doing the data analysis for this study, the findings of the thesis were beginning to crystallise. Having completed all the fieldwork and the writing of the text in the first quarter of 2009, as a teacher I regarded myself more competent than before and therefore in a better position to teach this subject. This idea was soon put to the test. My return to the classroom as an educator in 2009 suddenly became an exciting experience as I found myself in the 'battlefield' once again, enthused and ready to put into practice the best of my knowledge and experience, especially in the field of HIV and AIDS education.

I was offered the chance to teach Human and Social Sciences and Life Orientation at Grades 8 and 9 and Geography at Grade 10. As this school had no permanent Head of Department (HOD) position for Life Orientation, there was a need to coordinate Life Orientation at Grade 8 and 9 levels. The school obtained excellent results in the matriculation examination (80% pass rate) and Life Orientation seemed to be in good hands at the senior level (FET phase), with a number of learners having obtained 'A' symbols. I was asked to be responsible as coordinator of the Grades 8 and 9 Life Orientation, which I gladly accepted. This position, I thought, would give me an opportunity to make a positive contribution to HIV and AIDS education at a grassroots level and simultaneously put into practice what I knew about the subject.

One cannot review the state of HIV and AIDS education without commenting on the condition of education at local schools. The symptoms of the problems in education, as mentioned in the City Press (16 May 2010:27), are clearly visible. Poor professional management skills to address the unequal nature of a racialised and class–based school system, together with the poor infrastructural backlogs manifested in the lack of suitable classroom, laboratories and libraries; these remain major challenges facing contemporary township schools. The immediate surroundings and educational environment at the school where I was teaching displayed some of the abovementioned shortcomings.

With regard to my own field of expertise, I soon came to learn my limitations. I realized that the focus of my thesis was teacher discourses, as opposed to learner discourses/responses, making me aware of my lack of knowledge. I felt ill-equipped to teach learners the section on HIV and AIDS. My experiences at the classroom level were further impacted by the context and culture that prevailed at the institution.

This school had once had a proud reputation as a leading Southern Suburbs High School, boasting products occupying the highest echelons in South African society – in the academic, business and government sectors. It is situated in a lower middle-class, predominantly 'coloured' community. A new principal was appointed by the Department of Education after a period of experimentation with three candidates. On the appointment of one of the candidates as principal, the other two contenders left the school to take up educational positions elsewhere. At the end of 2008, about ten teachers left the school. This equated to about 25 % of the staff complement. During this period, an emerging layer of teachers were occupying temporary promotion posts, which were awaiting permanency in the near future. Given the movement in staff, there was a perception that the school's management was inexperienced and needed to be rebuilt. The new management was particularly criticised for its poor discipline. Teachers often complained that classes were "unteachable" and one teacher, on numerous occasions refused to teach a particular class due to poor discipline of learners. The discipline problems at the school were exacerbated by the lack of staff cohesion, as teachers often blamed 'others' for undermining the institution. This picture of the school may sound very familiar and even applicable to other institutions. But one of the biggest challenges that many teachers reported was trying to teach a lesson without it being interrupted by unruly behaviour.

Given the diverse requirements that the curriculum imposes in terms of workload, teachers are often focused on the completion of learner portfolios which became the yardstick to evaluate both the school and the teachers. The system of cluster and final moderation of learners' and teachers' portfolios imposed limitations on the teachers' time in the classroom, as the portfolios needed to be evaluated and stored for the moderation process. Learner portfolios became the fulcrum on which the teachers' professional

reputations depended. As the school drew the majority of its learners from surrounding poorer townships, many learners lacked the support to meet the educational demands set by the teachers. There was also a perception that the families with financial means would rather send their children to schools 'outside the area', as they offered a better quality education and drew a better calibre of learner. This is an unfortunate phenomenon that came about with the emergence of 'Model C' schools in the 1980s. There seems to be little debate about how previously well-performing schools could be transformed into respectable places of teaching and learning. At the present moment, only a selected few schools from *previously disenfranchised communities* can be proud of their educational achievement. Given these experiences and the memories that I have of the realities of contemporary schooling, a relevant question to me still remains to be answered: What is the current status of HIV and AIDS education at our schools and what would be the educational value of an understanding of teachers' discourses on HIV and AIDS education to improve the situation?

I was excited and enthusiastic to return to the classroom and to share my knowledge and experience with learners, whom I saw as the leaders of tomorrow. However, it soon became clear that this was not going to be an easy challenge. HIV and AIDS education appeared hidden away in the school curriculum. My approach was that, if there was no visible concern and guidance on HIV and AIDS, those concerns needed to be initiated. In reality, HIV and AIDS education covered a limited space in the total school curriculum. It needed to become inscribed as part of the institution and manifested in the pedagogical discourse of the school management and staff. However, my experience taught me that HIV and AIDS education as an educational priority was only raised in public when a circular was sent around of a meeting that was to take place. When that happened, I invariably became one of the few teachers to attend. The school counsellor (one of the support staff) backed my involvement and my initiatives to raise the awareness of HIV and AIDS. She reported on one occasion, for instance, that a learner needed support as a family member was infected with HIV.

My work in the classroom on HIV and AIDS was limited to the mere setting of portfolio questions and tasks which the learners had to complete in class and at home. I did, however, seize the opportunity to arrange an awareness program for teachers during AIDS Week. I collaborated with the school counsellor in designing the program. The HIV and AIDS educational coordinator in the EMDC-South was invited to address teachers on the importance of HIV and AIDS education, on the kind of problems that schools were experiencing when learners or their families were infected with the HI virus, and on the impact of the loss of a family member on the learner's school performance. She highlighted the importance of Voluntary Counselling and Testing (VCT) as a special program to create a greater awareness and to *know your status*. HIV and AIDS awareness flags were placed in front of the school to promote a community awareness of the pandemic. In the staffroom, a candle was lit and remained burning for the duration of AIDS Week, in memory of those who had passed away, and to express support for those who were infected and affected by the pandemic. The intention with this initiative was to give teachers a greater sense of awareness when they engaged their learners in the classroom on HIV and AIDS.
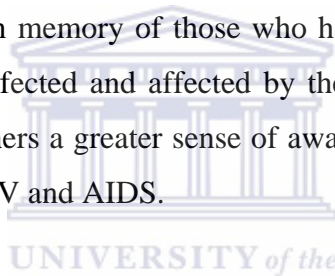
Based on my experience at schools, in this section I provided a glimpse into my involvement with how teachers and schools are engaging and experiencing HIV and AIDS education. I noted some of the memorable utterances that gave expression to their understanding and feelings about the pandemic. In the morass of diverse expressions of teachers and others, I approached this study, hoping to construct, through a process of research and investigation, an understanding of the complex nature of the teachers' HIV and AIDS discourses.

3.7   Conclusion

This chapter introduced and explained the methodological approach implemented during the research phase of this thesis. The rationale for employing different techniques was to engage the nuanced characteristics of the HIV and AIDS discourses of teachers, as produced by applying different research methods. Employing a *discourse as practice* lens

brings out the role of power in discourse production. As I argued earlier in the chapter, traditional research approaches lack the subjective analysis of discourse formation. A subjective perspective recognises the power of the teacher as being actively involved in the creation of his or her own meaning of the world.

The following chapter (four) presents the three sets of data collected during the research process. The chapter is divided in three parts, each presenting and analysing the data in the sequence in which it was gathered. Emergent knowledge themes were identified on the basis of the questions to which teachers responded during the method sessions. Part One deals with the focus group discussions, while Parts Two and Three present and analyse the data of the questionnaire and the face-to-face interviews respectively. In section 3.6 above I presented my personal experiences and interest in HIV and AIDS education, which together with the literature review (Chapter Two), forms the background for the research, and the conclusions and recommendations that I make in Chapter Six.
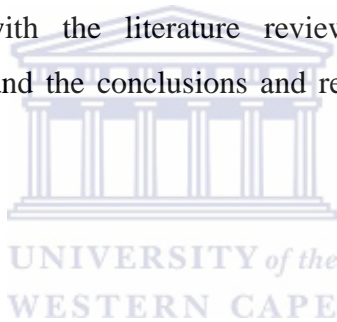
Chapter 4: Data presentation and analysis

4.1 Introduction

The previous chapter introduced and explained the methodological approach adopted in this study. This chapter presents the data upon which my findings are based. The findings are presented in Chapter Five. The present chapter is divided into three main parts. Part One presents the data of the three focus group discussions that were conducted. The data are presented under the various subheadings, informed by the questions which shaped the focus group discussions. The same subheadings have consistently been used in the presentation of the three focus groups to facilitate a grasp of the similarities and differences between them. The data are presented as research foci, from which identifiable knowledge themes emerged. These themes will later form the basis for an explanation of the content and nature of the HIV and AIDS discourses of teachers.

Part Two presents the data from the questionnaire in the form of statistical tables, accompanied by critical comments. These comments establish the relevant data in the context of the study. The strengths and weaknesses of a questionnaire in a study of this nature, that is, seeking an understanding of HIV and AIDS discourse, are noted.

Part Three presents data on the three face-to-face interviews with teachers. For the purpose of easier reading, the three interviews are reported in separate sections, with each section dealing with one interview. Section 1 presents a brief biographical sketch of teacher John. Each of the sections provides contextual information relating to the teacher's childhood, family religious background, and views on sexuality. This is followed by their discourses on each of the five knowledge themes. Sections 2 and 3 present the data from the interviews with teachers Anna and Mark.

The same format has been used to facilitate an understanding of how differently teachers' discourses can be shaped and formed by the same social and biographical factors. Brief summaries of each knowledge theme synthesise the content and nature of the teachers'

HIV and AIDS discourses. In the following chapter (Five), these discursive themes are examined through the lens of *discursive practices*, i.e 'discourse as practice'. The chapter concludes with a brief overview of the knowledge themes, which are then analysed and presented as the central findings of the thesis.

4.2   Part One: The focus group discussions

The background information and technical aspects of employing the focus group discussion were outlined in Chapter Three. The focus group was employed in this study as an exploratory technique to investigate the way teachers think and talk about HIV and AIDS. The technique was employed to identify the emerging patterns and themes as they were observed in the discourses of teachers. This section of the chapter is therefore a presentation of the data of the three focus groups.

The focus group data were transcribed from the video recordings that were taken of each encounter. I made use of a research assistant in each of the focus group sessions. The assistants played the roles of observers and note takers. I made use of their comments in my analysis. The textual presentation of the focus groups was carried out by working systematically through the data. Transcripts were read a number of times. I also viewed the video recordings to refresh my memory of the context in which the focus group discussions took place. Common themes and emerging patterns of thought that surfaced in the discussions were grouped in categories on the basis of the frequent use of language. Below are the five (5) research foci, emerging as 'knowledge themes' suggesting the content and nature of teacher discourses. Part One concludes with some preliminary observations on the nature and content of teachers' discourses on HIV and AIDS.

I explained in Chapter One that when teachers actually teach HIV and AIDS, educational policy is transformed into a diverse landscape of discursive formations through teacher mediation. The focus group data indicated certain themes and patterns which conveyed some shared and identifiable meanings. The focus group discussions were conducted at secondary schools. These schools share a common curriculum and are subjected to the

same statutory regulations. For the purpose of context, I restate that the first school was located in an 'African' township, with an 'African' learner and educator composition. The second school was in Mitchell's Plain, and the third in a Southern Suburbs township. All participating schools fall under the supervision of EMDC-South. What follows below is the presentation of three sets of data, organized around the five (5) common research foci that informed the research.

4.2.1   Knowledge and training as in focus groups

The teachers often referred to issues of *knowledge and training* when they expressed their views on HIV and AIDS education. Their use of 'knowledge and training', however, was divergent and complex. A teacher at Site One, for example, referred to the need for training in the teaching of HIV and AIDS education:

> ...maybe if the teachers are properly trained, then they can come back to those students and those who don't know what to do if they are infected, and what to do if they are not infected, but to prevent infection of all diseases, not only HIV, the prevention of all sickness.

In the above abstract, the teacher identified the lack of teacher knowledge on the prevention of HIV. The teacher spoke of a lack of training of teachers in the promotion of health issues in general. Teacher knowledge seems to be lacking, and their learners suffer as a consequence. According to this participant, teachers need to have a broad base of medical knowledge to prevent `all sicknesses', not only HIV and AIDS.

Not only do teachers lack knowledge appropriate to teaching learners how to prevent sicknesses but the need for more appropriate training of teachers should also be given more attention. The following teacher spoke about workshops as a possible forum to train teachers:

> I think the department (of education) must train teachers, must run workshops every year for everybody because sometimes it is difficult to attend the workshops because we are busy at school and our colleagues do not always understand why we are going to the workshops…

The quotation above supports the need for teacher training through the arrangement of workshops, but the teacher also alludes to the problems experienced at school level when teachers have to attend such workshops. Some teachers are already overworked and complain when their colleagues leave school to attend workshops. Invariably, the teachers remaining at school are burdened with supervising the classes of those teachers attending the workshop. This particular teacher raised some practical problems inherent in the workshop format as a training method. The need for training, however, was emphasised.

Teachers sometimes feel that they are not equipped to speak to learners about HIV and AIDS. This lack of knowledge may lead to a lack of confidence which in turn may deprive learners of essential life skills and knowledge about HIV and AIDS. The following teacher expresses how he avoids speaking about HIV and AIDS in his classroom. While he talks about a need for sexuality training for teachers, he acknowledges that he would `rather speak about history' because he does not feel `confident to speak about sex…'
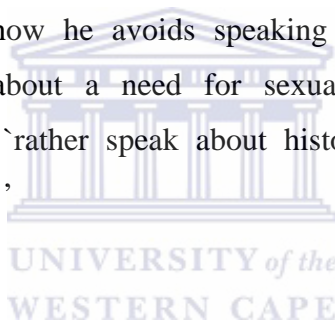
Teacher Site[38] Three

> You know what worries me, as a history teacher, I sometimes wonder if we have the confidence or whether we are equipped to speak to our learners about the pandemic, sometimes I am not sure that we are going the right way because their training is confined to some teachers …all teachers should have been trained to deal with the aspects of AIDS …and I am just worried that AIDS pandemic would reach crisis proportions, because in my class I rather speak about history because I am not confident to speak about sex, or speak about prevention and things like that.

In the above excerpt, the teacher conflates `having the confidence' with `being equipped to speak to our learners …'. This teacher raises a few pertinent issues relating to knowledge and training; these concern personal confidence, being equipped (having the appropriate knowledge), training, and his personal affirmation that he would rather

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[38] Where I feel it is necessary, I use the codes 'site' to refer to the specific school where the focus group discussion was held. The denotation 'teacher' refers to the teacher as participant in the focus group, while I refer to myself as the "interviewer".

restrict his teaching to his subject matter (history) as he lacks the confidence to speak to his learners `about prevention and things like that …'

While the teachers may speak as if the educational authorities were not effective in providing appropriate knowledge and teacher training to implement the curriculum, there does seem to be evidence that the authorities are in fact improving teachers' knowledge levels, albeit not in a satisfactory way. Making information available to teachers and learners without following an educational agenda may prove futile. The following teacher spoke about efforts of the education authorities to bring knowledge nearer to the teachers and learners, but without providing an appropriate training program:

> At the moment they (educational authorities) are giving us material which we are at the moment trying to distribute. Most of the material is factual, and the information that they give they give a book to the learner, `HIV and AIDS for the high school learner', and they give a teacher guide with that, and that at extra mural (sic) is to give each child a copy and in our interpretation, it's just a teachers' guide.

Training efforts, according to this teacher, are often arranged to share information and knowledge of a factual nature. The practical implementation of what the training was about often remains `just a teachers' guide', while the teachers may be in need of more contextual training that deals with issues beyond the `factual'.

During one focus group session, three discourses using the phrase `lack of training and knowledge' took on a number of different meanings. A lack of training refers not only to a lack of the knowledge and skills needed to teach HIV and AIDS education; it also implies a lack of the kind of deeper knowledge that would help teachers to feel comfortable teaching the subject. I will provide an example where `the lack of knowledge discourse' upon closer analysis meant something else. During the focus group session, this particular teacher raised her hand and waited her turn to speak:

Teacher Site Three

> You know, I teach biology and the children, they ask a lot of questions, not (that) I can always answer them, without feeling, I am not God, you know, but we do speak on this topic and I think that we will all have a

more positive attitude in answering the learners, or, giving them some advice or teaching them, and if we know. I know, what we know, what I know is what I read in papers and books and you know what I mean, about HIV and AIDS and that, and I personally try to go to workshops and be educated in order to educate others too.

I wanted to know what is a blow job, I want to know what it means, I heard it in a programme, I don't know if I must be ashamed of myself, in all my life, and I'm nearly 50, and sometimes I don't know if I must feel ashamed of myself or what, and honestly, I feel embarrassed by it. (sic).

Interviewer: So, did they tell you?

Teacher:

No, I never asked them there. No, I just heard it, someone was saying you get so much money from a blow job, I don't know what a blow job is, and that had me thinking of a torch. Of course we make out as if we're very …[stupid] (sic).

This teacher presented herself in the first quotation as a confident and trained biology teacher who was well informed about her subject. She did however show a lack of knowledge in sexuality and in particular of the popular language used to describe certain kinds of sexual activity. She articulated the need for teachers to be informed about the common knowledge and expressions used by learners. This teacher's participation in the focus group brought a different dimension to what was meant by the need to talk about sexuality education, and in particular the need for more knowledge. This goes beyond the mere technical requirements of good pedagogical practice. It also refers to the need that teachers may have to explore the sexual knowledge of learners. The lack of knowledge and training is thus not limited to the teacher as educator. It also includes the need for knowledge of learners' sexuality and sexual discourses.[39]

The existing program of training, as implemented by the current educational authorities, is often criticized by teachers. During the focus group discussions, the teachers were encouraged to speak openly and frankly, which I am happy to report actually happened.

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[39] This study focuses exclusively on teacher discourses of HIV/AIDS. Although the question of learner sexuality may be closely connected to this study, it is not the focus of the study. Learner sexuality represents a sensitive research topic, that it would be necessary to undertake if a holistic picture of the state of HIV and AIDS were to be researched. These issues will be raised later in Chapter Six.

The following teacher's excerpt raises issues of sexuality knowledge that opened the discussion to connect with the broader sexual problems experienced by learners, such as teenage pregnancy and sexual activity. The quotation is the comment of a teacher who showed critical awareness of teenage sexual behaviour, but questioned the relevance of the knowledge transmitted to learners.

Teacher Site Two:

> I would just like to comment, if I hear correct, but at this point we started off with, with raw information, you know we've been involved with this kind of activity now, for many, many years, at this school in particular, we were involved with something, the fact that not all the knowledge does not affect teenage pregnancy, and the whole question now is, I have a rough theory about that, if you look at the, figures, infection, particularly in the areas and there are certain conclusions that people make.

Teacher Site Two:

> Yes (endorsing what has been said).

Teacher Site Two:

> That is a different story, I find. And it is important, but we didn't explore precisely why knowledge does not affect them, in our areas, out there it certainly doesn't, because the problems at this school, (inaudible) many, many programmes elsewhere, and we've got a pregnancy rate that's scary, that's one point, and I think that, that needs serious exploration.

In the above quotation, the teacher alludes to the need to question the effectiveness of the knowledge implemented at school level. As evidence of the ineffectiveness of the teaching of sexuality education, the teacher refers to a 'pregnancy rate that's scary', and this is despite a long history of sexual education. This teacher acknowledged the crisis that teachers are experiencing in the context of the HIV and AIDS pandemic.

In the section above, teachers expressed various views and opinions about knowledge conception and training in the context of HIV and AIDS education. The views expressed correspond with those which emerged from the literature examples (Mabece, 2002; James-Taera et al, 2004, 1999). During the focus group discussions, a notion of 'knowledge and training' as a focus of teachers' discourses, was expressed in diverse ways, making a description of their content and nature a complex issue. The absence of a

standardized sexuality training program for teachers and the diversely different contexts in which teachers acquire their HIV and AIDS knowledge makes a uniform implementation of the curriculum statement on HIV and AIDS education a virtually impossible task. While the curriculum requires teachers `to prevent the spread of HIV infection, to allay fears, to reduce the stigma, to instil non-discriminatory attitudes towards persons with HIV', (Government Gazette, 1996:15) the data presented on the knowledge focus of teachers indicate that a wide gap still exists between educational policy and teachers' understanding of the pandemic. While the focus group discussions provided a public forum for teachers to express themselves, their discourses were influenced by their personal experiences and knowledge of HIV and AIDS. The seemingly incongruent and diverse expressions of the participants in the focus group discussion could, however, be explained simply as the different views of different teachers on the subject. The data confirmed that the 'knowledge and training' of teachers was a common concern in their educational discourse, and that it formed a major part of the content of their understanding of HIV and AIDS education.

4.2.2   Culture/ value system discourses in focus groups

During the focus group discussions, the terms *culture* and *value-system* were frequently used by teachers when they were asked to share their understanding of the problems associated with HIV and AIDS and education. The data espouse culture and values as part of the teachers' background knowledge. According to the following teachers, learners' *self awareness* is taken for granted and their value system seems to be intrinsically connected with that 'self awareness':

Teacher Site Three:

> you should start with self awareness, and the learners should know about value systems, you know, before you even think of HIV and AIDS in this whole thing. With, with them being self aware, and having a value system they know for themselves, like this is where I come from, then it is not like the teacher imposing his or her values, but the fact that they're comfortable with things and then they can make their choices from there. So, I think before they start with HIV and AIDS, they should have education of self awareness first for that learner, so we

> must first succumb the issue of the learner, and especially the fact that they are exposed to certain knowledge, and the knowledge that they come with in the media they must first learn to be self aware, like body changes and things like that, before we can discuss it (sexuality) (sic).

In the excerpt above, the teacher presupposes that `self-awareness' and `value system' are integral parts of each other. Having a `value system' almost presupposes `like this is where I come from'. This teacher sees understanding sexuality as an acquired knowledge which comes after the learner knows something about `self awareness like body changes and things like that …' The learners and the teacher will then be comfortable with each other and the teacher will not be `imposing' his or her value on the learner. This teacher had an ideal concept of how culture, values and learner sexuality influence each other. She conflated 'knowledge of sexuality' and 'values' as part of the process of becoming self aware.

Culture is sometimes viewed as an obstacle to sexuality education, as it often inhibits any talk about sexuality in public. Silence about sexuality has been transmitted from parent to child, as stated in the following teacher's words:
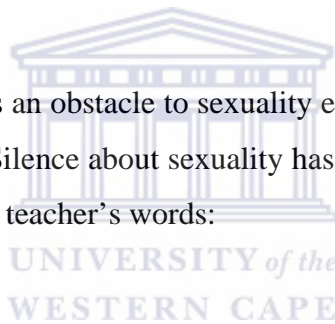
Teacher Site One:

> As (inaudible) says now, I think that the culture is the main problem, the culture is (inaudible), because we are (inaudible), in our culture, that is the start of this whole thing, because our parents don't want to come out with these things, because of our culture (sic).

If silence about sexuality may be seen as a cultural issue, the issue of unequal social relationships also plays a role. The silence is often transmitted from parent to child at home; in the following excerpt, for example, the teacher explains that, while she can talk at school about sexuality with her learners, she cannot speak about it with the same openness at home:

Teacher Site One:

> It is true, it is true, even myself, I cannot even talk about this at home, even my children they are always teasing me and saying what about mamma, you are teaching at home, and obviously I can see there is

segregation of sex or whatever, but you know what I say, look, I am your mother, and a teacher and I know what is happening away from (home) this.

Some teachers' cultural values about sexuality are embodied in their personal views. While some could not differentiate between their pedagogical role and their personal identities, others adopted a pragmatic approach to the matter, going through pain to `teach your learners about choices', as expressed by the following teacher during a lesson on condom use:

Of course, ja, but again it's that is the only way, I know what kind of response you'll get, but I decided that is a no, no. I don't think you want to use it, but in front of the class, you have got to teach your learners about all choices and options and disadvantages and advantages that you can, so you've got to tell them, if you are sexually active, you have to protect yourself …But …it's hard for me to go into detail, because it feels like, sometimes it just feels like we're teaching those children, go out there to have sex, and you know, it is hard for me from a personal point of view.

The quotation above illustrates how some teachers openly engage in talk about sexuality with learners, albeit against their personal point of view. Her cultural upbringing made it hard for this teacher. At the level of practice, she found that the demands of sexuality education often clashed with her personal beliefs about the subject, but she nevertheless remained committed to teaching it, despite her view that `sometimes it just feels like we're teaching those children, go out there to have sex'.

The data demonstrate that culture and values are inextricably connected with teachers' discourses about HIV and AIDS, albeit in different ways. It confirms the view in the literature that cultural context and upbringing may dominate a person's views and his or her approach to understanding HIV and AIDS. In Chapter Two, the doctoral thesis of Amod (2004) was referred to as an example which illustrated how personal beliefs define one's understanding and discourse about HIV and AIDS. The frequent reference to *culture and values* across the different schools reveals the prominence of culture as a major element of teachers' HIV and AIDS discourses.

4.2.3   Sexuality discourses in focus groups

The data showed that teachers' discourses on HIV and AIDS were also inextricably 'sexual' in content and nature. During the focus group sessions, some teachers expressed themselves openly on matters of sexuality, while others needed to be dragged into open discussion. During the second focus group, one participant, who had been mainly aloof from the discussions at the beginning of the focus group, became an active contributor later in the discussion. Drawing on her personal sexual history, she espoused a particularly rich sexuality discourse. [40] The following excerpt reveals part of her discourse:

Teacher Site Two:

> … I realize the only way to bring across the HIV and AIDS message or to introduce it, is firstly, was to make peace with who you are as a sexual being and feel comfortable with your own sexuality, this is actually a profound thing that actually came from while I was being trained, and coming to me after class and we had that discussion groups and you know, and advises and what do I do here and what do I do there and that type of thing, and the other thing that I realized is, the objectivity of the educator, it's difficult especially as I am a born again Christian, but I try to coach them to wait until you're married, your body is a gift from God, but we have to accept that there are promiscuous kids out there and that you also need to give them preventative advice, like a condom or, contraception or abstinence or whatever.

Teacher:

> So, I've been trying to keep my own values and principles, I can't change their experience, I will tell them about my experiences and what were my thoughts and where I messed up, and others perhaps, where we can work on others as well.

Interviewer:

> In terms of what do you mean your faults, would be?

Teacher:

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[40] My experience in this particular discussion was extremely beneficial, given the context of the study and its purpose. The openness of this teacher remains an enigma to me. Given the social context of the focus group discussion, it was not possible to probe deeper than I did. Nevertheless, it was one of my most insightful moments during my entire research experience.

I mean, I mean like, sex before marriage, and regretting that, and wishing that we could wait rather.

Interviewer:

And what do you tell them was your experience?

Teacher:

No, I tell them what my experience is, and then I'll tell them, I was 18 years old and I got a sexual experience, but if I had to go back, and do it again, I would wait. It is just happens that I am married to the person I had the sexual experience with, but what if, that is going to happen to you? And then I explain this scenario to them, and I explain to girls how guys take advantage of you, and I tell the guys, we know what's going on, we know what you're thinking and what you're feeling and so on, and that type of thing, I just make it real, sometimes and I think honestly, how do you introduce HIV and AIDS? You need to start with what is the difference between sex and sexuality, sex is intimate, sexuality is how do I feel about being the girl, and how do I feel about being the boy, what is my ..., who am I closer to, am I that boy or girl, and then also, do I accept what I am physically, am I happy with my breasts, am I happy with this and happy with that, and after that, the door is open and then we start we might (in-audible) and they are very excited about HIV itself. You just need to explain to them about sexuality.

Interviewer:

Ja, you're really excited about the way, so you recognize the learners also as being sexual?

Teacher:

Yes, you must.

In the above excerpt, a number of issues are enshrined in this teacher's sexuality discourse. Firstly, she has reached a point in her personal development that has brought her `peace'. While her religious beliefs informed her discourse, she drew upon her own experiences to become relevant to her learners and prevent them from `messing up'. She had a sexual relationship at the age of eighteen which she regretted afterwards. While she recognizes that her learners may be sexually active, she gives them practical advice about prevention. Her openness and honesty make it possible for her to engage her learners, whether they are sexually active or not, in meaningful sexuality education.

Open discussions about sexuality and teachers' sexuality were rare during the focus group discussions. Indeed, I observed a tendency amongst them to steer away from open discussion. Often I facilitated and probed their views on issues of their sexuality, urging them not to be shy and reminding them that their utterances would be confidential. The data show that speaking about *sexuality* to learners remained a challenging task, and often teachers had had negative experiences which influenced their teaching of HIV and AIDS. The following teacher, for instance, became despondent with her learners' attitudes towards the subject of sexuality. While she was initially enthusiastic about the teaching of HIV and AIDS, she had lost that passion. She expressed herself as follows:

Teacher Site Three:

> I have, I have been teaching for four years, but the first two years I was passionate about it (meaning sexuality education), because I had a different type of child, but now, you shouting at them in this place, it's like they are not concentrating any more, where the previous child listened to what you had to say, it is like a big joke with them, and that is what I meant about distributing this (condom) at school. I've been neglecting my learners by the school. Especially my (inaudible), because you could see this coming, and they put me off (sic).

As a teacher with only four years' experience, this participant had lost the will to teach HIV and AIDS education as she came to `neglect' the learners at her school. She was initially `passionate' about teaching HIV and AIDS education, because her learners were then `a different type of child'. She could for instance teach 'condom use', but now `it is like a big joke with them'. This previously enthusiastic teacher became `put off' by the attitude and behaviour of the learners towards sexuality education. As a result, she herself became disinterested in sexuality education. In contrast to the previous teacher's quotation, this teacher's orientation towards teaching HIV and AIDS was negative.

These views illustrate how differently teachers feel about teaching HIV and AIDS education. On the one hand, there seems to be a pattern of 'excitement' to teach HIV and AIDS, and on the other hand a 'resistance' to teach or a 'repressive' tendency. While the pandemic was taking its toll on human life and society, the 'silence' that was historically associated with sexuality began to change. Foucault used the term 'discursive rupture' to

indicate measures of 'sexual incitement', as Western society promotes 'sexual repression' (Foucault 1978). The emergence of the HIV and AIDS pandemic caused a 'rupture' of the sexuality discourse over a period of time. As the virus is mainly transmitted through sexual activity, a suppression of the sexual nature of HIV and AIDS education cannot be excluded as a constituent element in teachers' discourses.

4.2.4   The emotional and affective discourses in focus groups

The previous section dealt with the element of sexuality as a characteristic of teachers' discourse on HIV and AIDS. Due to the suffering and tragic consequences of the pandemic on society, some participants expressed themselves in emotional terms when they spoke about HIV and AIDS. Human emotional expressions are complex. To investigate the teachers' conceptual understandings of HIV and AIDS, I asked them to explain what they thought about the pandemic. The following excerpt conveys an example of the complex nature of emotional expression:
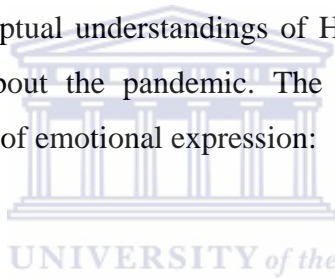
Teacher Site One:

> Ja, I must be angry so that I can talk about this problem, and sometimes, I get so … call a spade is a spade and to these kids, they just laugh. They just laugh and act so embarrassed, sometimes, and it is much, really, you see, for my children it is hard (sic).

This quotation recalls an uncomfortable and emotional experience of the teacher, who claimed that these emotions were shared by her learners, as they showed signs of `embarrassment' or `just laugh'. When she engaged with the learners on HIV and AIDS education, she needed to `become angry' in order to set a frame of mind that made it possible for her to articulate her feelings. The emotion of `anger' helped her to express how she felt about the dangers of HIV and AIDS.

When one of the teachers called 'a spade a spade', the learners responded with mixed feelings. They `laughed' and experienced `embarrassment'. These emotions cannot be understood outside the context of their experiences. Once again, the social nature of the focus group provided a restricted and limited space in which to explore the subjective

meanings of these emotions. The following excerpt further illustrates the complex use of emotions in the teachers' language:

Teacher Site One:

> So, actually, I am always speaking about it, as (inaudible) you must be active about this business, this morning, I've got teenagers, at this stage, my kids are older now, she came just this morning, she didn't sleep at home, I was so angry this morning, really, I was so angry, when she said, look, if you can just be active about HIV, look here, I'm not going to look after her, her, afterwards, afterwards, (teacher pauses, showing strong facial emotions) no, I was wrong, (in the way she reacted) and I was angry at that time, then she just laughed at me, she just laughed at me. And she knows that I'm there for her, she knows that I will be there for her, but that I was just angry (sic).

In a reflective manner, this teacher shared her personal experience with the group. The emotion of 'anger' found expression in the face and emotional tone of the teacher when she explained how she felt that morning, when her daughter came home after a late night out. This teacher described her emotional state when she transformed this silent anger into an outburst (in the focus group). Her narrative suggested that she experienced 'guilt' as she found herself engaged in an uncomfortable situation. However, the mother's perception of the child's laughing and the mother's anger should not to be taken in a literal sense. The shades of emotions such as 'anger', 'laughter' and 'embarrassment' cannot be explained objectively. Thus it would also not make sense to use particular emotions to describe teachers' HIV and AIDS discourses, without explaining the context in which those emotions were pre-empted .Thus the emotional response cannot be denied as one of the elements which constitute the HIV and AIDS discourses of teachers.

4.2.5 HIV and AIDS as a 'disease' in the focus groups

Teachers' conceptions of HIV and AIDS have been shaped by a myriad of discursive influences since the inception of the pandemic. A common understanding of HIV and AIDS which emerged during the focus group discussions was the association of the

pandemic with issues of a health and medical nature. HIV and AIDS emerged as a life-threatening disease for which there is presently no medical cure.

At Site One a view of HIV and AIDS was associated and described as meaning `disease', as evinced by the following statement:

Teacher Site One:

> It is a disease, and also it is not, if you hear the name, HIV or AIDS, first thing that you think is that maybe I am vulnerable, I am at risk, which is what comes to mind.

The data indicate the use of the word `disease', denoting a medical understanding of HIV. Disease, by definition, is inflicted on and experienced by the human body. In the above quotation, the teacher connects herself directly to the pandemic as she realizes her personal vulnerability to HIV and AIDS; `the first thing that you think is maybe I am vulnerable…'

The overwhelmingly medical nature of the pandemic brings about a fear of 'disease' that may lead to 'death', as no cure has been found for HIV and AIDS. The focus groups associated death as another consequence of the disease. Responding to the meaning of HIV and AIDS, the following were some of their reactions:

Teacher Site One:

> That is death.

Teacher:

> Death. That is the first thing that comes to my mind.
> You're going to die.

Teacher:

> Certain death.

In the context of the focus group discussion, these emphatic statements connect HIV and AIDS with death. Teachers expressed what they felt and knew on the basis of their

knowledge and experience of the pandemic. The word 'death' was cited often, especially in groups where some teachers had personal experiences of death due to HIV and AIDS. Some of the participants in the focus groups had lost close family and friend to AIDS.

The data also reveal a deeper medical understanding of the disease. At Site Two, one of the teachers commented that death was not an inevitable consequence with positive diagnoses of HIV. The availability of anti-retroviral treatment (ARVs) to HIV-positive people had resulted in a change in attitude. The idea that people could live longer while on ARV treatment seemed to emerge as another understanding of the disease, as the following excerpt from Site Two indicates:

> It is just that the evidence is there is no cure for HIV and AIDS. If there is no cure, what can you do? It is just that you must face the fears and that …But nowadays the focus has shifted, if you are on ARVs now, then you're cared for, you can live for over 10 years now, or more than 10. With ARVs, it can change it, you can take it, you can use treatment, it is not about sexuality, it's not about living for 40 years, you can get extra 3 years, or an extra 5 years, or at least 6.

On the one hand, 'disease' implies a health condition that can lead to death, but with the awareness of ARV treatment, the notion of death is extended to one of 'hope'. An awareness of the positive effects of HIV and AIDS treatment might have impacted positively on how the teachers were thinking and talking about the pandemic. The use of medical terminology in the focus group discussions suggests an understanding of the health and medical content and nature of teachers' HIV and AIDS discourses.

4.2.6 Summary

Using the data of the focus group discussion as a basis, I identified five emerging knowledge themes as making up the content of the HIV and AIDS discourses of teachers. The value of the focus group as a research technique lies in the possibility of generating these knowledge statements. Notwithstanding the limitations of the focus group as a research technique for probing the underlying structure and meaning of discourse, it generated the emerging patterns and themes constituting the teachers' HIV and AIDS

discourse. As the three focus group discussions became the formative method of data gathering, their presentation and analysis assisted me in selecting the questions for the ensuing method: the questionnaire.

4.3   Part 2: HIV and AIDS and sexuality discourses: Questionnaire data.

4.3.1   Introduction

The methodological approach to this study was motivated by the complex task of providing a meaningful explanation for the poor state of HIV education. Having decided that a mixed methodological approach would best address the diverse issues in a study of this nature, I used the questionnaire technique to illustrate its usefulness and limitations. I contend that research techniques are useful in social research, but that no single technique on its own is sufficient to provide a comprehensive meaning of social phenomena, in this case, teachers' HIV and AIDS discourses. In Chapter Three (3.6), I endorsed McNiff's concern that dominant forms of educational research should exclude the role of the `I', as a significant factor that impacts on the validity and meaningfulness of the research (McNiff, 2008:352). I avoided this methodological pitfall by giving my personal background as the `context within the context' in which the study was conceived. I employed different research techniques, indicating how they were used to make strong knowledge claims, as well as how they failed to construct a convincing argument. The questionnaire technique is often used in the social sciences as a basis for generating knowledge claims which are often extended beyond its context.

Section 4.3 of this chapter presents the data which were collected by using the questionnaire. Questions were derived from other sources, including existing questionnaires such as the HSRC studies (HSRC, 2005 & 2009), and the data derived from the focus group discussions. This part of the chapter is divided into two sections. Section One presents the biographical data in tabular form. Section Two records the responses of teachers to specific questions in the questionnaire. The results of the questionnaire are presented in the form of statistical tables, accompanied by critical

comments highlighting significant observations in the study. Relationships between variables are used to denote significant points noted in the tables. Variables are described as 'dependent', 'independent' or 'intervening'. An independent variable is the presumed cause of another variable, while the dependent variable is the presumed effect or outcome (Tashakkori & Teddlie, 1998). Intervening or moderating variables are used to show how the relationship between variables changes if an additional variable plays a decisive role in determining an outcome.

Statistical analyses of selected questions are presented in the following order: knowledge and training, cultural responses, sexual questions, affective-emotional responses, and medical-health responses. The Statistical Program for Social Sciences (SPSS) computer software package (Version 15) was used to analyse the data. Open-ended questions were constructed to obtain responses to Theme 2 (medical-health discourse) and Theme 3 (affective-emotional discourse). For this reason, the SPSS's conversion function was used to convert string, to numerical variables. The use of the questionnaire demonstrated both its strengths (descriptive functions and generalizations, albeit limited) and its weaknesses (the lack of subjective analysis and authenticity of responses) in the study of HIV and AIDS discourses.

SECTION ONE

4.3.2 Description of teacher sample

The questionnaire was distributed randomly to 110 teachers, who taught at 19 secondary schools in the EMDC South metropole. The questionnaire response rate was 79 (71,9%). A biographical profile of the sample is presented under the following headings: gender, age, qualifications and teaching experience, marital status, and religion.

4.3.3 Gender

Gender

Table 1: Gender composition of sample

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	53	66. 25	66.25	66.25
	Male	27	33.75	33.75	33.75
	Total	80	100.0	100.0	

Gender participation in a study of HIV and AIDS has critical implications for the generalizing of the results. In this study, the results of gender participation posed restrictions on its generalizability. The gender composition of respondents (Table 1) was 66.25% female and 33.75% male. A greater number of females than males participated in the study. It is known that more females than males are infected with the HI virus (Menda, 2006:12). In the normal course of research, knowledge produced quantitatively is not necessarily differentiated in gender terms, even though there may be a significant gender difference in the nature of the knowledge enunciated about HIV and AIDS. While this statistic offers a useful description of the gender composition of the participants, it also raises questions about the nature of the knowledge claims in gender terms. According to Dr James Lees, male participation in the HIV and AIDS and development courses that he presents at the University has for a long time been much less than for females.[41] He claims that this tendency has to do with the stigma associated with the pandemic and the dominant perception that HIV and AIDS is a female disease. The unequal participation of males and females in this study confirms that this perception may still exist. The questionnaire technique was useful in identifying the gender participation in the study, but paradoxically not to promote generalisation, but rather to ask questions about the implication of unequal gender participation in a study about HIV and AIDS.

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[41] This point was made in one of the supervisory sessions with Dr James Lees. He has been teaching a module on HIV and AIDS and development at the Institute for Social Development at the University of the Western Cape.

4.3.4 Age, qualifications and teaching experience

4.3.4.1 Age of respondents

	N	Minimum	Maximum	Mean	Std. Deviation
Age	77	21	65	40.73	9.785
Valid N	77				

Table 2: Age analysis of respondents

The age of the responding teachers ranged from 21 to 65, with a mean[42] age of 40.73 (Table 2). Since the HIV and AIDS phenomenon only emerged in the early 1980s as a medical and social concern, it may be expected that age as an independent variable would influence the quality of knowledge as an outcome of an investigation. In reporting on the findings of this questionnaire, I found that the importance of Table 2 lay in the descriptive value of the age statistic, rather than in any direct correlation between the age and knowledge of the teacher. The 40.73 mean age of the participants may also explain the conservative approach that teachers generally take towards HIV and AIDS education. This type of generalization may not be meaningful, since participants in this study who were older than the mean age expressed themselves openly and liberally on sexuality issues. It becomes more complicated to use statistical data other than for descriptive purposes, as the contradictory claims against generalizations may easily bring into question the validity of a knowledge claim.

4.3.4.2 Years of teaching experience

	N	Minimum	Maximum	Mean	Std. Deviation
Teaching experience in years	78	.20	40.00	15.1192	10.06416
Valid N	78				

Table 3: Mean years in experience of respondents.

Table 3 (above) shows that the mean years (15.11%) of teaching experience of the teacher sample ranged from 2 months to 40 years, suggesting that the participating teachers represented a reasonably experienced sample. As in the case of Table 2, Table 3

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[42] The statistical meaning of 'mean' as used here refers to the average age of teachers who participated in the sample.

provides a useful description of the teaching experience of the respondents. As a descriptive statistic, this table alerts us to the diverse range of teacher experiences. These experiences have no direct relation to the quality of HIV and AIDS education which learners receive at the level of the classroom. Beyond their value as a descriptive statistic, teachers' years of experience have no relevance in describing the content and nature of their HIV and AIDS discourses. The variation in the years of experience, as in the case of gender and age of respondents, indicates that differentiation militates against the generalisation of results.

4.3.4.3   Teacher qualifications

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	matric+3years	12	15.0	15.8	15.8
	matric+4years	41	51.3	53.9	69.7
	matric+5years	15	18.8	19.7	89.5
	matric+6years	3	3.8	3.9	93.4
	matric+7years	5	6.3	6.6	100.0
	Total	76	95.0	100.0	
Missing	System	4	5.0		
Total		80	100.0		

Table 4: Teacher qualifications based on years of post-matric studies.

In education research, teacher qualifications are generally expressed as the number of post-matric years spent at an institution of higher education, such as a teacher training institution or university. The minimum period of study, before a teaching qualification can be conferred, is three years. Five categories were used to classify teachers in terms of their qualifications (see Table 4 above). The teachers in this sample seemed to be of a qualification level ranging from three years to seven years post-matric, with 53.9% of participants falling into the matric+ 4 years category, which generally implies a three-year general study plus one specialization year. It is significant that, while all the teachers were regarded as qualified to teach, their qualifications did not necessarily mean that they were specifically qualified to teach Life Orientation. In this sample, however, only teachers with experience of teaching Life Orientation were asked to participate in the questionnaire.

The broad differentiation in age, teaching experience and teacher qualifications in the sample offered possible explanations for diverse discourse expressions. However, when knowledge pronouncements were made on the basis of this sample, gender, age and the difference in years of experience did not appear as significant variables which might influence the results. Any relation between these variables and the purpose of the study, that of an understanding of HIV and AIDS discourses, would require corresponding qualitative data to establish some connection between the variables and discourse. Once again, the usefulness of Table 4 lies in its descriptive value, even though this has little possible relation to the content and nature of HIV and AIDS discourses.

4.3.4.4 Marital status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Married	53	66.3	66.3	66.3
	Single	21	26.3	26.3	92.5
	Divorced	6	7.5	7.5	100.0
	Total	80	100.0	100.0	

Table 5: Marital status of respondents

According to Table 5 above, 66.3% of the respondents in this survey were married and 26.3% were single. The marital status of teachers in a study may influence the results; in particular, differences in the views of married and single teachers may present a more complex picture of their thinking and understanding of HIV and AIDS. As this statistic stands, there is no correlation between the discourse of married and single teachers, though in reality there may well be. To make sense of the data and possibly find a meaningful correlation between marital status and HIV and AIDS discourses, further research may be needed into the nature of the knowledge of married and single teachers. As Table 5 stands in this study, its usefulness is limited to its descriptive value. It does, however, raise questions which may relate to the nature of the knowledge of married and single teachers and its implications for teaching HIV and AIDS.

4.3.4.5 Religious identity

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Christian	63	78.8	78.8	78.8
	Islam	13	16.3	16.3	95.0
	African traditional	1	1.3	1.3	96.3
	Other (specify)	2	2.5	2.5	98.8
	Not religious (specify)	1	1.3	1.3	100.0
	Total	80	100.0	100.0	

Table 6: Religious identification of respondents

Besides the personal data, such as gender, age, teaching experience and marital status, respondents were asked to identify themselves in terms of their religious association and identification. Only 1% of teachers did not identify with a religion (Table 6). The majority (78.8%) identified themselves as Christian. As a statistic, the religious groups only represent a superficial description of religious identity. The religious identification does not presuppose any religiosity of a teacher; rather, its value lies in showing further variation of diversity in the sample profile. In this category, there are many variations within a religious group, which may counter the tendency to develop generalisations based on religious identification, especially in the context of the HIV and AIDS pandemic.

From the sample's biographical data, the differentiation revealed in each category highlighted the problematic nature of using the data of a questionnaire to generate generalisations on sensitive topics such as teachers' HIV and AIDS discourses. As a data gathering technique, the questionnaire nevertheless provided a description of the responding teachers. However, the limited value of these descriptive tables revealed the need for much deeper questioning in order to say something meaningful about the nature of discourse. An analysis of the data in terms of the HIV and AIDS discourses, albeit of a limited nature, is dealt with in the following section.

SECTION TWO

4.3.5   Introduction

Section One of the questionnaire dealt with the description of the teacher sample. As argued in the previous section, the questionnaire technique had limited value in providing a comprehensive picture of teachers' HIV and AIDS discourses. In this section, however, the questionnaire technique was constructed to accommodate the investigation of qualitative matters. There are many problems in this regard, as will be discussed under each of the knowledge foci that were investigated. This section gives an analysis of the various discursive foci. A number of open-ended questions and closed-ended questions[43] were formulated to get the teachers' responses to these knowledge themes. As explained earlier, the verbal responses to the open-ended questions were converted from string to numerical variables. The SPSS computer software package has a function that converts string variables to numerical variables after a process of coding has taken place. Where it was possible and practical, I used this function in the process of analysis. The reader may refer to footnotes 27 and 24 in paragraph 3.4.5 (Chapter Three) for a brief note on SPSS.

4.3.6   Knowledge and training

Previous studies set out to analyse aspects of teachers' knowledge and training in the context of the HIV and AIDS pandemic. Mabece (2002) noted the importance of knowledge and skills as essential educational requirements for the implementation of HIV and AIDS policy. The questionnaire for this study produced information that described the nature of teachers' knowledge and training. An indicator of their knowledge of HIV and AIDS, as tested in the questionnaire, was their exposure to educational policy. Table 7 below presents teachers' responses as to whether they had read HIV and AIDS policy as part of Curriculum 2005.

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[43] Open-ended questions probe the respondents' personally-constructed answers and closed-ended questions provide a list of provided answers from which they had to select (Babbie & Mouton, 2001:265).

With regard to HIV policy in Curriculum 2005, tick the appropriate blocks. I have read about HIV policy /education.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	61	76.3	79.2	79.2
	No	16	20.0	20.8	100.0
	Total	77	96.3	100.0	
Missing	System	3	3.8		
Total		80	100.0		

Table 7: Percentage of teachers who have read HIV educational policy.

According to the analysis of Table 7, 76.3% of teachers claimed to have read about HIV educational policy, while 20% said they had not. Being exposed to policy does not in itself say anything substantial about teachers' training and knowledge. Asked whether they had actually gone for organised training, only 42.5% of respondents (Table 8) answered positively, while a majority of 53.8% said they had not received training. This figure corresponds with the ELRC study (HSRC, 2005) which found that only half (50%) of the educators indicated they had attended HIV and AIDS training and workshops in life skills education. The results, as presented in Table 7, support the notion that teachers' knowledge and training levels in HIV and AIDS are lacking. The results also confirm that the lack of knowledge and training in HIV and AIDS education is one of the dominant pedagogical foci of interest to the teachers.

With regard to HIV policy in Curriculum 2005, tick the appropriate blocks. I have received training in HIV policy / education.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	34	42.5	44.2	44.2
	No	43	53.8	55.8	100.0
	Total	77	96.3	100.0	
Missing	System	3	3.8		
Total		80	100.0		

Table 8: Percentage of teachers who received training.

When the teachers were asked whether they understood their role as HIV and AIDS educators, only 20% strongly agreed that they did understand, while 47.5% agreed, and

30% either strongly disagreed, disagreed, were not sure, or refused to respond (Table 9). According to this analysis, teachers have different levels of understanding and training, which influence the nature and content of their discourses.

`I understand my role as an educator with regard to HIV and AIDS policy.' To what extent do you agree or disagree with the statement? Use a scale from 1 to 5, where one means you strongly disagree and five means you strongly agree.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	4	5.0	5.6	5.6
	Disagree	2	2.5	2.8	8.5
	Not sure	11	13.8	15.5	23.9
	Agree	38	47.5	53.5	77.5
	Strongly agree	16	20.0	22.5	100.0
	Total	71	88.8	100.0	
Missing	System	9	11.3		
Total		80	100.0		

Table 9: Percentage of teachers who understand their role as educators.

Did you attend any workshop on HIV and AIDS as an educator?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	39	48.8	49.4	49.4
	No	40	50.0	50.6	100.0
	Total	79	98.8	100.0	
Missing	System	1	1.3		
Total		80	100.0		

Table 10: Teachers' attendance of workshops

In Table 10 above, teachers' attendance of workshops recorded only 48.8%, while a majority of 50% did not attend any workshops on HIV and AIDS education. This figure corresponds with the percentage of teachers who said they had never received training in HIV and AIDS. This statistic further confirms the inadequate levels of teacher training.

`The training programmes were useful and meaningful in preparing me to address this subject appropriately in the classroom.' To what extent do you agree or disagree with the statement? Use a scale from 1 to 5, where one means you strongly disagree and five means you strongly agree.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	5	6.3	10.2	10.2
	Disagree	1	1.3	2.0	12.2
	Not sure	9	11.3	18.4	30.6
	Agree	26	32.5	53.1	83.7
	Strongly agree	8	10.0	16.3	100.0
	Total	49	61.3	100.0	
Missing	System	31	38.8		
Total		80	100.0		

Table 11: Usefulness and meaningfulness of training attended.

Table 11 presents an analysis of the teachers' evaluation of the usefulness of the training programs which they attended. Only 32.5% of respondents agreed that the training was useful. The indecision of a large percentage of the sample created a vague picture of what training meant to the teachers. The lack of usefulness and meaningfulness in the training programs and the poor level both of attendance and of the training itself may also hold serious consequences for the quality of prevention education in the classroom.

4.3.7 Cultural responses

Do you identify yourself with any particular culture?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	52	65.0	69.3	69.3
	No	23	28.8	30.7	100.0
	Total	75	93.8	100.0	
Missing	System	5	6.3		
Total		80	100.0		

Table 12: Teachers' self-identification with a culture

In Table 12, 65% of respondents identified with a particular culture, while 28.8% felt that they did not identify with a culture. It is significant that in the following table (13) 36.3% of respondents would `go against this culture' and 56.3% would not go against their

culture. `Going against culture' implies a notion of cultural transgression, while `not going against culture' suggests cultural conformity. These two questions support the influential part that culture plays, either in an affirmative sense, by showing some confirmation, or in a negative sense, by showing some resistance.

If culture informs educational practice, do you as a teacher go against this culture?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	29	36.3	39.2	39.2
	No	45	56.3	60.8	100.0
	Total	74	92.5	100.0	
Missing	System	6	7.5		
Total		80	100.0		

Table 13: Teachers' transgression of culture

When teachers were asked to say whether or not they would defend their culture, 48.8% answered `yes' and 36.3% said `no' (Table 14).

Do you see yourself as a defender of your culture?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	39	48.8	57.4	57.4
	No	29	36.3	42.6	100.0
	Total	68	85.0	100.0	
Missing	System	12	15.0		
Total		80	100.0		

Table 14: Teachers' cultural conformity

Tables 12, 13 and 14 are all related to the question of culture, as an important variable in the influence it exercises in the production of teachers' HIV and AIDS and sexuality discourses. The data analysis indicates a strong association between teachers as cultural conformists (defenders of culture) and as cultural transgressors (going against culture).

4.3.8   Sexuality responses (discourse of incitement and repression)

Would you feel comfortable teaching HIV and AIDS and sexuality education in the classroom?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	72	90.0	90.0	90.0
	No	5	6.3	6.3	96.3
	Don't know	3	3.8	3.8	100.0
	Total	80	100.0	100.0	

Table 15: Teachers feeling comfortable teaching HIV and AIDS and sexuality education.

Teachers' feelings of `comfort' or `discomfort' about teaching HIV and AIDS and sexuality education are often taken to `measure' their disposition towards the subject. In previous studies on teachers and their `comfort' with HIV and AIDS education (Simbayi et al, 2005), a positive result was recorded. According to Simbayi's study, 83.6% of teachers indicated that they felt comfortable in teaching their learners about HIV and AIDS, while 13.0% indicated that they were not comfortable. The remaining 3.4% said they did not know. In the survey conducted for this study, an overwhelming 90% respondents felt comfortable teaching HIV and AIDS and sexuality in the classroom. Of the rest, only 6.3% said that they would not feel comfortable teaching it, while 3.8% said they did not know.

`Some teachers are shy to speak openly about sex and sexuality.' To what extent do you agree or disagree with this statement? Use a scale from 1 to 5, where one means you strongly disagree and five means you strongly agree.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	14	17.5	18.4	18.4
	Not sure	18	22.5	23.7	42.1
	Agree	36	45.0	47.4	89.5
	Strongly agree	8	10.0	10.5	100.0
	Total	76	95.0	100.0	
Missing	System	4	5.0		
Total		80	100.0		

Table 16: Percentage of teachers who are shy to speak openly about sex and sexuality.

If the finding that the majority of teachers felt comfortable to teach HIV and AIDS were taken to its logical conclusion, one might generalize that teachers do not have a problem in talking openly about HIV and AIDS and sexuality. According to the data presented in Table 16 above, 45% of respondents agreed with the statement that `some teachers are shy to speak openly about sex and sexuality', while 17.5% disagreed, and 22.5% were not sure. These ambiguities suggest that the meaning of the results in Table 17 needs to be reviewed. They also pose limitations on the generalizability of the research results.

Do teachers feel free to express themselves openly on HIV and sexuality?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	41	51.3	60.3	60.3
	No	27	33.8	39.7	100.0
	Total	68	85.0	100.0	
Missing	System	12	15.0		
Total		80	100.0		

Table 17: Teachers feeling free to express themselves on HIV and sexuality

The notion that teachers are comfortable with speaking about sexuality cannot be taken as a fact on face value alone. When asked in the questionnaire whether they `feel free to express themselves openly on HIV and sexuality', only 51.3% responded positively and 33.8% replied `no'.

In Tables 16 and 17, the results of the questionnaire reflect the diversity of teacher sexuality discourses, raising doubts about the validity of any generalisations that may be generated on the basis of the questionnaire results. The overwhelming statistic of this study (90%) and that of Simbayi et al, (2005) (83.6%) on teachers who are comfortable with speaking about sexuality is contradicted by the literature review, which projects sexuality education as a contentious and suppressed issue. While the questionnaire describes the nature and content of sexual discourses, it also reveals the complexities and differentiated nature of these expressions.

Some of the studies analysing teachers' HIV and AIDS discourses described them in terms of their diverse and contradictory nature. Discourses of teachers have been seen as being ambivalent (Boler & Carrol, 2003; Kinsman & Harrison, 1999) and reluctant (Davideciene, 1999). In the questionnaire, respondents were asked whether they had in any way changed their attitude towards issues of sexuality in the context of the HIV and AIDS pandemic. 48.8% agreed that they had, and a further 18.8% strongly agreed that their attitudes had changed. This change in attitude also implied a change at the cognitive level of understanding. However, the 13.8% of respondents who disagreed and the 6.3% who strongly disagreed support the idea that teachers responded diversely in changing their attitude towards issues of sexuality.

`I have changed my attitude towards issues of sexuality and the sexuality of my learners since becoming aware of the HIV and AIDS pandemic.' To what extent do you agree or disagree with the statement? Use a scale from 1 to 5, where one means you strongly disagree and five means you strongly agree.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	5	6.3	6.7	6.7
	Disagree	11	13.8	14.7	21.3
	Not sure	5	6.3	6.7	28.0
	Agree	39	48.8	52.0	80.0
	Strongly agree	15	18.8	20.0	100.0
	Total	75	93.8	100.0	
Missing	System	5	6.3		
Total		80	100.0		

Table 18: Teachers changed attitudes towards issues of sexuality.

While 48.8% might `agree' and 18.8% `strongly agree' that they had changed their attitudes towards issues of sexuality, a generalized view of teachers' changed attitudes would exclude the significant 26.4% of teachers who responded differently.

Would you promote condom use as a method of prevention in HIV education?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	55	68.8	76.4	76.4
	No	17	21.3	23.6	100.0
	Total	72	90.0	100.0	
Missing	System	8	10.0		
Total		80	100.0		

Table 19: Teachers preparedness to promote condom use in HIV education.

While some respondents had changed their attitudes towards the issues of sexuality, as the statistical tables indicated, the complexities in the content and nature of those changes are not always clear and obvious. Teachers often display contradictory positions, which are concealed in a generalised statement. In Table 19 above, the teachers were asked whether they would promote condom use as a preventative method in HIV education. A significant 68.8% responded in the affirmative.

In a study conducted by the HSRC (2005), teachers' willingness to tell their learners about the use of condoms also received a high positive response. 79.6% indicated that they would be willing to do so, as compared to 16.3% who were not. This positive response to teaching learners condom use was thus confirmed in the current study.

From a personal point of view , do you promote condom use in your classroom?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	32	40.0	44.4	44.4
	No	40	50.0	55.6	100.0
	Total	72	90.0	100.0	
Missing	System	8	10.0		
Total		80	100.0		

Table 20: Personal view of teachers on condom use in classroom.

However, when the teachers were asked whether they personally endorsed condom use in the classroom, only 40% said that they did and 50% responded that they did not. This

seems to be a contradictory result, since a logical expectation would be for teachers to show a similar response to that in Table 19, which is 68.8%

When a comparison is drawn between the results of Table 19 and Table 20, it becomes clear that teachers responded in a contradictory way to 'condom use'. From a subjective, personal point of view, 50% of the respondents would not promote condom use. However, as a method of prevention, 68.8% would promote the principle of condom use. The difference in responses to a seemingly similar question points to the conclusion that teachers shift their positions on condom use. Thus drawing any generalisations about teachers on the basis of their responses to condom use as a preventative method could be misleading, since how they respond from a personal point of view might differ from how they might be responding as educators.

4.3.9   Emotional responses

Due to the socio-economic devastation and human suffering resulting from the HIV and AIDS pandemic, emotions of different kinds normally accompany their expression. Emotion and affection appear to be two closely related concepts, but they are actually very different. Whereas an emotion is an internal subjective experience of an individual, affection is a process of social interaction between two or more people (Gonzalez, 1998). When teachers engage with HIV and AIDS education, they experience emotions subjectively, and they express these emotions and affection towards others with whom they may share a common space. Emotional discourses and affective expressions are thus an integral part of the meaning-making process when teachers engage their learners in HIV and AIDS lessons. Needless to say, a person's emotional state of mind influences the cognitive domain of his or her being. Emotions influence an individual's attention, concentration, memory and reasoning.

Despite the complex nature of emotions, researchers still subject them to investigation, since they cannot be separated from the study of human behaviour (Smith, 1999). The questionnaire was used in this study with some apprehension due to the virtual

impossibility of its giving an accurate description of emotions in their diverse manifestations. From a methodological point of view, this aspect of the questionnaire describes the ambiguous nature of teachers' HIV and AIDS discourses. It also provides a general emotional description of the pandemic which has mainly been negative. Given the multiple meanings that words may assume, it may be argued that language cannot be used to describe emotions without taking account of the situational context of its usage. The questionnaire technique relies on the respondent's cognitive response to an emotional question. Its knowledge value becomes highly questionable due to the possibilities of contradiction which may occur between the question and the reaction of the respondent. Consider the following Table (21) in the light of the difficulties that researchers have when subjecting emotions to investigation.

What kind of emotions do you associate with the HIV and AIDS pandemic?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Sadness	40	50.0	50.6	50.6
	Fear	14	17.5	17.7	68.4
	Depression	4	5.0	5.1	73.4
	Negative feelings	15	18.8	19.0	92.4
	Other	6	7.5	7.6	100.0
	Total	79	98.8	100.0	
Missing	System	1	1.3		
Total		80	100.0		

Table 21: The range of emotions teachers associate with the HIV and AIDS pandemic

In the questionnaire, open-ended questions were used to get the various emotional expressions that the teachers associated with the HIV and AIDS pandemic. They responded with a wide range of emotions, which I have categorized on the basis of the word frequencies used by them in the questionnaires. The word frequency was counted and encoded. I have allocated 5 codes on the basis of words and their associated meanings. According to the analysis (Table 21, above), 50% of the respondents described their emotions associated with the pandemic as `sad'. 17.5% expressed `fear' and various forms of fear, among them fear of death, discrimination, stigma, loneliness and suffering.

A range of negative feelings described by teachers were also encoded. On the whole, the emotional landscape that constituted the responses could not adequately be described in generalised terms. The statistical results support the conclusion that teachers' responses to the pandemic confirm its emotional and affective nature. Having applied the questionnaire technique to investigating the meaning of emotions in this study, I found that the generalized nature of the questionnaire results strengthened the need to explore other research techniques that would probe more closely the context in which these emotions were experienced and expressed.

4.3.10 Health conceptions of HIV and AIDS

A further insight which emerged from the focus group discussions was a dominant conception of the HIV and AIDS pandemic as a medical and health concern. In the questionnaire, teachers were asked to describe `what comes to mind if you think about HIV and AIDS'. Table 22 presents an analysis of the data from their responses. The researcher grouped teachers' responses on the basis of the frequent use of certain words. Words such as `death', `disease', `illness', `sickness' and `suffering' were encoded and words denoting similar meanings were grouped under core meanings. Table 22 presents the various descriptions of their understandings as an experience of the human body:

What comes to mind if you think about `HIV and AIDS'?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Deaths	16	20.0	20.5	20.5
	Disease(illness, suffering, sickness)	44	55.0	56.4	76.9
	Sexual	11	13.8	14.1	91.0
	Other	7	8.8	9.0	100.0
	Total	78	97.5	100.0	
Missing	System	2	2.5		
Total		80	100.0		

Table 22: Teachers' conceptual understanding of HIV and AIDS.

According to Table 22, 56.4 % of respondents viewed HIV and AIDS as a disease contracted and experienced by the body, while 20.5% associated the pandemic with `death'. While it cannot be argued that 'death' and 'disease' have a generalised meaning, their association with the state of the physical human body corresponds with the dominant medical and health discourses around HIV and AIDS.

The teachers expressed themselves diversely and their understandings were determined by a wide range of subjective and social factors, leaving room for an exploration of why and how they had acquired different conceptions of the pandemic. The affective and emotional side of the human being presents another conception of HIV and AIDS, as explained in the previous subsection.
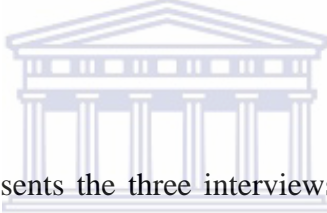
4.3.11 Summary

The data from the questionnaire were presented, with an analysis of the strengths and weaknesses of this method in a study that essentially tries to understand a matter of a subjective nature. At the same time, I developed an argument for the employment of a mixed methodological approach. The advantage of this was demonstrated in the first section of the questionnaire where descriptive analysis of the sample provided useful information. This exposed meaningful tendencies in, for example, gender participation, which said much about the validity and generalisability of the research data. Descriptive data also alerted me to substantial issues of identity which could be contrasted with responses in the second part of the questionnaire, which showed up issues of contradictions and correspondence. The argument for alternative research techniques was highlighted when the responses to the questionnaire were found to be meaningless, for example, when probing teachers' knowledge and training perspectives; these exhibited shortcomings as the responses were rather ambiguous and conflicting. These tendencies exposed the inherent nature of the research technique, which placed restrictions on the investigative agenda.

I presented the questionnaire data, which was analysed statistically using the SPSS (Version 15) computer software program. Descriptions of the biographical profile of the sample provided knowledge about the characteristics of the teachers and how those characteristics might influence the content and nature of discourse. Part Two of the chapter illustrated the usefulness and limitations of the quantitative methodology in the study. It also built a case for going beyond the restrictions imposed by the inherent nature of the questionnaire technique. In the next section, Part Three, the life stories of three teachers will be presented; these address the shortcomings and gaps in knowledge revealed by the questionnaire and the focus group discussions. The data for Section Three were acquired through three face-to-face interviews which were recorded and transcribed.

4.4` PART THREE: Three teacher biographies

4.4.1 Introduction

This section of the chapter presents the three interviews conducted with the three Life Orientation teachers. It is divided into Sections One, Two, and Three, each presenting a biographical sketch of an interviewee. The interviewees were all Life Orientation teachers who are teaching at different secondary schools in the EMDC South Metropole.[44] Two interviews were conducted with each of the respondents. The first took two and a half hours, with a follow-up interview which lasted another hour and a half. The transcriptions have been attached as Appendix 4 at the end of the thesis. What follows below is a comprehensive biographical sketch of each of the interviewees. The teachers are labelled John, Anna and Mark[45] to conceal their real identity. Pseudonyms have also been used to keep the identity of schools confidential.

Each biographical story has been organized around the following headings: childhood and education; family life; religion; views on HIV and AIDS and sexuality. These

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[44] The EMDC is an abbreviation for the Education Management and Development Centre that manages the educational needs of schools. EMDC South is linked to the Western Cape Education Department (WCED). They ensure that policy is implemented through working directly with educators, principals and governing bodies of schools.

[45] John, Anna and Mark are pseudonyms used to conceal the identities of the teacher interviewees.

categories represent discursive influences – the textual landscape - that forms the backdrop used by teachers to produce and change their discourse. The teachers' changing discourses will be seen in the light of their changing power relations and multiple identities as they articulate their discourses. The biographical sketches contextualize the discursive environment in which the emergent knowledge themes came to manifest themselves. The knowledge themes are constitutive of and explain the content and nature of teachers' HIV and AIDS discourses, which will be discussed in the following chapter.

SECTION ONE

4.4.2 Teacher John: A brief biographical sketch

4.4.2.1 Childhood and education

John is a 42 year-old male teacher born in Wynberg from a poor working class family. The large family, consisting of eight siblings, lived in a modest wood and iron house, until they moved from Wynberg to Mannenberg, where John completed most of his primary schooling. The family then moved to Valhalla Park, which "was a place known for gangsterism" (interview with teacher). John matriculated and attended the University of the Western Cape, where he completed his BA degree and Higher Diploma in Education, with specialisation in Geography and School Guidance.

Politics was an integral part of teachers' education during the 1980s. As a young adult, John became involved in the liberation struggle for a free South Africa and was detained a few times for political reasons. He became a member of the South African Youth Congress and joined the African National Congress Youth League. In 1981, the family moved to Mitchell's Plain, where he still resides. He took up his first post at Mountain High[46] where he is presently teaching. John became a member of staff, carrying with him

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[46] This is not the real name of the school. Real names of teachers and schools have been concealed by the use of pseudonyms.

the identity of a 'struggle hero'. This school offered him support when he was detained as a student while at UWC, demanding his release, etc.

4.4.2.2 Family context and Religion

John married at a relatively late age (41). He has two children, "the first one outside of wedlock and the other inside" (interview with teacher). The first one, who is now ten (10) years old, lives with his mother, and the second one, born to his wife, is only six (6) months old. John grew up in a religious home, where his parents instilled religious values. His father was a senior member in their church and he regularly attended Sunday school classes during his primary school years. He left the family church, when he married his Catholic wife. Since his parents died, he drifted away from his former church. Before marrying into the Catholic Church, he had to attend special classes to be introduced to the Catholic religion. However, he does not regard himself as a staunch Catholic. His association with the Catholic Church was mainly for the purpose of marriage. He also noted that nowadays children do not go to Sunday school as they did in the past and that they lose out on important religious knowledge and experiences. When I questioned John during the interview about the firmness of his religious beliefs, he often shifted from a religious to an "agnostic" position. In fact he claimed to have been an atheist while a student at University. He changed his beliefs as he grew older, because he has an inherent fear of death. John's religious beliefs are not based on doctrine. He embraces evolution as a principle of life, but has difficulty in resolving matters concerning the ultimate nature of the soul.

4.4.2.3 HIV and AIDS discourses of teacher John

John is a committed teacher, who is seriously involved with the extra-mural activities of the school. He has a passion for education and wants to give his learners the best he can under the circumstances. He arranges excursions and motivational camps for the school. He is not satisfied with the state of Life Orientation (LO) at the school. Not enough time is provided to keep the importance of HIV and AIDS awareness alive. At his school, the

focus is more on administrative requirements and having documents in place. As an example, he says the school has a "HIV and AIDS workplace policy" which is a "dead document", serving no practical purpose. Involvement with the learners and extra curricular activities are important aspects of education, which will get learners off the streets. Learners are confidentially advised and counselled on sexuality problems, such as pregnancy and abortion, and if necessary, John becomes personally involved in assisting learners to obtain an abortion. He is well qualified and trained to teach L O and HIV and AIDS, having attended numerous workshops at the EMDC level as well as at the Universities of Cape Town and Stellenbosch. The school participated in an HIV and AIDS and Life Skills training program offered by UCT. Learning materials developed by the University of Stellenbosch are used as teacher guides and learner handbooks. In the opinion of John, teachers at the school lack training and knowledge to teach LO and HIV and AIDS education effectively.

This teacher has an honest and open approach to HIV and AIDS and sexuality, readily sharing his personal thoughts and views on sexuality. He shows compassion and sadness for those who have contracted HIV and those who have died of AIDS. He recently attended the funeral of a friend who died of AIDS. John regards his religious upbringing as having relevance in today's challenges of sexuality education. He advocates abstinence for those who are not sexually active and supports the use of the condom to prevent teenage pregnancies and the spread of HIV and other sexually transmitted infections (STIs). He initiated a project named PART (Promotion of Abstinence through Recreation and Training) to promote awareness of abstinence as a prevention technique against teenage pregnancy and HIV.

4.4.2.4   Knowledge and training discourses of teacher John

I selected examples from the transcript to indicate how this teacher enunciates discourses on training and knowledge. The following excerpt records John's response when he was asked about his competence and experiences regarding training and knowledge in HIV and AIDS and sexuality education:

John - ... yes, because I attended a number of courses. One of the courses was a governmental course, it was called HIV and AIDS education for public workers, but that included education and social workers. It was actually offered by the University of Stellenbosch. And about 18 months ago, with the introduction of Life Orientation, UCT had a pilot project in terms of HIV and AIDS. We had to complete a number of weekends around HIV and AIDS and we were one of the pilot schools. But the project was quite nice because they ran the project with the so-called disadvantaged and so-called advantaged schools. Like the Model C schools. They selected a number of areas, e.g. low sub-economic areas, middle-class areas. But unfortunately, I don't know whether the funds dried up. You see, when the curriculum was implemented at that time most of the university campuses tendered to prepare materials. We selected a lot of material from Stellenbosch which gives the impression that most of the material comes from Stellenbosch.

Different training initiatives thus contributed to his views on knowledge and training. The course on HIV and AIDS education for public workers by the University of Stellenbosch and the LO course offered by UCT in particular contributed towards his knowledge and training in HIV and AIDS education. These activities offered exposure to new ideas and information, which became useful in the teaching and learning situation. Useful materials, such as training materials and workbooks, were made available to be used in the classroom. John was particularly interested in the practical relevance of these texts and the extent to which they could generate discussions with others about HIV and AIDS. His concerns about the social background of his pupils and the need to educate the parents have been of great importance to him. These concerns have their origin in his knowledge of the community and his personal experiences. He values training and knowledge that can reach out beyond the school, as the following dialogue brings out:

Interviewer[47] – And what about the usefulness of the training that you received? Do you think that you have gained from that experience?

John – Certainly, yes. The more information you can get the better. The problem was mostly with the facilitators who entered the classrooms. But

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[47] 'Interviewer' refers to my role as researcher. In-text quotations from teachers are indicated by the use of quotation marks ("   "). All quotations are derived from the interview transcripts which are kept in safety in accordance with the ethics agreement between the moderator and the teachers who were interviewed.

there were a lot of resources, and books, and materials that people can use. It was real training where we could show children the use of the condom, and so on.

Interviewer – What about the type of knowledge that was transmitted? Was the knowledge component relevant?

John – Yes, very much relevant. What I liked most about the program was that the learners could take the booklets home and discuss it with their parents. Although some of them said their parents were not prepared to speak to them about it. I feel this is not always a school problem and that parents should be able to speak to children. And that we could get feedback from children on what their parents said about what was discussed in the classroom.

Knowledge and training discourses of this teacher reflect the diverse sources and objectives. His pedagogical approach, which focuses on serving the needs of the learners, and more broadly the developmental needs of the community, includes recognising the importance of parental involvement in the child's education. The meaning and evaluation of his training are better grasped in the context of his professional experiences and his personal concerns for the community, which stem from his relationship with the community.

4.4.2.5   Culture and values discourse of teacher John

During the interview with John, culture had a major influence on his discourse on sexuality. His biographical sketch attests to his involvement in community and politics as an integral part of his socialisation as a student and young adult. In the case of this teacher, religion influenced his discourse in an intermittent, obscure and inconsistent way, as will be shown by the data below.

John was reared in a strict religious environment by parents who ensured that he attended church and Sunday school classes on a regular basis. At the Sunday school, they were taught that sex is a sin: "We grew up with the idea that sex should only take place within marriage" (Transcription, from John's interview). At home, nothing was said about sex as it was a "bedroom issue". They were rather encouraged to go to Sunday school to learn

about sexual values. The following quotation illustrates how Sunday school inscribed lessons of sexuality on the teacher's discourse.

> Interviewer – But what kind of sexual education was given there (Sunday school)?

> John – It was told sex is sin and there was no explanation. It was said children do not get involved, only in marriage. But it is not said what will happen if you get involved. It was something like a luxury, when you're 21, then you can do it, but no reason was given. As I said, it is sin. It was more a scaring tactic. To make people afraid …

During his formative years, John's sexuality education was dominated by a religious discourse. Sometimes religion was used as a scary tactic. "It was more a scaring tactic," he retorted when questioned about the nature of the sexual education he received. He saw religious values as imposing limitations on his sexual activities. As an unmarried man, he nevertheless lived with these contradictory understandings. He for instance acknowledged engaging in premarital sexual activity, which he at certain times of his life did not regard as something "sinful".

John's marriage to a Catholic lady brought new ways of understanding and reasoning about sexuality. John regards marriage as a religious institution and is very much part of the culture and value system that should govern sexual behaviour. Before getting married, he had to attend premarital classes as prescribed by the Catholic Church. Although he does not identify himself as a member of the Catholic Church, he attends church with his wife, albeit not regularly. He consistently argued for a religious approach to the teaching of HIV and AIDS. He also denied that his marriage to a Catholic person had any significant influence on his approach to sexuality education, though he admitted that his marriage in the Catholic Church had changed some of his ideas about sexual relationships. I asked him about a possible influence of his marriage on his views on teaching sexuality:

> Interviewer – Being married to a Catholic, in terms of influences from your wife, what influence did she have on you in terms of the Catholic doctrine? Take sexuality, for instance.

John – There was quite a big influence, because before you get married, you have to attend premarital classes, to discuss the whole thing about sexuality, especially the whole thing about contraceptives, they…using the withdrawal method and not condoms, ... it was an influence, that sex before marriage is taboo for them, surely, I believe in a relationship and even sex within a relationship with one partner, believing in each other, the Catholics don't believe in sex outside marriage, and I tend to agree afterwards with them.

Interviewer – You agreed?

John – Ja (yes).

John's views on sexual relationships indicate a change in position from that of "belief in a relationship and sex within a relationship with one partner..." to the position that "the Catholics don't believe in sex outside marriage, and I tend to agree afterwards with them."

Later in the interview, when I revisited the influence of marriage on his view on sexuality education, John expressed uncertainty on issues of abstinence and premarital sex. The following dialogue illustrates the uncertainty of his discourse on abstinence:

Interviewer – But the influence of your wife's Catholic beliefs does not have any influence on your progressive identity?

John – No, as I told you before, I do not know if that would influence on progressivism, I belief that we should return to the issue about abstinence, but, in preaching abstinence, you must keep in the back of your head that things that happen in the community is a reality, and with abstinence, you need to speak about responsibility, so, if I want to preach abstinence that the Catholic faith influenced me, it is because, I would rather say, first of all try to speak about prevention, but prevention in this sense, that people will only practice, sexual activity within marriage, and because our children are so young, they are exposed to this, tell them to do it within marriage, before you can tell them how to protect yourself, so the whole preaching of abstinence is not because of my wife's background…

The influence of his formative discursive environment, with its focus on sex outside marriage as a sin and his subsequent marriage to a Catholic lady whose beliefs included

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the sexual teachings of Catholicism, provided him with conflicting positions, in which, however, he saw the possibility of embracing an abstinence-based approach to prevention education.

4.4.2.6 Sexuality discourses of teacher John

John regards himself as being comfortable with the topic of sex and sexuality and often spoke openly about it during the interview. These discourses ranged from the personal and subjective to those actions which involved sexual activities with others. For example, he referred to the method of *coitus interruptus* as a form of contraception that he called in layman's terms the 'withdrawal' technique, i.e to withdraw the penis before ejaculation. This method was driven by the fear of making a girl pregnant. John put this in context in the following dialogue:

> Interviewer – At what age do you think you were ready?
>
> John – I would go so far as to say, when I became 18, 19 but I, I, think I was well educated to use some of the methods not to make a baby. For example, the "withdrawal" method. And yes, ….. I must be very honest, until 18, 19, 20 we used the "voel metode" (feeling method), without penetration.
>
> Interviewer – Die "voel (feeling) metode"?
>
> John – Ja, we also had oral sex.
>
> Interviewer – Oral sex?
>
> John – Ja, at a later stage, I only started penetrative sex. The reason was because inside me there was fearfulness. I was not married. So those things that the Sunday school taught me was at the back of my mind, you know.

John was ready for sex at the age of 18/19. He indulged discreetly by using various methods to get sexual satisfaction such as the "withdrawal" method, "the voel (feel) method" (sexual play with the girl), and oral sex. Very early during the interview he acknowledged that he had a child (boy) out of wedlock, testifying to his premarital sexual

experiences. Premarital sex was taught to be a sinful act, a view of sex imprinted by the Sunday school and church. However, his sexual activities dominated in his discourse on sex. Besides sex outside marriage as a sinful act, sex also acquired other meanings based on his experiences, as the following excerpt attests:

> Interviewer – But what about the nature of sexuality itself, the human embodiment of it?
>
> John – I think that with the influence of the media, and with the first experience, you cannot deny that sex is nice, and that it can become addictive. And to say that teenagers etc are not going to have sex is going to be a daring statement, so sexuality will always be there, but the approach and the manner how and when is always the question. Then there is the question of relationships, e.g. love relationships, how do people see this. I think those values, in our time, keeping hands was nice, and you know, you and your partner, you were afraid, to go too far, we smooched, so I don't know, these things are all connected, man.

As a human characteristic sex is "nice" and can become, according to this teacher, potentially addictive for the human being. Teenagers' sexuality is also something not to be denied. Teenagers get involved in romantic relationships, which are complex matters, often resulting in girls falling pregnant. The teacher's notion of sexuality is constructed through his own experience and management of his sexuality, i.e of a youth raised to see sex outside marriage as a sin, but as a pleasurable (sensual) experience, which can be enjoyed at a certain stage of readiness. According to John, sexual exploratory behaviour is quite normal, while growing up, but could become a problem if the girl falls pregnant.

Some teachers find it difficult to express themselves on matters of a sexual nature, especially when asked to elaborate on personal experiences:

> Interviewer - But youth was sexually active at that time.
>
> John - Yes, we had sex that time, but I did not have sex, because I was shy and afraid, while others had sex. Sex became a shocking word. If I do not have it in the area, then I am out. I am not part of the group at school. I also experience that children told me in the…

The excerpt above shows how the teacher constructs his sexuality in relation to others. Although he became sexually active while a young boy of 18/19 years old, he was always reminded of its "sinfulness" until he found himself ready to enjoy sex. John's sexual discourse shows elements both of openness and suppression. The openness is articulated when he speaks as a member of the youth of his day, and the suppression of discourse is produced when he engages within himself, bringing forth the divergent feelings and experiences of sexuality. He often articulated contradictory sentences, when he found it problematic to enunciate a free flow of discourse, for example when he said: "Yes, we had sex that time, but I did not have sex …"

4.4.2.7   Affective – emotional discourses of teacher John

The human suffering caused by HIV and AIDS influenced the way society came to comprehend and respond to the pandemic. The emotional response that accompanies human suffering consequently also influences the way teachers have come to think and talk about HIV and AIDS.
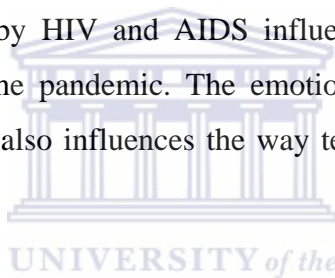
Teachers form their attitudes and ideas about HIV and AIDS in the contexts of their personal and professional lives. When they express themselves, the meaning of their language cannot be assumed on the basis of its generalized and common meaning. For example, to say someone is angry does not convey the various shades in which anger may be expressed.[48] Rather, it is context which brings out the exact meaning of the language used. And generally the expression "words cannot describe how I feel" is true when people want to express how they feel emotionally, because expression of emotions is invariably a subjective matter, not easily translatable in words.

John associated a range of negative emotions with the pandemic. He associates "fear" as his main emotional response. But an emotional expression is not a static and constant experience. It often generates other emotions which contribute towards a group of

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[48] Refer to Chapter 4 (focus group data presentation) where I used the emotion "anger", as expressed in the discourse of a participating teacher, in a multi-functional way.

emotions depicting a state of being. In an involuntary way, John's expression of fear changed into a sense of hope. With this mixture of emotions, the mood of the discourse is often subjective and reflective. The following excerpt shows that point:

> John – In the first place I feel afraid, I would say, it all goes about negativity.
>
> Interviewer – Why would you fear?
>
> John – Because I know my life is going to come to an end prematurely, at one time or another, on the other hand, I also feel that I must look at my lifestyle, because I have information that if your CD count is still high, that you can still live and be productive, I would have to change my lifestyle, eat healthy, do exercises, not to use alcohol, or use it in moderation, I do not feel suicidal, I will not take my life, as some people, when they discover that they are positive (HIV), I feel, I will have to become open about it.

John's discourse is expressed as if he were in dialogue with himself, and his 'self' frames the emotions he experiences in relation to the realities of the external world. The discourse becomes centralised around the `I' factor, as it affects the life of the subject. `Fear' may imply a sense of negativity because it inhibits action. But it can also be positive when it spurs on appropriate behaviour to prevent the contraction of HIV and AIDS. Hope emerges with the will to live and the possibilities that treatment may offer to people who are living with HIV and AIDS.

4.4.2.8   Health discourses of teacher John

It is often assumed that HIV and AIDS is viewed as a biomedical phenomenon and therefore the domain of medical science only. During the earlier stages of the pandemic, the overwhelming conception of HIV was that those who were infected would soon die. The absence of a medical cure for HIV and AIDS brought about intensification in various branches of biomedical research with the objective of finding appropriate treatment and eventually a medical cure.

John had a recent[49] experience with the devastating consequences of AIDS when he lost a community co-worker to the pandemic. In the absence of a medical cure for HIV, those who have become infected with the virus are faced with the possibility of premature death. John's personal involvement in the funeral and the sense of loss of a close friend influenced his understanding of the pandemic. According to John, it was mainly his fear of death in the absence of a medical cure that gave a medical angle to his understanding of HIV and AIDS. The following excerpt clarifies his point:

> John - To be honest, "death" immediately comes to my mind, that that, something is going to bother me for the rest of my life, that I will not be productive any more. I mean everyone is afraid of death, even if I have more information that you do not have to die. To me these things come to mind, my future, my planning, my family, my partner. If I think about HIV and AIDS and that there is no cure for it, the biggest thing that concerns me is my advancement as human, as John – how am I going to face every day? So immediately, I tell myself that I must ensure that I should not get the virus,
>
> Interviewer – Did you know people who had the virus?
>
> John – Recently I lost a friend who died of AIDS-related sickness, we went to bury her and I had to give an obituary. She was very involved in the community. And she knew what would happen if you sleep around.

The teacher emphasised the life-threatening nature of the illness. The thoughts on the threat of the pandemic to his self preservation increased the seriousness of the disease and hence the need to attune his sexual behaviour to staying free from becoming infected. Attitudes towards HIV and AIDS are formed in a relational context, which is central of the purpose of life itself. John makes a connection between the rational and emotional aspects of human nature. A rational line of argument is presented when he says that `death' comes to mind, and when death is given some serious thought, its consequence, which is a termination of 'life' is inevitable. Due to the absence of a medical cure, his sexual behaviour necessarily becomes an object of control. He is confused by the fact that

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[49] I used the word "recent" relative to the time of the interview which took place soon after the funeral.

his friend "knew what would happen if you sleep around," but she still contracted the disease.

There are many facets to John's medical understanding of HIV and AIDS. He does not necessarily see a totally hopeless life for the HIV-positive person. Knowledge about a person's CD count[50] is an essential indicator to determine the health status of the infected person.

The way teacher John spoke about HIV and AIDS medically was influenced by his formative knowledge and subsequent experiences of death in his close and familiar circles. He expresses himself anxiously and apprehensively, while he continues to look for optimism and hope, albeit in the absence of a medical cure.

4.4.3 Teacher Anna (The second teacher interviewed)

SECTION TWO

4.4.3.1 Childhood and education

Anna is a 41 year-old female teacher born in a small Garden Route town in the Southern Cape. She comes from a relatively large family of ten, of whom one has passed away. She was the middle child and enjoyed quite a normal, happy childhood. Anna described this small community, in which everybody knew each other, as very different from life in

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[50] CD4 cells are a type of lymphocyte (white blood cells). They are an important part of the immune system. CD4 cells are sometimes called T-cells. There are two main type of T-cells. T-4 cells (CD4) are "helper" cells. They lead the attack against infections. T-8 cells (CD8) are "suppressor" cells that end the immune response. CD8 cells can also be "killer" cells that kill cancer cells and cells infected with a virus. When HIV infects humans, the cells it infects most often are CD4 cells. The virus becomes part of the cells, and when they multiply to fight an infection, they also make more copies of HIV. When someone is infected with HIV for a long time, the number of CD4 cells they have (their CD4 cell count) goes down. This is a sign that the immune system is being weakened. The lower the CD4 cell count, the more likely the person will get sick. There are millions of different families of CD4 cells. Each family is designed to fight a specific type of germ. When HIV reduces the number of CD4 cells, some of these families can be totally wiped out. They can lose the ability to fight off the particular germs those families were designed for. If this happens, you might develop an opportunistic infection (http://www.aidsinfonet.org/fact_sheets/view/124)

the bigger cities, where everybody is just concerned with themselves. An interest in reading provided her with the private space to cut her off from the noisy domestic environment and live in a world of her own. She acquired her love of reading from an elder brother. Anna finished high school in her town of birth, and then left home to attend the University of the Western Cape, where she completed a BA and HDE with School Guidance and History as her teaching subjects. She taught at a number of different schools for a while, before her appointment to a permanent post at her present school. Her teaching experiences range from teaching at small farm schools in the Cape Province to schools in Gauteng, where she secured her first permanent appointment. Becoming a victim of crime, she decided to relocate to Cape Town. Her house was burgled once and on another occasion she was held up at gun-point.

During her years as a child and student, Anna was very close to her parents who are now both deceased. Her father died in 1985 of a heart attack, and her mother passed away recently. Her mother was a housewife and her father worked in the construction industry. He is fondly remembered by Anna for having built a very big family home, which is still owned by one of her sisters.
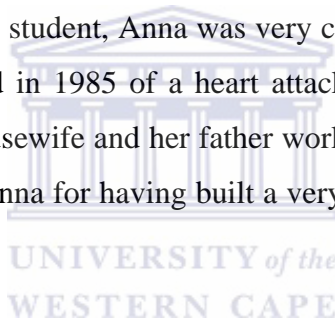
Coming to Cape Town and starting life as a student at the University of the Western Cape ushered in a new phase in Anna's life. She enjoyed her new-found liberty as she was now free to go to dances and enjoy her life as an independent person. Her student life "was the best times" of her life. She was sexually responsible, not wanting to disappoint her mother by falling pregnant. Teacher Anna claims that she did "not know" herself before coming to Cape Town. She claims to have been in a state of confusion as a teenager, because she was still under parental protection, which she was obliged to respect.

Anna participated in political demonstrations during her student years. She supported the African National Congress (ANC), but since they showed their incompetence, she will not support them any more. She cannot pledge her support to any political party at present. She regards the Democratic Alliance (DA) as still "having a race thing" and the

Independent Democrats (ID) as a "party that was". As for her participation in future elections, she knows that she "must vote" but will decide when the time comes.

4.4.3.2   Family context and religion

Anna met her husband during her third year of teaching. They lived together for three years, before marrying when Anna was thirty-three (33). The couple have one child and enjoy a healthy married life. She was reared in a religious home, but regards herself as an "agnostic". She is "not ready yet" to say she is an atheist, but says she may be in the future. She attended confirmation classes and was about to be confirmed in the church. When she came to the University, she started to question things and her "eyes were opened". As an avid reader, she read a lot about other religions and came to the conclusion that she need not belong to a religion to have moral values. "Religion does not make you a good person," she said. She does not attend church, nor does her child observe any religious ritual or attend religious classes. Her husband shares her views on religion. She respects all religions, but abhors the hypocrisy that she often observes in the behaviour of ostensibly religious people.

4.4.3.3   HIV and AIDS discourses of teacher Anna

Anna is a busy teacher, who involves herself with different training programs and projects, both on and off the school premises. Initially LO was regarded as a free period, but as a result of some concerted effort, LO is now being appreciated as an important learning area. This shift in attitude occurred after a long agitation by the teachers of LO The decisive change came about after the Principal and the Deputy Principal attended a seminar at the University of Cape Town on the importance of LO as part of the school curriculum. Since that time, the LO department has been consulted before teachers are selected to present the subject. In the past, untrained teachers were allocated classes to teach, which created problems in the LO department. LO as a subject has become an important learning area. Learners relate differently to issues such as Human Rights and xenophobia. They even approach teachers for advice on matters which affect their

personal lives. According to teacher Anna, LO has contributed significantly towards an improved learner-teacher relationship at this school.

Teacher Anna has a sympathetic attitude towards people infected with HIV and AIDS. She once cared for a family friend who suffered from HIV and AIDS. During this period, memorable and emotionally significant moments were experienced with this person, who has since passed away. Anna speaks openly and comfortably about issues of her own sexuality. She remembered her mother's almost "angry" expression when she told her that she was menstruating for the first time. For her mother, these were not things to be spoken about, so Anna had to experience the pain of becoming a woman on her own. She sees a contradiction between religious teachings and the natural sexual feelings experienced by the human body. She became sexually active, when she was ready to decide for herself. Anna argues that girls fall pregnant in a culture which suppresses sexual feelings, "because now, forbidden fruit tastes the sweetest." She believes that religion has played a major role in labelling sex as "something for the dark, don't do it in the open." She also rejects the notion that sex is something you "don't talk about," and that "children are not supposed to know about it," despite the fact that the knowledge of sexuality is widely available in the public media. Her rebellious attitude towards sexual suppression is deeply rooted in her own experiences as a child and young adult. In her case, the demand for sexual silence and suppression produced the opposite response: sexual openness and explicitness.

4.4.3.4   Knowledge and training discourses of teacher Anna

Anna's discourses on knowledge and training were influenced by experiences in her life. When asked about her knowledge and training in HIV and AIDS education, she reflected upon how she came to know what she did about the subject. During the interview, she remembered how she became aware of HIV and AIDS, and recalled her formative experiences and knowledge of the pandemic. The following dialogue describes the context of those moments:

Anna - I can tell you this, I love to read. I can still remember in 1984 and we had oral (presentations), and my oral (presentation) was on HIV and AIDS, and it was something new, I mean it was something that people up country did not know about, and my final oral, and oral was big at that time, I did it on HIV and AIDS. I…mm, I was very interested in this thing…

Interviewer – Can you still remember what you spoke about in your oral?

Anna – It was all about how you can get it, preventative measures.

Interviewer – But what kind of knowledge was available about getting infected?

Anna – It was the same type of knowledge that is available today, it did not change, it is still the same…blood transfusions and of course no sex, and it did not change a lot, and maybe just more of like, things you can do, not prevent it, like healthy lifestyle, if you are HIV positive you must lead a healthy lifestyle and that will help you live longer …that type of thing ...then I read a lot about it, and my brother, he is a dentist, when he came back he spoke about the conspiracy theories that it started in Africa, and then he told me …I was always in it, I was always interested in it, I remember when Freddie Mercury died, I was teaching my second year and I was a fan of him and here this man dies, [aiy, oh], it was terrible, I was always up on it, these movies I went to see, and then I read the book of Cameron the judge, I read his book...very interesting… I still have a lot of books on it … (HIV).

From the above dialogue, a multitude of diverse influences (reading, death of a singer, etc) combined to construct her views. As an avid reader, Anna generated her personal understanding of the pandemic from the earliest moments that it became public knowledge. Through her enthusiasm for reading, she followed up and sustained her deep interest in the pandemic, until the recent publications of Judge Cameron who is living with HIV. In the extract above, she traces her earliest recollections and understanding of the pandemic as a learner at school during an oral lesson presentation. Knowledge of prevention and theories of the origin of HIV were all constitutive of her earliest reflections. Most of her knowledge seems to be self-generated, making authentic lived experiences of people an essential characteristic of her knowledge. As a reader, Anna remains abreast of new developments and knowledge of the pandemic.

A love for reading keeps Anna constantly informed about the pandemic, with the flow of information being added to her growing body of experiences. However, she identified a shortcoming in the quality of training offered by the education department, when she "realized that these people (trainers, etc) standing here, do not know half of what you know ...". Thus, Anna's insatiable love for the written word ensures a consistent flow of knowledge and information, adding to her already extensive accumulated experiences and knowledge of the pandemic.

Implicitly, Anna differentiates between training as skills and knowledge as a subjectively produced `attitude'. She combines personal knowledge with a notion of personal assertion. She maintained that the trainers (WCED) should have displayed a more exciting pedagogical approach to the training of teachers. She identified a lack of knowledge as a lack of `passion' and her assertion of having `knowledge' created in her discourse a sense of power which she reveals in the following quotation:

> Anna – I don't think there is a lack of training, they do a lot of that, but especially when there is not much else to do, then, but for knowledge and attitude, definitely, I mean, I would like a person that is in charge of this, HIV and AIDS, that person must really have something that will grip you …that person must have …like you know the buzz word, the people will tell you I had this "passion", for HIV and AIDS, then when I look at them then I want to say, but then, prove it to me, prove this passion …yes, they just come here, here's your handout, right, share experiences, let's do things, but it does not happen …

The discursive influences on the teachers' construction of HIV and AIDS discourses stem from different sources. While the attendance of short courses and training sessions made an impact on how teacher Anna came to acquire her knowledge of HIV and AIDS, her initial literary exposures to the pandemic also impacted significantly on how she came to express herself on the subject.

4.4.3.5   Cultural and value discourses of teacher Anna

Certain cultural practices are portrayed negatively by Anna, when their consequences are seen to be working against HIV and AIDS prevention. Culture becomes detrimental to

safe sex practices, when certain notions of masculinity in African culture militate against safe sex practices such as condom use:

> Anna – I said that culture and religion played a role in this AIDS thing. Certain cultures amongst the Blacks [they], do not believe in using condoms …when the women want to use a condom they will be beaten up, but it is a belief, it is a cultural thing, if I wear a condom I am not man enough…

Anna grew up in a religious family and went through the traditional rituals as a young Christian. She was confirmed in the Church, but when she moved out of the control of her domestic environment, she took on a non-religious perspective on life. As an avid reader, her exposure to literature conflicted with the influences of her early socialisation. She developed a view of life beyond that which was prescribed by the religious teachings of her upbringing. She in fact came to abhor religion, especially when she observed how people abused it. She expressed how she changed her views on religion in the following excerpt:

> Anna – I was a very religious [person] ...[I] had a very religious upbringing, then went to University and started questioning … [Ahh,] questioning religion …[ahh], I opened my eyes, if I can say it that way …and then saw how people manipulated the whole thing …I have read a lot about the different religions …and then I made up my mind that I don't belong to a religion any more, I had a very strong belief system, I had morals ...I think I am doing fine as a human being …but I am not religious, I don't practice any religion, I don't go to church except on occasions that I must attend such as funerals, other than that as I have lot of friends and acquaintances when I look at them and they are religious, that I thank God I am not like them …I do not say all people of religion are like that…so that is why I say religion does not make you a good person …

Anna further sees religion as an obstacle in the sexuality education of the child. She views religious doctrine as preaching unrealistic teachings that deny the sexual feelings of the human being. She contends, for example, that the notion that sex is to be practiced only in marriage has caused many young people to resort to extra-marital sex. She sees religion as denying sexual practices, such as masturbation, leaving young people little

option but to engage in sexual intercourse. She argues that sexually repressive religious teaching leads to teenage pregnancy:

> Anna – ... So when I was emotionally ready then I went all the way. I was not married, as you know the religious thing also [says] you must be married…before marriage. That also messes up your brain…
>
> Interviewer – It messes up your brain?
>
> Anna – At that time …before I could deal with it … Your religion tells you you cannot have sex before marriage, so why do you have these feelings …that is also one of the reason why the girls fall pregnant …because now, forbidden fruit taste the sweetest, now you can't do it so you want to do it …you can't masturbate, that is also against religion …so then sex would be your outlet.
> .

Teacher Anna adopts a practical approach to religion in her classroom. She promotes religious tolerance amongst her learners and, by way of examples from everyday life and the media, she shows them that people from different religions often behave outside the expectations of their faiths, and that someone who is not religious can also be morally upright, or "a good person":
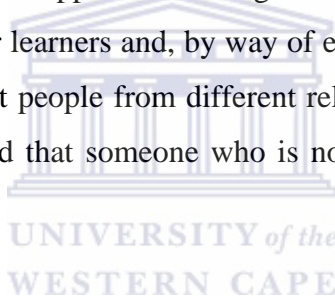
> … but I am just so [imm] not into religion any more, I will also be blunt to say religion is bad, but when I speak to the children I make sure that I do not impress my belief onto them. I have Muslim and Christian children [learners] so I will make examples that when you a Christian you believe this and when you a Muslim you believe this, but yesterday, I had an interesting thing TAC[51] Zakie Achmat, I had to brief them because he is such an important person in the AIDS thing in our country, and then, ahh, some of them made (sic) research, and they said but Ms, he is an atheist, he's gay and he's a Muslim, … OK, I mean, conflicting thing …I could see that they are confused, now I go back to the whole thing that religion don't make you a good or a bad person, it is what is in here, so ...it's important for me to show them, so last year we read in the Southern Mail about an Imaam that abused children, can you remember that, and I also told them about the Pastor that stole money from the church, bad, …so it's important to carry the message over without discrediting their religion.

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[51] TAC is an abbreviation for the Treatment Action Campaign, a South African advocacy group promoting the constitutional rights of citizens, especially those infected with HIV, in respect of health care, education and social welfare.

In the quotation above, Anna uses religion to illustrate that `good and bad' as values are not to be ascribed superficially to a person. She challenges her learners to question the way society categorises people into `good' and `bad'. Conflicting values can be found together in one person, and those portrayed as `good' and `bad' are stereotypes which need to be questioned. As a way towards critical teaching, she emphasizes the importance of judging people by their actions, rather than their words. The fact that a gay person can be 'good' because of his work for people suffering from HIV and AIDS should be compared to the Pastor or Imaam's[52] action of stealing or child abuse. Her strong views on the negative effects that religion and culture have on the way learners think and behave are used in a positive way to teach critical thinking. She realizes that teaching as an act of transmission cannot change learner behaviour and therefore adopts a careful position by "not impressing my beliefs on them" [from interview], but rather raises real life situations to teach critical thinking.

4.4.3.6   Sexuality discourses of teacher Anna

During the interview with teacher Anna, she employed an open and uninhibited language to express issues of sexuality. Her personal experiences inform the way she thinks and teaches. Having adopted a critical view on the suppressive influence of culture on sexuality, Anna speaks openly about issues such as sexual feeling and masturbation. She argues that the religious belief which views masturbation as a `big sin' suppresses sexual feelings and may lead to sexual intercourse, which may put the learner at risk of pregnancy and HIV infection. She speaks about masturbation as a sexual relief without becoming sexually engaged with someone else:

> ...religion plays a major role in our upbringing, Christian or Muslim or whatever your faith is, sometimes parents take some things from the Bible out and then impress that on their child, like masturbation, this big sin, I mean a few Muslim boys told me that in my class…it is a sin, but then I will tell them, right, this is your religion…when I respect your religion this is how I expect you to respect mine…I also grew up not as a Muslim, but

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[52] `Imaam' is an Arabic word used to refer to a Muslim priest. It is locally used to refer to the leader of a Mosque or Muslim congregation.

Christian, with the Bible and that the Bible tells you this and that… Now I am older and I cannot tell you… You will only later in life decide what is good for you as a person…last week they tell me masturbation is a sin… Now you ask them is sex a sin…now you must get a relief from that feelings and the relief for your age…I mean it is masturbation… that is healthy…it is not sex…

During her upbringing, Anna was taught that sex was taboo, and not to be spoken about in public. She described her first menstruation as a confusing experience, with her mother speaking to her "as if she was angry…." She came to realise afterwards the implications of what it meant to have reached puberty. The following excerpt describes the experience of her first menstruation:

… When I grew up we did not know about sex …on (sic) high school it was a taboo and I can add this also, I think religion played a major part in it also …[imm] sex is something for the dark, don't do it in the open, don't talk about it, children are not supposed to know about it but they do it. Now I mean, say for instance, something as normal as menstruation…my mother, when I grew up never talked about it and it was the same in all the households …My group of friends now, she never informed me about menstruation …I did not know until one of the friends started menstruating and told me about it. I was a late bloomer and I started menstruating in Grade 8 (Std 6). And when I went up to tell her, listen here, this has happened…it was almost as if she…I can still remember her expression. It was almost as if she was angry at me now …ya, you don't talk about these things and she just went to the shop and bought my sanitary towels and that's it. So every month it is so …I did not know about the cramps …and mood swings, things like that because it was this big taboo and I experienced it …anyway, when I was old enough to realize why they were like that, at that time it bothered me, but luckily, you know, you tend to get knowledge and then you understand …

Anna's openness about sexuality made it possible to access some of her subjective experiences, which to some extent can be related to her openness about sexuality with her pupils. Her position on masturbation and other sexual activities was influenced by her personal sexual experiences. She avoided sexual intercourse for as long as she could and practiced masturbation and oral sex. Penetrative sex only came later, as the following dialogue attests:

Anna – Yes, at school I did not know how to spell the word sex, I did not have boyfriends, ahh, my first boyfriend was in my first year at University and sex was only after I completed my studies…

Interviewer – So what did you do…? Masturbate?

Anna – Yes, definitely, I partied a lot but I did do the heavy petting thing, I had boy friends…

Interviewer – No oral sex?

Anna - … oral sex, very late, that was just before sex, so it was not as if nobody touched me or I did not touch anybody…

Interviewer – What to you is sex then?

Anna – Sex is going the full …penetration that is sex …So when I was emotionally ready, then I went all the way. I was not married, as you know the religious thing also you must be married …before marriage. That also messes up your brain …

She believes in open sexual talk and she discreetly questions the practicalities of the religious influences that cause confusion in the minds of learners and lead them to become sexually active at an inappropriate age. Her option of masturbation in managing her own sexuality corresponds with her views on masturbation, as the following excerpt reveals:

Anna - Boys and girls of course, then the girls would ask … Ms, can we also do it …? Then I say, yes, take a look at your hands …and use your fingers …that is how I talk to them and they relate to that and it is not a matter of …they sit like this (Anna looking down) because I hate it when people sit like this (again, same gesture, looking down) …I want that we must be open with each other … Then I also know that, as I said, some of them are sexually active already Grade 9, then how am I going to tell them that sex is wrong, wrong, wrong, wrong …they are having sex and there is nothing that I can do to stop them having sex …but I can help them to be responsible…I mean I can tell them that I'm against them having sex at your age …But if you doing it already, then what can I do …? I must help, and although I don't believe it is right, I am the educator, I must help them …

Openness and frankness about sexual feelings are seen as crucially important to this teacher in her discourse of HIV prevention. She deals with issues of sexual feelings which she confronts directly. Knowing the meaning and implications of being sexually active, she adopts an honest discourse by teaching her pupils to act responsibly. Because of her knowledge and openness about pupil sexuality, issues such as abortion are not outside her domain of experience. She relates below how she managed the complexities involving abortion in the following incident at school:

Interviewer – What about your attitude towards abortion?

Anna - OK, now that is a big moral thing …because I told you I am not religious…my belief is that life starts when you see that baby there. Ahhh … If I have choice between bringing a child into poverty and letting go of that foetus, before calling him a child, then I prefer to let him go…because I mean it really frustrates me, seeing these children of us, standing on the corners of the streets and see the pregnant (girls)…

Interviewer – But what if the foetus is already developed…?

Anna – If the foetus is I think older than 20 weeks then it becomes a health risk …according to my knowledge, it is dangerous both for you and your baby, so that is why I will also agree because ... it is also the view of the experts. I will agree not to go ahead after 20 weeks. But before 20 weeks it is your choice…like I had a Muslim girl two (2)years ago in matric, we, me and Cassy had her both … A very bright child …I mean she reminded me so of me when I was her age …then she fell pregnant. I mean, I was devastated …she was so promising and now she is talking abortion…she came to me …and then I gave her some information, I feel that I told her, will you be able to live with yourself …? Do you see abortion as murder? If the answer is yes…then you stop with it now …And whatever the circumstances is now, raise the child … If you see it as murder …no way that I will tell you go ahead…but also no matter what the circumstances… I will never tell you go ahead …it will be your decision…

Anna could engage with her learner's sexual problems with great expertise, because of her knowledge of abortion. As the transcript indicates, she did not prescribe to the learner what should be done. She made the learner aware of the health risks, but left the final decision with the girl.

This teacher's open talk about sexuality made her professional practice relevant and meaningful to the lived experiences of her learners. By focusing on being relevant to them, she could invoke a wide array of sexual knowledge which enhanced her performance in her practice as a teacher.

4.4.3.7   Affective – emotional discourses of teacher Anna

Teacher Anna's discourse on HIV and AIDS shows a rich emotional structure. She described her emotional experiences by using words such as sadness, anger and hopelessness. She felt hopeless when her HIV-positive friend, whom she cared for, was just lying down to die and she "could do nothing for him":

> Anna - I just see red….. I had a friend who came to stay with us in Johannesburg
> who was suffering from HIV…..I was very sorry for him as we could do nothing for him. He had nothing to live for, but we supported him…provided a shoulder to him…

Anna uses the colour `red' in a metaphorical way, meaning `danger'. Danger conjures up feelings of confoundedness and confusion. She uses the emotion `anger' to describe her feelings with reference to her friend who was also a professional social worker and died of HIV and AIDS. She was angry because he was `expected' to be sexually responsible. He went through "tragic things, like wearing nappies ...and that is what angers me …angry at him because he was not responsible enough, and he was a social worker ..." Thus a whole range of negative emotions, referred to using words such as `anger', `sorry', `tragic', and `danger', were used to describe her emotional experiences.

Teacher Anna felt `sadness' for the poor people who are suffering from HIV and AIDS. She responded with a compassionate tone of voice when she spoke about the neglect of the poor by the government. Feelings of sadness were accompanied by a concern for the poor who are the main sufferers of HIV and AIDS:

Anna – I think of sadness, I know our government is not doing enough to educate the people to curb the spread of the virus and to distribute the ARVs, the drugs...and that's making me sad ...the majority of the people are poor people and that is really a matter of "I am going to die …". They don't have long to live…

In the excerpt above, Anna's emotional expressions about HIV and AIDS sufferers are intertwined with her anger at the political authorities, whom she sees as responsible for not educating the people to prevent the spread of HIV and AIDS and for the poor distribution of ARV treatment to those who need it. Although she may be sharing the emotional vocabulary with teacher John, the production and meaning of the words are different, as was indicated by the use of the words in the context of their discourse.

4.4.3.8 Health discourses of teacher Anna

Teacher Anna speaks about the medical nature of HIV and AIDS, on the basis of her lived experiences and memories of people who have died of AIDS. The close association with a friend who was HIV-positive and subsequently died of AIDS played an influential role in her enunciation of discourse on the matter. In the context of her lived experience with the pandemic, Anna responded compassionately to a friend, whom she cared for during her stay in Johannesburg. She was saddened by the fact that nothing medically could be done to save her friend's life. In conjunction with the experience of caring for a friend, who was dying of AIDS, Anna recalled another incident when she visited a site where the names of unknown people who had died of AIDS were inscribed. This visit lingered in her mind as she thought about the terminal consequences of HIV and AIDS, and a myriad of memories emerged in the construction of her expressions, as shown by the following excerpt:

Anna – …for the four years that I was there (UWC), that (HIV) was not something that was highlighted, but now, I think it is different. I used to mark at Pen Tech and I used to read on a plaque there the names of students who died of AIDS. They have a little gazebo[53] there and the name plates of students who died yearly of HIV and AIDS. And you know,

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[53] `Gazebo' in this case refers to a permanent public space where an exhibit can be viewed.

every year I go there, to check, it is really shocking to see how it grows …only students …

Teacher Anna's medical-health understanding of HIV and AIDS informs the way she relates emotionally to those infected. The close experience of a friend who died of AIDS and the inevitable consequence of death, impacted on the way she speaks about HIV and AIDS. The medical-health nature of the pandemic taught her the life-threatening nature of HIV and AIDS, which underpins the desperation and compassion with which she speaks about this.

SECTION THREE

4.4.4 Biographical sketch of Teacher Mark

4.4.4.1 Childhood and education

Mark is a 44 year-old male teacher born in Elsies River, a township in the Northern Suburbs of Cape Town. He is the second youngest of eight (8) children, who are all still alive. Both his parents have passed away. He is a Catholic and first attended a Catholic primary school in Kensington (Cape Town). Thereafter, the family moved to Hanover Park and then to Mitchell's Plain, where he completed his secondary schooling. This teacher completed a three-year teaching diploma at the (former) Hewat Training College in Athlone, Cape Town.

Mark started his teaching career about twenty years ago at his present school, where he teaches Mathematics and Life Orientation. Teaching was not his first career choice. He recalled the poor quality of school guidance during his high school years, which may be the reason that he opted for teaching as a profession. He involved himself in different sports at primary school, but did not participate in sport during his years as a college student. Married, with two boys, teacher Mark resides in the Southern Suburbs, where his sons are attending high school.

Mark was the head boy at the high school where he matriculated. At Hewat he became involved in politics, which took up much of his free time. During the turbulent 1980s, like most students, Mark experienced turmoil during his college days. The politics of the 1980s resulted in a boycott of final examinations, which led to him having to rewrite the second-year examinations. The nature of his political involvement was mainly confined to student protests and boycotts.

4.4.4.2 Family context and religion

Teacher Mark married a lady who belonged to the Methodist church, but changed to the Catholic Church before marriage. According to Mark, the churches do not differ so much from each, which made the transition to the Catholic Church a smooth experience. The Catholic doctrine on sexuality, such as no sex before marriage and the use of oral contraceptives as interfering with God's plans, reign supreme in Mark's approach to sexuality education. He does not believe that the promotion of condom use will prevent the spread of HIV. As for contraception other than the condom, he admitted that some kind of contraception needed to be taken, even if it transgressed the teachings of the Church. He would also not recommend the use of condoms for people who were not married. It "would not be necessary to use condoms if we can get the idea that sex is for within marriage only," he said [taken from interview]. As for those who transgress the law of the Church, they are responsible for their own actions.

4.4.4.3 HIV and AIDS discourses of teacher Mark

Life Orientation as a learning area is not in a satisfactory state at his school. Due to the lack of qualified teachers, LO has become the subject that is used to fill up timetable spaces. More teachers are participating in the teaching of LO, since it has become a compulsory learning area from Grade 8 to Grade 12, according to Curriculum 2005 (C2005). However, the new teachers who are teaching LO are not trained "and are causing more damage," according the Mark. The situation is so bad, he says, that he

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would prefer that some of these poorly equipped teachers did not to teach the subject at all. Given the prevailing attitude towards LO as a learning area, he believes the educational outcomes will not be achieved. This situation will have serious implications for the teaching of important topics such as HIV and AIDS prevention. Given his ten years' experience in the teaching of LO, and his consistent participation in numerous workshops and projects, Mark feels that the teaching of LO at his school is still in need of serious attention.

Mark's opinion of HIV and AIDS is that it is like any other terminal disease. Although he claimed to be comfortable in speaking about sexuality, he found it difficult to comment on the use of contraceptives by his wife. He always reverted back to the religious argument when confronted with issues that challenged the position of the Church. He would, for instance, not make condoms available at school, even if the pupils were sexually active. "I am not convinced that if it is available they are going to use it. To me it becomes a useless exercise …at school …I am not in favour of making it available" (Interview with Mark). Making condoms available at school would be perceived as promoting sex and he would not want to be seen as encouraging this. The solution, he felt, lay not at school alone, but also outside of school. If from the first time "somebody can get the message through from the side of religion," he maintained, "the spread of the disease could have stopped." Mark is not sure about the value and relevance of sexuality education. As a person brought up in a religious way, he didn't "have a personal choice," as the "law (religious) prescribed what must happen." He attends church every week with his family, and he truly believes that "we are not here by chance" (Interview teacher Mark).

### 4.4.4.4   Discourses on knowledge and training of teacher Mark

For Mark, a number of different training courses contributed to his understanding of knowledge and training in HIV and AIDS education. He married in his early 20s, soon after qualifying as a teacher. His sexual involvement seems to have been mainly confined to his married life. He came to HIV and AIDS education with a relatively limited

knowledge, which made him dependent on the opportunities offered by the educational establishment. In the following quotation, he explains how discourse on sexuality was suppressed during his socialization into adulthood:

> Mark – At school there was basically little sexual guidance. Anything to do with sex was basically taboo with adults. You never asked any questions pertaining to sex, the little knowledge that you got about the opposite sex was basically amongst your peers … Books were scarce and mostly banned. I can't recall getting educated about sex.

Among the experiences that came to inform teacher Mark on the topic of HIV and AIDS was his involvement with the training initiatives offered to the schools by the Department of Education and local institutions of higher education. His views on training and knowledge were primarily constructed by external sources, with a focus on what was presented through agencies such as WCED, the Medical Research Council (MRC), and the UWC workshops that he attended. The following extract provides some evidence of how he engaged with those external agencies in the construction of his understanding of training and knowledge:
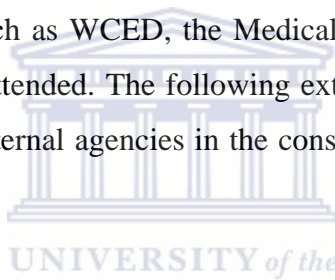
> Mark – Over and above personal education, specific to, to …many of us learnt about many issues about sexuality. With the little courses that I have done, the Department's courses were not of the best quality, but the Medical Research Council had a very informative seminar on HIV and AIDS, the research, the background about it …and where we are and where the rest of the world is, the possible strains in HIV that are to be found…and the likelihood of getting infected, etc …so those were the empowering knowledge that I received. Then UWC had a few workshops which were very informative, then we became one of the schools that started with the Health Wise project. We started with the project, we went from book A we had to teach it for the year, we had our input and that process that we followed was …very informative …the Health Wise is about healthy lifestyles, the whole thing about A,B,C,D (abstinence, be faithful, condom, disease awareness) but they would give us the lessons and practically demonstrate how to put on a condom, what would happen if you get drunk and have sex …those were all …with the youngsters and leisure. So over and above the workshops it inspired you to get a background to the whole thing …it gave you a lot of information. They provide a lot of material, such as videos and books, etc…

Teacher Mark refers mainly to the contributions that WCED, MRC and UWC made to his conception of knowledge and training. Words such as `very informative', `empowering', `inspire', `information' and `background to the whole thing' describe how he relates to the knowledge that these agencies transmitted to him. For Mark, knowledge and training seem to prevail on the abstract level of theory, with very little reference to how the pandemic has been experienced in the lives of people. He remains the recipient of transmitted knowledge, which "provides a lot of material such as videos and books, etc…".

4.4.4.5   Culture and value discourses of teacher Mark

During the early stages of the interview, teacher Mark inadvertently revealed his Catholic identity. But when questioned directly if there was any relation between his Catholic beliefs and the way he viewed HIV and AIDS education, he denied that any such relationship existed. While his discourse obscured the influence of his religious beliefs on his teaching of HIV and AIDS, it is clear from the context of the data that such an influence exists. As the interview unfolded, Mark's responses indicated how religion came to dominate his thinking and talking about HIV and AIDS education. The following is an example of how he tried to steer away from a religious approach, but in effect reaffirmed his religious beliefs:

> Interviewer – So you say, let us conform to the religious doctrine in teaching …
>
> Mark – Man, historically I think I will have to say yes …I think thus far …I have not seen wrong in the teachings …and therefore I cannot say ...look here ...we should not conform to it …I think that we should and if we can all conform to the moral code then these things won't happen …but obviously we're living in a world that is not like that …so, so, it becomes a place where we have to have almost parallel to our religious and moral values we need to have other contingency plans as well…

Teacher Mark's discourse is based on his religious convictions. He fully endorses religious conformism when he says: "I have not seen wrong in the teachings…and therefore I cannot say …look here…we should not conform to it …"

He believes that religious doctrine should inform HIV and AIDS teaching, despite the fact that he knows that religion does not necessarily have an effect on people's behaviour, as the following excerpt shows:

> Interviewer – How do you view religion in terms of its influence on sexuality and education?
>
> Mark – Ja, [imm]. [imm] … if I speak about religion in general ….if you look at the amount of people who have the virus …and many other things, I would not just link it to the specifically to [immm], ya ...our society and moral values … I am not clued up with the statistics, but I assume it is still sexual …of a sexual nature…if we looking at that, we can come to the conclusion that in terms of religion people, you know, it is not having an amazing effect on them …

During the interview, it became clear that Mark has no other approach to HIV and AIDS outside that of his religious belief system. He adopts the ABC method in the teaching of sexuality education, but he favours abstinence and promotes the principle of no sex before marriage, which is a religious teaching:

> Mark - ... I can go into detail about the thinking in the Catholic Church, and I can draw conclusions that other religions…[imm] whereby in this day and age …the Catholic church still does not promote condoms …you know the whole issue that you don't interfere with the creation of God, this type of thing…the idea there …it becomes difficult for me, but I have passed that …I think what the Church wants to say, if you're promoting condoms, obviously there is a debate …in terms of religion ….so one of the cornerstones is that marriage is instituted by God, so if you do anything outside marriage then you spread the virus …so …being a Catholic, obviously …but what my view is at school…doing a job …here is that we are not promoting specifically, always the first thing is you need to abstain, that is one of the ABCD matters …so the idea will always be trying to encourage kids to abstain from being sexual as far as possible …and still getting the idea of marriage in there and obviously if we are speaking about BC and so, …

After showing the influence of religion on the way he understands and approaches HIV and AIDS teaching, he concedes that in practice he is doing a job that requires him to say things that he does not agree with. But he works his way around that by adopting a pragmatic position on issues of sexuality:

> Interviewer – How do you get around the fact that you are Catholic and you have to teach this? Is there no conflict?
>
> Mark – No …no …no …as I am saying …doing the job, for example if we're looking at …it would be a conflict in terms of religious teaching …as I said, one of the cornerstones of the religion is not to engage in sexual activities before marriage, you understand…and within marriage you have to be faithful as well …I don't find it as conflicting ...I would say, look here …these are options which I spell out to you but I am not specifically promoting one thing …but one of the things that I advise you is to abstain until you're married …but if that is not within your choice …My advice is, wait until you're married and be faithful to your partner …
>
> Interviewer – But is that not a religious position?
>
> Mark – No, not as far as I am concerned, if people are saying ABC method, which is broadly accepted, then they say it is abstinence.

Issues of a cultural nature and the teaching of sexuality education pose major challenges for this teacher. His approach to HIV and AIDS education is firmly rooted in his religious views. His exposure to educational programs has not made any real impact in shifting his formative understanding of how sexuality should be approached. On the basis of the above quotation, teacher Mark constructs his own interpretation of the ABC method of teaching HIV and AIDS in order to accommodate his personal beliefs.

4.4.4.6 Sexual discourses of teacher Mark

During the interview, teacher Mark claimed that he had an open relationship with his learners and that he comfortably communicated with them about sex and sexuality. From the following quotation, it appears that the teacher's main pedagogical task of sharing information pushed him to enunciate a pragmatic approach:

> Mark – I am comfortable with being open…if they need to get the information, you're not necessarily promoting condoms, but if they need the information…if you going to use it…it is your thing…but we will give them full disclosure…

Mark became aware of learners' sexual activities in the course of teaching them about values. He realised that his learners' experience and knowledge about sex was far beyond his expectations. He related in the following excerpt how he discovered some of the intriguing sexual activities which involved some of his learners:

> Mark - …what I also discovered, it is so easy for me as an educator to be extremely open, I'll give you an example …we speak about sex, we would call it by name …there were times …we were looking at AIDS …how to speak about it …it was also a journey …when you speak to them afterwards, when you realise that these kids know much more than what we may be aware of …if I should mention what they speak about …let me take you back, we spoke about moral values and these kids were sitting quite …listening …then it came to their time to speak …they would say …Sir, hulle is ou boude man (Sir, they are old thighs/legs, man). Then they told me they have a game where one girl would sleep with as many boys as she could, say 15 guys …I afterwards investigated myself and asked a reasonably nice, decent girl, do you know (sic) what "old boude" (thighs) is? Then she said, yes, Sir, without anything being funny …the girl could demand the guys to do anything she wants them to do …I thought that was nonsense …at that stage it was 17 to 1 girl …this was inconceivable …then they start to speak about these things …then I realize that what we talking to them is …is laughable because of their experience …and from there I realized that we have to be open with these things …and therefore I have no inhibitions …as an adult, there are limits …it was first taboo to mention the sexual organs, but now it's otherwise …

Implicit in teacher Mark's narrative is a gradual awareness and shift in his knowledge of the learners' sexual activities. Given his background and upbringing, this information becomes incisive as he states, "From there I realised that we have to be open with these things …" Gaining knowledge about learner sexuality made him aware of the gap between what teachers assume as useful knowledge and what learners already know about sexuality. The teacher would adopt a precautious attitude towards those who were not sexually active and would ensure that they got the message by `discouraging them' (from having sex).

4.4.4.7 Affective – emotional discourses of teacher Mark

When teacher Mark's emotional response to HIV and AIDS was probed, he responded as follows:

> Mark – I, at this stage, one of the things that is …when you're looking at the country …it (HIV and AIDS) is something that is far removed as well …I am looking as I am home free …because we linked it (HIV and AIDS) with sexual activity …and thinking not being promiscuous in any way, nothing will happen …the worrying factor is that somehow, in terms of feelings, your kids are growing up, it is like getting more closer to home …I am not sure if government can handle this …if you now tell me that one has HIV, nothing will change …I passed the stage that I will not share a cup with you …
>
> Interviewer – Were you shocked before?
>
> Mark – Yes, right at the beginning, because of the uncertainty, we have now become too relaxed about it …it is becoming part of our lives …we have …become used to it. Also, if you have the virus you can live a healthy lifestyle (hi, hi, hi) …it's like nothing more than having cancer …if someone is having cancer, it will be more frightening …
>
> Interviewer – So you don't have friends that have died of AIDS?
>
> Mark – No, no, not as close as that…

The above excerpt depicts a 'detached' teacher who responded with little or no emotionality towards the pandemic. In the context of his life, he had no link with anybody who had contracted the virus. He is protected by the belief that "thinking if you are not promiscuous in any way, nothing will happen." With reference to the "sexual promiscuous nature" of the pandemic, Mark reaffirms his conviction that irresponsible sexual behaviour is the cause of the spread of HIV and AIDS.

Teacher Mark does not share the emotional intensity experienced with the other two interviewees. He presented himself as quite rational about the occurrence of the virus. He however showed some concern that his children are still young and that "it (HIV) may be coming nearer to home."

Needless to say, Mark's almost 'rational' expressions on the effects of HIV and AIDS are only explicable in the context of his social relations with the pandemic. Emotionality as an analytical category is rather insignificant in the discourse of Mark.

4.4.4.8   Health discourses of teacher Mark

The health notion of HIV and AIDS, as understood by teacher Mark, was overwhelmingly influenced by the short courses that he attended and his subsequent participation in the Health Wise project under the auspices of the University of the Western Cape.[54] The Medical Research Council (MRC) provided information of the pandemic in terms of its medical manifestations. Mark's initial identification of HIV as a viral infection developed later into a moralising discourse on HIV and AIDS. In his understanding of it, he foregrounds `promiscuous sexual behaviour' as an essential feature of the pandemic. The many variations by which HIV and AIDS have been described are "playing around with words," as the main link with HIV and AIDS is the sexual behaviour of people. Teacher Mark seems to use the medical knowledge of the pandemic as 'factual knowledge' to support his 'moralising discourse' on HIV and AIDS prevention. When asked whether he had any serious concerns about HIV and AIDS, he responded as follows:

> Mark – Yes, right at the beginning, because of the uncertainty, but we have now become too relaxed about it…it is becoming part of our lives…we have …become used to it. Also, if you have the virus you can live a healthy lifestyle (hi, hi, hi)…it's like nothing more than having cancer…if someone is having cancer, it will be more frightening…

Aside from the unemotional nature of teacher Mark's discourse on HIV and AIDS, the other discursive categories were rich in analytical material.

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[54] Health Wise was an international inter-university research project. The research project is a collaborative study between the University of the Western Cape, the University of Cape Town and Penn State University in the United States of America. The project focused on providing a comprehensive risk-reduction life skills curriculum for adolescents (Evans, 2004:5).

The following summary is a preliminary synthesis of the content and nature of the knowledge themes emerging across the three interviews. As the final methodological technique, the summary lays the background for the next chapter – the findings and conclusion drawn on the basis of the three data sets presented in Chapter Four.

4.5 Summary

The last section of the chapter presented the three biographical sketches of the teachers, using their discourses as the basis of my argument. The group interviews assisted in the identification of the shared meanings and patterns which emerged as knowledge themes in the three interviews. Some salient features and characteristics of these themes are highlighted and discussed below. As the face-to-face interviews developed out of the two previous research techniques, I present the following discussion of the knowledge themes as being suggestive of the findings of the thesis. In Chapter Five, an integrative discussion across the three research domains is developed to argue the emergence and nature of the five knowledge foci as discursive knowledge themes based on *discursive practice* as a conceptual and analytical lens.

In the presentation of 'knowledge and training', the role of context is significant in the shaping of knowledge and training discourses of teachers. While all three teachers presented themselves as knowledgeable and sufficiently trained, their knowledge and training indicated some divergence and convergence. Their different experiences produced diverse conceptions and understanding of what knowledge and training constitute in the context of the pandemic. Teacher John's knowledge and training are constructed in terms of their practical relevance to the lives of learners, teachers and the community at large. Teacher Anna's construction of knowledge uses a notion of power/knowledge that emerged from her subjective identity as an avid reader, whose understanding on HIV and AIDS goes back to the early history of the pandemic. Given the relatively limited exposure and experience of teacher Mark to sexuality knowledge, he relied mainly on external agencies to supplement the knowledge and training he needed to teach HIV and AIDS and sexuality education.

Each biographical sketch tells a story of how each teacher drew selectively on experiences and memories to construct his or her subjective view on culture and sexuality. Cultural discourses on HIV and AIDS have shown the potential to be flexible and dynamic. Religion was treated by all as the major 'cultural element'. In the case of teacher John, religious values disappeared and reappeared during his life story. His religious upbringing seemed to have provided him with some strength during his youth, but faded at university level. Religion resurfaced later in his married life, with the realization that he was getting older. In the case of teacher Anna, a much more complex combination of cultural elements produced an inscription of culture and sexuality. Her love of reading counteracted the superficial inscriptions that religion was hoping to achieve during her early socialization. For teacher Mark, religion as a cultural force influenced his thinking and discourse, but he shifted from a religious to a pragmatic discourse as he assumed different positions, often of a contradictory nature, to carry out his professional task as a teacher.

The teachers expressed themselves diversely on issues of sex and sexuality. In the case of teacher John, his experiences in the context of his life as a young adult provided the background for his open and frank sexuality discourses. Teacher Anna's openness arose as a protest against the social influences which suppressed an open discourse on sex and sexuality, while teacher Mark's discourse reflects a conservative trend, as articulated in the way his learners' sexual experiences and knowledge influenced his views on sexuality education.

A wide range of different emotions were associated with the HIV and AIDS pandemic. Two teachers (John and Anna) expressed themselves in intensely emotional language, while Mark used unemotional language. While it may be expected that emotions such as `fear' and `hope' may have the same linguistic meaning in the different discursive contexts of teachers, upon closer analysis the data reveal that there are different shades of meaning which are subjectively determined. The construction and production of commonly used emotional terminology, such as fear, sadness, hope and confusion, differ from teacher to teacher.

The medical-health understanding of HIV and AIDS emerged as one of the dominant knowledge themes in the literature review, the focus group discussions, and the questionnaire. As revealed in the interviews, the teachers expressed themselves in various ways which contributed to different constructions of their medical understanding of the pandemic. In the three interviews conducted, the dominant medical-health conceptions of HIV and AIDS were each constructed on the basis of their individual understandings. In the case of John, the reality of death as a consequence of HIV was used to compel behaviour change in order to preserve life. Possible lifestyle changes and ARV treatment were seen as inspiring a possible discourse of hopefulness for the future. In the case of teacher Anna, the absence of a medical cure brought great suffering and the challenge to provide care and treatment for those infected. A discourse of compassion emerged in the context of a depressing consequence of suffering and death. In the case of teacher Mark, the medical-health basis of HIV and AIDS offered the justification for a moralising discourse, which emphasized abstinence and the prohibition of premarital sex. In all these instances, it was the biographical contexts and experiences of the teachers that influenced the particular meaning of their medical-health discourses.
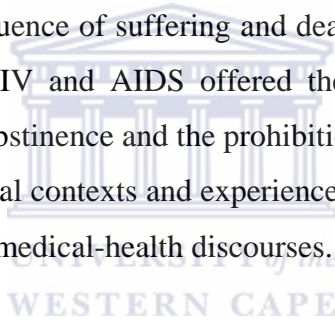
In the following chapter (five), the five dominant HIV and AIDS discourses of teachers are explained. I have traced the emergence of these discourses from the various research interests in the literature which I called 'research foci'. These research foci were identified as 'knowledge themes' in the fieldwork phases of the research. By using the conceptual lens – discursive practices - these knowledge themes became the dominant 'discourses' which reflect the teachers' understanding of HIV and AIDS education.

Chapter 5:   Interpretation of data and central findings of the study

5.1   Introduction

Chapter Four reviewed the different sets of data collected for the study. In this chapter, I present the central findings of the research, based on my interpretation of the data. The findings are structured as five discursive themes, which constitute the content and nature of HIV and AIDS discourses of teachers. As mentioned in the previous chapter, these discursive themes are understood through the lens of 'discursive practices', i.e 'discourse as practice'. This focuses of the formation of discourses based on teachers' subjectivities, which comprehensively include *discursive influences.* These are *pre-discursive* (internal), *discursive* (relational with others), or *non-discursive* (such as nonverbal but influential social conventions which are inscribed in society).

I have consistently explained the meaning of 'discursive practices' to ensure that the reader has a clear and comprehensive understanding of the conceptual lens that I applied in the analysis and interpretation of the data. This concept is an essential key to unlocking the hidden experiences and knowledge which are 'archived' and 'stored' within the teachers' subjectivities. I introduced this concept in Chapters One, Two and Three, and started to apply it in Chapter Four; I will continue to apply it in this chapter. Without an awareness of the specific meaning of the concept 'discursive practices' as employed in this thesis, the reader will have some difficulty in comprehending the text.

For the purpose of an easier reading of this chapter, I have arranged the interpretation of the data results as follows:

1- Presenting and stating the findings of the study. This involves a comparative interpretation of the focus group discussions, questionnaire and interview results in relation to the five discursive themes.
2- An interpretation of the findings; here I use 'discursive practices' as a conceptual lens to explain the content and nature of the discursive knowledge themes.

I conclude with a brief summary of the chapter and introduce Chapter Six, which is the final chapter.

5.2 Findings of the focus groups, questionnaire and interviews: An integrative perspective.

The focus group discussion was employed as a qualitative research technique to explore and investigate how teachers were thinking and talking about HIV and AIDS education. The reason for selecting this technique was to identify emerging discursive patterns, themes, and shared meanings in the responses of teachers.

As mentioned in Chapter Three (Methodological design), an advantage of the focus group as a data collecting technique is the opportunity it offers the researcher to observe a large amount of interaction on a topic in a limited period of time, based on the researcher's ability to assemble and direct the group discussions (Babbie & Mouton, 2001:292). A weakness of focus group discussion, however, lies in its seemingly unnatural social settings as the context of research; it can also encourage the tendency towards a consensus position in a group. Power relations and the dominance of certain participants may potentially skew the results. In this study, these issues featured and were noted. Because the discussions were focused on a particular subject, meaningful insights emerged. In turn, these became the basis of the other two method techniques, the questionnaire and the interview.

The purpose of the questionnaire was not to do an elaborate quantitative investigation into teachers' discourses on HIV and AIDS. I have discussed the strengths and weaknesses of the questionnaire as a research technique in Chapters Three and Four. The methodological design had the modest objective of collecting teachers' responses to questions relating to the literature (which later became knowledge themes), using some of the questions that were used in previous research. A case has been made for the use of the questionnaire as a descriptive technique, rather than for exploring the teachers' subjective

positions. In Chapter Four, the contradictory results yielded in the questionnaire demonstrated its limitations and the need for alternative methods of investigation.

The interview was used to demonstrate how subjective processes operate during the formation of discourse. By employing `discourse as practice' to focus on the subjective use of discourse, I identified new and meaningful perspectives that were not previously obvious. I have used these three method techniques in a complementary way, but preferred a discursive practice approach to explain the subjective processes at work in discourse production.

5.2.1   Finding One: Discourses of Pedagogy

The focus group discussions explored various aspects of teachers' conceptions of HIV and AIDS knowledge and training, which identified 'pedagogical discourse' as a field of specialised interest. The nature of the pedagogical discourse reflected the teachers' lack of the knowledge needed to achieve the educational objectives. There seems to be a mismatch between the knowledge that teachers are supposed to have according to the educational policy and the knowledge that they espouse in practice. Knowledge was understood to be useful information and the skills needed to prevent the spread of HIV and AIDS; these were often lacking amongst teachers. Teachers may lack knowledge, but may still feel competent and `knowledge-wise'. A notion of training referred to the pedagogical competencies which endowed teachers with the skills needed to transmit knowledge to the learners (Mabece, 2002). The constant measuring of knowledge against what was required by teachers contributed towards a pedagogical discourse which failed to give them the competence and confidence needed to face the challenges of HIV and AIDS education.

Because teachers expect their knowledge to be relevant to dealing with the challenges posed by the pandemic, the pedagogical discourse takes on an instrumentalist form. This results in disappointment due to the perception that they are ineffective in changing learners' sexual behaviour. In the following quotation from the transcript at Site 2, the

teacher questions the effectiveness of knowledge in changing learners' sexual behaviour. The teacher suggests that the knowledge they impart to the learners has little or no effect, since teenage pregnancies are still a regular occurrence:

> ...but we didn't explore precisely why knowledge does not affect them, in our areas, out there, it certainly doesn't, because the problems at this school, many, many programs elsewhere, and we've got a pregnancy rate that's scary… (Teacher, Site Two)

The above quotation suggests an essentialist notion that sexuality knowledge is an 'object' that is 'knowable', like any other subject. The notion of knowledge as having an essential factual nature is contradicted by the diverse views that teachers hold. Teachers invariably take different positions on knowledge-related issues such as training and policy. The results of the questionnaire, for example, revealed a differentiated response of teachers which supports the notion that their knowledge is shaped and influenced by diverse conditions. Thus, the results of the questionnaire on training in HIV and AIDS education showed that only 44.2% received training (Table 8), 53.5% understood their role as educators with regard to HIV and AIDS policy (Table 9), and 49.4% attended the workshops (Table 10) organized for teachers by the WCED. 32.5% of the respondents `agree' that the training is useful, but only 10.0% `strongly agree' that it is useful (Table 11). While these results indicate in statistical terms that teachers may be in need of training and knowledge, the responses also convey a message that they are far from a homogenous group. Their knowledge of HIV and AIDS and sexuality has been composed by diverse and multiple discursive influences. Their pedagogical discourses are by their nature shaped by a number of discursive influences which have impacted on them in indeterminate and unexpected ways. The articulation of discourse, however, comes about through the assertion of the self in terms of its subjective nature.

What follows below is an illustration of the subjective nature of teachers' pedagogical discourses, interpreted in terms of the concept 'discursive practices'. [55]

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[55] While I am using Popkewitz (1998) and Smart (2002) to simplify Foucault's theory of discursive practice, which provides the thrust of my interpretation, Howarth's (2000:65-66) succinctly summarized view of Foucault's theory of discursive practice is useful:
He (Foucault) thus distinguishes between 'intra-discursive', `inter-discursive' and 'extra-discursive' dependencies amongst elements. The first refers to the structured relationships within discourses between

In Chapter Two, I discussed the concept 'discursive practice' as an interpretive lens which I applied in this study to accentuate the subjective nature of discourse formation. As explained above (refer also to footnote 57), there are three subjective levels at which discourses are shaped. The first is the pre-discursive level, in which discourse is produced in the relationship between the self and what lies `beneath' or internal to the self. In the application below I have used this level of (pre)discursive practice to refer to self-initiated discourse and self reflections `stored' in the `archive[56] of the self'. The second level of discursive practices is produced through the relationship between the self (teacher) and the textual (educational) environment; the latter includes books, the general environment, education, school, training, family, etc. And the third level is that of the non-discursive practices, in which discourse is generated in the relationship between the self and social, structural and institutional relations and processes (Popkewitz & Brennan, 1998:5). When these conceptual lenses are applied to the discursive themes, new interpretive categories will emerge which will reflect the subjective meanings of HIV and AIDS discourses.

The intellectual puzzle posed by this thesis, which I have attempted to address, is the question of why HIV and AIDS teaching has not produced the desired outcome, despite the implementation of policy. The answer, I would suggest, lies in the epistemological contradiction between the thinking which informs policy formulations and the implementation and actual discourse practice of teachers when they teach HIV and AIDS education.

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objects, operations and concepts; the second to the correlations between different discourses within a particular episteme (eg education); and the last to the connections between discourses and processes that occur outside discourse (social structure). Refer to paragraph 1.6 in Chapter One for a comprehensive explanation of the discursive practice as part of the conceptual framework used in this study.

[56] I am using the term 'archive' here as formulated by Blommaert's (2005) understanding of Foucault's concept of archive. As a way to explain how teachers selectively decide on the use of certain words and events to express themselves – an intimately subjective process - the notion of archive entails a range of possibilities. The main advantage of the concept of an archive, says Blommaert, is that it reminds us of the limits within which discourse operates, of the constraints on choice and creativity in discourse. These limits are historical but, following Foucault, this immediately entails that they are political, social and cultural (Blommaert, 2005:103).

Teachers develop a subjective notion of knowledge and training in uniquely situated contexts by drawing upon their personal experiences when they produce discourse. Despite the common use of knowledge and training as educational concepts, their meaning has been shaped under different circumstances. When teachers articulate their discourse, they draw upon particular subjective experiences. While teachers John, Anna and Mark are expected to have a common understanding and approach to HIV and AIDS education, their enunciation of discourse reveals three differently produced conceptions of knowledge, as explained below.

Discourse of teacher John's knowledge of HIV and AIDS education was acquired through attending short courses offered by the Universities of Stellenbosch and Cape Town. These courses were organized to coincide with the implementation of the C2005 in the late 1990s. To teacher John, these courses were useful experiences because they provided learning materials which could be shared with the parents of his learners. Knowledge is relevant and useful if it can be used to educate the community. The connection between teacher John and his concern that parents should be educated can be understood in the context of his biography. As a political activist, he adopted a community perspective on education. He knows that the community needs to be informed about sexuality, especially since his personal upbringing denied him sexuality education. The educational value of John's view on useful knowledge is made up both of pre-discursive concerns and discursive practices. His discourse on knowledge grew out of concern for his community, which may stand to benefit from the learning materials provided by the universities.

Discourse of teacher Anna on knowledge and training were mostly derived from pre-discursive practices and subjective reflections. She traced her knowledge from the 'archives' of her high-school days and her wide reading on HIV and AIDS. During the interviews, a multitude of discursive practices (about reading, the death of a singer, the death of a friend, etc) coalesced in the production of her discourse. As an avid reader, teacher Anna generated her own personal understanding of the pandemic, reaching back to her earliest memories of when it first became public knowledge. Her knowledge seems

to be embedded in the authentic lived experiences of people who became part of her discourse.

The discursive practices of teacher John and teacher Anna differ from each other. In both cases, the pre-discursive and the discursive practices intersect to produce discourse. The hard discursive marker that emerged from teacher Anna's discourse was her love for reading; for teacher John, it was his community involvement, born out of his activist identity. The production of knowledge discourses draws on both memory (archival) and the present. The archive informs practice when the teacher's sense of self draws upon his or her experiences and knowledge before enunciating discourse. Although both teachers used the words `knowledge' and `training', they ascribed their own subjective meanings to them.

Teacher Mark's discourse on knowledge and training in HIV and AIDS is inextricably connected with his being as a person. Like teacher John, he also attended a number of different training courses which informed him about HIV and AIDS. His early marriage may have influenced his seemingly limited knowledge of sexuality. At the same time, his relatively religious upbringing may also have influenced the way he expresses his knowledge on sexuality. The following quotation sketches Mark's exposure to sexual education as part of his childhood socialization:

> Mark – At school there was basically little sexual guidance. Anything to do with sex was basically taboo with adults. You never asked any questions pertaining to sex, the little knowledge that you got about the opposite sex was basically amongst your peers… Books were scarce and mostly banned. I can't recall getting educated about sex (Transcribed from Mark's interview).

Teacher Mark's discourse on knowledge and training was mainly derived from training courses. He values the information and knowledge that he received from those agencies when he described his experiences as empowering and informative. Unlike teacher Anna, he does not draw upon personal experiences to produce his discourse. His reference to

`sex as taboo' can be regarded as a nonverbal – an extra-discursive example of society's power to silence the way sex is discussed in the public domain.

While all three teachers presented themselves as knowledgeable and sufficiently trained, their knowledge and training were produced by a wide interplay of different discursive practices. The three biographies of John, Anna and Mark provide a common source of discourse production, but the conscious connection between the teacher and the reference to specific discursive practices brought forth a particular enunciation of pedagogical discourses. While teachers John and Anna referred to pre-discursive and discursive practices, teacher Mark referred only to his attendance of courses as discourse practices. My contention is that non-discursive practices are not articulated directly but are embedded in the broader social structure in which discourse is articulated. Teacher Mark referred, for instance, to the fact that to talk about sex with adults was 'basically a taboo'. The 'silent discourse' of sex is an example of the inscribed nature of sex as a non-discursive practice in society, one which occurs outside discourse but nevertheless influences discourse in a direct way.
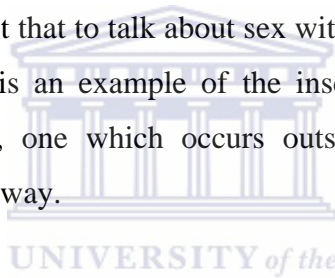
The pedagogical discourses of teachers in practice are expressed in diverse, indeterminate and subjective ways. These discourses contradict the prescriptive, determinate and instrumentalist nature of HIV and AIDS educational policy, driven as it is by the ambitious objective to prevent the spread of HIV infection, to allay fears of the pandemic, to reduce the stigma attached to it, and to instil non-discriminatory attitudes towards HIV-infected people (Government Gazette, 1996:15).

5.2.2   Finding Two: Discourses of culture

The emergence of 'culture' in the focus groups as an integral part of teachers' discourse of HIV and AIDS was confirmed in the questionnaire and face-to-face interviews. However, the use of a discourse of culture manifests a diversity which is generally unrecognized in educational policy. The epistemological gap between policy discourse

and teacher discourse is also manifested in a cultural discourse constituted in teachers' HIV and AIDS understandings.

Teachers often find themselves in the midst of cultural trappings which stifle their expressions on HIV and AIDS. Within the context of the focus group discussions, the teachers' discourses reflected the influences of their cultural contexts in diverse ways. The studies of Ahmed (2003) and Amod (2004) engaged with the contexts of culture and showed how diversely culture impacted on the approaches that researchers adopted towards researching HIV and AIDS. In the focus group discussions, cultural discourses were articulated across the breadth and depth of the pandemic from different angles. I have selected three examples from these discussions to illustrate the different ways in which teachers connect culture and the HIV and AIDS pandemic. These examples expound culture in the following ways: cultural apprehension, cultural conformity, and cultural predicament (negative). In the questionnaire, the cultural responses of teachers were explored on the basis of the cultural indicators which emerged during the focus group discussions, where the following elements were used: cultural identity, religious identity, cultural conformity, and cultural transgression/resistance.

At Site Three, the following quotation expressed a teacher's trepidation and inner conflict, brought about by her cultural background, in confronting the challenge of teaching HIV and AIDS and sexuality:

Teacher Site Three:

> ...it's hard for me to go into detail, because it feels like, sometimes it just feels like we're teaching those children, go out there to have sex, and you know, it is hard for me from a personal point of view.

`It is hard for me from a personal point of view' may imply that the teacher is experiencing a moral dilemma when she engages in sexuality education in the classroom. She experienced a sense of confusion when `…it feels like, sometimes it just feels like we're teaching those children, go out there to have sex …' The role of culture assumed an ambivalent meaning. While the teacher quoted above finds it difficult to reconcile her

`personal point of view' with the requirements of safe-sex teaching, the following teacher adopted a cultural approach as a `solution' to the problem.

Teacher, Site Three:

> ...you should start with self awareness, and the learners should know about value systems, you know, before you even think of HIV and AIDS in this whole thing. With, with them being self aware, and having a value system they know for themselves, like this is where I come from, then it is not like the teacher imposing his or her values, but the fact that they're comfortable with things and then they can make their choices from there.

Culture to the above-quoted teacher is used in a conformist way which underestimates the existence of cultural diversity. In the following extract, culture is articulated as a problem and as the origin of the public silence on sexuality.

Teacher, Site One:

> As (inaudible) says now, I think that the culture is the main problem, the culture is (inaudible), because we are (inaudible) in our culture, that is the start of this whole thing, because our parents don't want to come out with these things, because of our culture.

The third teacher sees culture as an obstacle to communicating about sexuality. Culture plays a negative role which inhibits communication and understanding between the older and the younger generations. The third quote expresses a view of culture and HIV and AIDS different from the apprehension of the first teacher. And again, the apprehension of the first teacher differs from the positive attitude of the second. In the teachers' responses to specific elements of culture, the statistical descriptions provided in the analysis tend to conceal these contested notions of culture and further expose a fragile cultural understanding. The questionnaire results supported the notion that an epistemological gap exists between educational policy and teachers' HIV and AIDS, as argued below.

In the questionnaire, teachers were asked to identify themselves with a particular culture (Table 12 in Chapter Four, 4.4.2). The results revealed that 69.3% identified with a culture, while 30.7% said that they did not identify with a culture. While the 69.3% may seem significant, the 30.7% also represents a significant number of teachers who do not

identify with a specific culture. The educational policy which informs teacher practice is based on the assumption that all teachers share a common cultural perspective with regard to sexuality, expecting them to operate within a narrow cultural perspective. The analysis of Table 12 suggests that at least 30% of the teachers surveyed through the questionnaire did not identify with a particular culture, thus questioning once again the assumptions on which the curriculum is based.

On the basis of the relatively high 69.3% of teachers who claimed to have a cultural identity, it may be expected that cultural resistance to the teaching of HIV and AIDS would be low. When teachers were asked to respond on their sense of cultural transgression/resistance in the context of their teaching, 60.8% responded they would not go against this culture (Table 13, Chapter Four, 4.4.2), while 39.2% responded that they would `go against this culture'. A comparison of results in Tables 12 and 13 shows some positive correlation between a sense of cultural identity (69.3%) and the tendency not to transgress culture (60.8%). In the following paragraph, the correlation between cultural identity and cultural conformism is assessed.
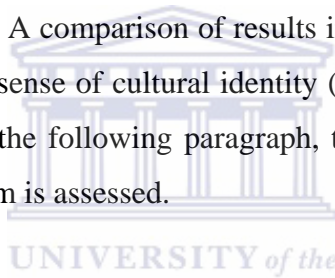
In response to the question (Table 14), Do you see yourself as a defender of your culture? 57.4% responded `yes' and 42.6% said `no'. From this table (14), it can be deduced that a 'high sense' of cultural identity (69.3%) can be correlated with a 'low sense' of cultural transgression, which in turn corresponds with a relatively 'high sense' of cultural conformism (57.4%).

The quantitative data sketches a differentiated sense of culture amongst teachers. For example, 30.7% of teachers see themselves as being without a 'definite' cultural identity, 39.2 % see themselves as 'transgressing' culture, while 42.6% consider themselves as not being 'defenders' of their culture. While the focus group identified a pattern of different cultural discourses, the questionnaire data added to its complex fragmentation.

The contradictory and multiple perspectives of the 'cultural' discourse are also found in a closer analysis of the teacher John's cultural discourse. John's parents provided him with

a religious upbringing marked by regular attendance at church and Sunday school classes. He remembered that at the Sunday school he was taught that sex was a sin: "We grew up that sex should only take place within marriage" (Transcribed from interview with teacher John). At home, nothing was said about sex, as it was a `bedroom issue'. John's church and Sunday school classes were formative discursive experiences that produced his discourse on religion and sexuality. However, as a young adult, he saw religion as an obstacle to fulfilling his sexual desires, causing him to deviate from its teaching and indulge in premarital sex. As a university student, he rejected his religious beliefs and became an agnostic. He lived a life free of sexual inhibitions, had a child out of wedlock, and later in his life, at the age of 40, married a lady belonging to the Catholic Church. He married in the Catholic Church for convenience, and does not regard himself as a loyal Catholic. However, as he grew older, he started to fear death, and his religious values, such as attending church and obeying the religious code of no sex outside marriage, were re-embraced. Further contradictions due to changing positions in his life were demonstrated when he initiated a `pro-abstinence' movement, PART[57], at school. Given his sexual history, his open views on youth sexuality[58], and the challenging nature of the pandemic, this gesture might appear to be surprising, as PART is a seemingly narrow and conservative prevention initiative. Teacher John reaffirmed his belief in sex within marriage as "the only way we can turn the epidemic around," despite all his previous remarks that "sex is nice" and "a luxury to be enjoyed at age 21…", as evidenced in the following quotation:

> Interviewer – Do you say we must be driven by abstinence in our education?
>
> John – Yes, it must play, it must form an important part before even we, we want to spread the message of condomize or one partner, I strongly believe that the only way we can turn the epidemic around is, is when we have safe sex within marriage …(Interview with John).

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[57] PART is an acronym for `promoting abstinence through recreation and training'.
[58] Teacher John also assisted pupils to have abortions.

Teacher John's marriage had a profound influence on his views on religion and sexuality. He admitted that his previous views on `sex within a relationship and with one partner', which were contrary to Catholic belief, have now been rejected by him:

> John – There was quite a big influence, because before you get married, you have to attend premarital classes, to discuss the whole thing about sexuality, especially the whole thing about contraceptives, they, [ah, ah], using the withdrawal method and not condoms, [irr, irr] it was an influence, that that sex before marriage is taboo for them, surely, I believe in a relationship and even sex within a relationship with one partner, believing in each other, the Catholics don't believe in sex outside marriage, and I tended to agree afterwards with them.

> Interviewer – You agreed?

> John – Ya (Yes).

Teacher's John's discourse on religion and sexuality education was dynamic and often contradictory. As a political activist and progressive teacher, his construction of discourse as practice was also influenced by the mediation of his marriage to a Catholic lady, who introduced to him a script about sexuality that was not entirely foreign to his discourse. His positions on abstinence and premarital sex may be contradictory, but he is able to live with those contradictions as they formed part of his personal experiences.

When reading the biography of teacher John and the role of religion in his life, one might be tempted to argue that a religious upbringing will instill lasting religious consciousness in the mind of a child. This might have been the case with teacher John. But in the case of teacher Anna the same reasoning would lead to invalid conclusions. She also had a religious upbringing, marked by different discursive structures which gave meaning based on her relationships in her environment. Teacher Anna's notion of culture and religion developed into a defiance of dominant cultural values and beliefs on sexuality. During the interview with her, she claimed to be an agnostic and perhaps in the future she "will be an atheist" (From interview). She said that she was not yet ready to say that she was an atheist. As mentioned earlier, Anna has always been an avid reader; this produced a multitude of textual references and practices which threatened the dominance of religion in her socialization. Her views on sexuality contradicted the religious

prescriptions that she was taught as a young girl. The following quote offers insights in this regard:

> Anna – …So when I was emotionally ready then I went all the way. I was not married, as you know, the religious thing also you must be married …before marriage. That also messes up your brain …
>
> Interviewer – It messes up your brain?
>
> Anna – At that time…before I could deal with it … Your religion tells you (you) cannot have sex before marriage, so why do you have these feelings…that is also one of the reason why the girls fall pregnant ... because now, forbidden fruit taste the sweetest, now you can't do it so you want to do it…you can't masturbate that is also against religion ...so then sex would be your outlet. (Transcribed from interview with Anna).

Anna draws on a variety of experiences (internal and external, pre-discursive and discursive practices) in producing her subjective discourses on culture and sexuality. Her reflections on her Christian upbringing are pre-discursive practices, contrasting with the incalculable influences of her reading, which had indeterminate consequences for her discourse production. Her cultural discourses not only contradict her earlier discursive practices, they also develop new and innovative ways of dealing with the problem of teenage sexuality and HIV and AIDS.

Soudiens' notion of discourse as social constructions composed of illogicalities and fractures (Soudien, 2001:103) is useful in describing the contradictory and fragile nature of teachers' cultural discourses. In the biographical story of teacher Mark, the importance of religion both during his childhood and in his life as a married person emerged quite consistently. Religion remains the final yardstick that will determine his thinking, but his discourse often tried to conceal this tendency. His attendance of short courses on HIV and AIDS education, his participation in the Health Wise project, etc, were all used to veil his insistence on religious conformism, on not promoting condom use, on sex only within marriage bounds, etc. In the following extract, Mark's discourse moves from religious conformism to idealism, with a slippage into pragmatism.

Interviewer – So you say, let us conform to the religious doctrine in teaching…

Mark – Man, historically I think I will have to say yes …I think thus far …I have not seen wrong in the teachings …and therefore I cannot say…look here…we should not conform to it…I think that we should and if we can all conform to the moral code then these things won't happen…but obviously we're living in a world that is not like that…so, so, it becomes a place where we have to have almost parallel to our religious and moral values we need to have other contingency plans as well …(Transcribed from interview with teacher Mark).

The religious conformism in the discourse has been influenced by teacher Mark's religious upbringing. His idealistic way of thinking, for example when he said "I think that we should (conform) and if we can all conform to the moral code then these things won't happen," is an outflow from his religious socialisation. His pre-discursive practices are embedded in his sense of self-in-the-world, which is supported by a pragmatic discourse that makes it possible for him to survive the contradictions in his life.

The glaring contradictory positions that teacher Mark took during the course of the interview resulted in a very simple statement of fact: that he was just doing a job. He conceded that there were many conflicting values between what he was supposed to teach and his personal beliefs as an individual, but found an escape by invoking the practicalities of being in a job situation, as indicated in the following extract:

Interviewer – How do you get around the fact that you are Catholic and you have to teach this (condom use, etc)? Is there no conflict?

Mark – No …no …no …as I am saying...doing the job, for example, if we're looking at …it would be a conflict in terms of religious teaching …as I said, one of the cornerstones of the religion is not to engage in sexual activities before marriage, you understand …and within marriage you have to be faithful as well …I don't find it as conflicting. I would say, look here …these are options which I spell out to you, but I am not specifically promoting one thing …but one of the things that I advise you is to abstain until you're married …but if that is not within your choice … My advice is to wait until you are married and be faithful to your partner … (Transcribed from interview with teacher Mark).

The nature of the culture and value discourse of teacher Mark, as illustrated in the above examples, was contradictory but also pragmatic. These descriptions of the nature of HIV and AIDS discourses of teachers are evidence that they are actively involved in discourse construction and revision. Teachers' subjective ways of reasoning make it possible for them to survive and in the process inscribe their own signatures to the discursive landscape that describes their HIV and AIDS and sexuality discourse.

Teachers' cultural discourses are not permanent, stable, logical or objective statements of truth. They are rather to be seen as subjective, contradictory, innovative and dynamic statements, produced in the context of their own biographies. Each teacher's discourse biography constitutes unique archival materials which provide a connecting point between the past and present. Culture and value discourses are differentially constituted and constructed. Their construction is a productive process that defines and redefines the shifting and changing position of the teacher through time.

5.2.3   Finding Three: Discourses on sexuality

The sexual content and association with HIV and AIDS discourses of teachers emerged in the literature and was confirmed in the focus groups discussions. To get teachers to speak openly about issues of sex and sexuality was perhaps the most challenging task in the research process. They expressed themselves diversely on this topic, taking different positions, ranging from a discourse of silence to one of frankness and openness (James-Traere et al, 2004). The social and public nature of the focus group discussion imposed immediate constraints on the enunciation of teachers' sexuality discourses. The questionnaire showed inherent weaknesses in producing knowledge, which was closely related to the subjective state of the teachers. The sensitive nature of sexuality as a topic also imposed further restrictions on the free expression of the teachers' attitudes, beliefs and experiences of sex and sexuality. The way they expressed themselves in the focus group indicated the changes in attitudes and approaches they had undergone during the implementation of HIV and AIDS education. In the questionnaire, I investigated the teachers' 'comfort' with sexuality education, their perception of `shyness to speak', and

their `free expression' on issues of sex and sexuality education. What follows are instances from the data that substantiate the contradictory and subjective constructions of the sexuality discourses. These constructions were produced in the contexts of the participants' diverse sexual experiences and knowledge of sexuality.

In the following quotations, the varied outcomes of the teachers' enthusiastic approaches to the teaching of HIV and AIDS are illustrated. The first is an example of a teacher whose enthusiasm led to 'reluctance' to engage with HIV and AIDS education.

Teacher, Site Three:

> I have, I have been teaching for four years, but the first two years I was passionate about it (meaning sexuality education), because I had a different type of child, but now, you shouting at them in this place, it's like they are not concentrating any more, where the previous child listened to what you had to say, it is like a big joke with them, and that is what I meant about distributing this (condom) at school. I've been neglecting my learners by the school. Especially my (inaudible), because you could see this coming, and they put me off.

The above quotation expresses a sense of disillusionment in the way the teacher experienced the teaching of sexuality education. She was initially enthusiastic about teaching sexuality education, but the disruptive responses of the learners led her eventually to neglect them. She has subsequently abandoned the teaching of this aspect of the curriculum, needless to say, to the disadvantage of the pupils.

Another teacher claimed that her willingness to talk openly to her pupils about sexuality resulted in some of her learners wanting to become too intimate with her. She could not manage their personal inquisitiveness about her private life, which resulted in a changed relationship between her and the learners. She stopped engaging with them on topics of sexuality. This teacher expected the learners to behave in a certain way which did not happen. Her disappointment in their behaviour was the consequence of setting predetermined expectations for them, which in the end became counter-productive.

In an exceptional case in one of the focus group discussions, a female teacher related that her personal confession as a 'reborn' Christian reinforced the need to be honest and sincere in one's life. Her discourse reveals how her personal commitment as a religious person influenced her sense of openness and honesty in the construction of her sexual discourse.[59]

Teacher Site Two:

> …I realize the only way to bring across the HIV and AIDS message or to introduce it, is firstly, to make peace with who you are as a sexual being and feel comfortable with your own sexuality, this is actually a profound thing that actually came from while I was being trained, and coming to me after class and we had that discussion groups and you know, and advises and what do I do here and what do I do there and that type of thing, and the other thing that I realized is, the objectivity on the educator, it's difficult especially as I am a born again Christian, but I try to coach them to wait until you're married, your body is a gift from God, but we have to accept that there are promiscuous kids out there and that you also need to give them preventative advice, like a condom, or contraception or abstinence or whatever.

Teachers' discourses on sex and sexuality constitute an integral part of understanding HIV and AIDS. In the three examples above, the teachers' discourses tended either towards an open and frank or a suppressed and withdrawn way of expressing themselves. The sex and sexuality discourses of teachers also showed tendencies either to incite or to suppress and silence sexuality. In the analysis of the questionnaire, the results show once again that qualitative constructions and descriptions of discourse magnified the diverse and contradictory nature of sexuality discourses. The following paragraph provides some basis for this argument.

On the question on whether teachers feel 'comfortable' about teaching sexuality education, the questionnaire showed in Table 15 (Chapter Four, 4.4.3) that an overwhelming 90.0% responded positively. Only 6.3% responded that they did not feel comfortable, while 3.8% opted for 'don't know'. From this statistic, the conclusion could

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[59] Refer to Chapter 4 for a more comprehensive narrative on this issue. The teacher explained how her sexual experience and religious ideas intersected in her approach to sexuality education.

be drawn that the overwhelming majority of teachers (90.0%) had no problem in communicating to their learners about sex and sexuality. However, only 47.4% of respondents `agree' with the following statement (Table 16 in Chapter Four, 4.4.3): `Some teachers are shy to speak openly about sex and sexuality', which brings into question the validity and reliability of the 90.0% who presumably felt comfortable to teach HIV and AIDS. This statistic can be questioned when compared to the results in Table 17 (Chapter Four, 4.4.3) in which the participants were asked whether `teachers feel free to express themselves openly on HIV and AIDS'. In expectation of a 'high' predictable percentage, 60.3% of the respondents answered `yes'. The results from this question are restated in Table 17 below.

Do teachers feel free to express themselves openly on HIV and sexuality?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	41	51.3	60.3	60.3
	No	27	33.8	39.7	100.0
	Total	68	85.0	100.0	
Missing	System	12	15.0		
Total		80	100.0		

Table 17: Teachers feeling free to express themselves on HIV and sexuality

While 60.3% of respondents replied `yes' to the question, a much higher percentage might have been expected, given the 90% of teachers who responded positively to teaching HIV and AIDS and sexuality. The results in Table 16 (shy to teach) and Table 17 (free to speak) bring into question the reliability of the results in Table 15 (comfortable with teaching).

The narratives generated by teachers in the focus group were diverse and often contradictory. While the focus group was useful in generating analytical categories which identified the emerging patterns of discourses, the questionnaire was useful as a triangulation technique in determining the veracity of the some knowledge claims. When the results of the questionnaire were reviewed to correlate its validity, a few contradictions and inconsistencies were revealed.

Teacher John's sexual discourses displayed frankness and honesty as he described his early experience of sex education and how he subsequently changed his views and practices before his marriage to his Catholic wife. His present views on sexuality education are based on his religious past, his exposure to workshop training initiatives, and the power of the non-discursive social environment which suppresses open discussion on sex and sexuality.

As a child, he received little of no sexuality education. He was afraid to commit the 'sinful act' of having sex outside marriage, but started having sexual relations at the age of 18/19, using the `withdrawal' method to prevent pregnancy. Teacher John acknowledged his out-of-wedlock child, who is about 9/10 years old. His honesty about his own sexual history aroused expectations of a liberal and `free-spirited' approach to HIV and AIDS education. On the contrary, he stood for abstinence and sex within marriage as the only way to prevent the spread of HIV and AIDS (refer to biographical data in Chapter Four). The adoption of a 'conservative' educational approach does however not prevent him from being compassionate and close to his pupils when they need his counseling on abortion and related issues.

Teacher Anna's sexual discourses emerged as a reaction to the repressive sexual upbringing that she experienced. She recalled how her mother was 'angry' when she had her first menstruation, which she saw as the beginning of a new sexual identity. When she went to university, `the best part of life', she went to parties and enjoyed her life. She became sexually involved, taking precautionary measures as she knew her mother would have been greatly disappointed had she fallen pregnant.

During the interview, Anna claimed that she spoke openly about sex and sexuality with her learners. She dispelled sexual myths about masturbation and promoted it both as a way to obtain sexual relief and as a method of averting teenage pregnancy and HIV and AIDS. Unlike teacher John, who had had similar repressive and contradictory experiences, she pursued her approach to HIV and AIDS education in an open and frank way:

Anna - …I want that we must be open with each other …then I also know that as I said some of them are sexually active already in (sic) Grade 9, then how am I going to tell them that sex is wrong, wrong, wrong, wrong …they are having sex and there is nothing that I can do to stop them having sex …but I can help them to be responsible …I mean, I can tell them that I'm against them having sex at your age …But if you're doing it already then what can I do …I must help and although I don't believe it is right, I am the educator, I must help them… (Transcribed from interview with teacher Anna).

The exposure to diverse sexual discourses during her childhood, her freedom during her university years, and her knowledge of real life experiences of people living with HIV and AIDS and knowledge about teenage sexuality produced an open and frank discourse. She possesses a wealth of sophisticated knowledge about sexuality and the pandemic, which she acquired through her love of reading. During the interviews, she often referred to literary works to support her argument.

The biography of teacher Mark sketches a picture of a limited exposure to sexual discursive practices. During his teaching of HIV and AIDS lessons, he became aware that the knowledge and experiences of his learners transcended his own experiences:

Mark - And from there I realized that we have to be open with these things …and   therefore I have no inhibitions…as an adult there are limits …it was first taboo to mention the sexual organs but now it's otherwise …'.

Faced with these experiences with his learners, Mark adopted a pragmatic position to resolve the contradiction between his religious beliefs on sexuality and the sexual openness of some of his learners. His adoption of such a pragmatic sexual discourse was informed by the needs of the moment.

The nature of the sexual discourse as exposed through the focus group discussions shows, once again, multiplicity, contradictions and inconsistencies, while the interviews exposed a sexual discourse of teachers showing variations of repression and openness, frankness, subjectivity and pragmatism. The discourses of sexuality are complex constructions of

both repressive and open discourses, based on their broad and varied exposure to sexual knowledge and experience in their personal lives.

5.2.4   Finding Four: Discourses of emotions

Despite the wealth of knowledge emerging from the research that was conducted on HIV and AIDS during the early phase of the pandemic, the literature in the field called for more research into society's experiences of HIV and AIDS and of the pandemic in general (HSRC, 2005). A social approach to the study of HIV and AIDS would locate the individual in relation to his or her social environment. Capturing of the collective experiences of many individuals would enhance a social understanding of the pandemic. The need for such research is justified on the ground that the pandemic is a social phenomenon which involves people. The feelings and emotions of people are an integral part of the social dynamic. In order to manage the pandemic in a humane way, more knowledge of how society was experiencing the HIV and AIDS pandemic became essential.
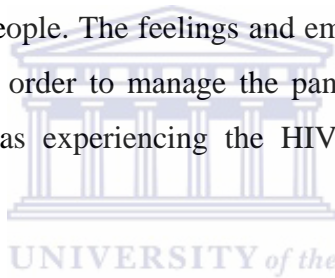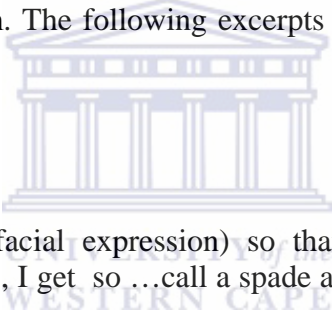
Words and expressions which described the 'emotional' and 'affective' nature of the pandemic appeared frequently across all the focus group discussions. This pattern in the focus groups confirms the literature's interest in the 'emotional' aspects of the pandemic. The study of De Lange et al (2006) referred to in Chapter Two (Literature review) explored the diverse emotional experiences associated with the pandemic. Emotions are subjective expressions, grounded in human experiences. A wide range of different experiences were described, which sketched the emergence of a broad spectrum of emotions as discursive practices of teachers. But emotions are not always used in one way or with the same intention. In the following paragraphs, the complex emotional nature of HIV and AIDS discourses of teachers is examined.

These discourses tend to be constructed in multiple and subjective ways, grounded in the discursive practices of teachers. As in the case of the lack of recognition for the previously identified discourses, the emotional discourse cannot be ignored as a social

reality. While the traditional qualitative and quantitative methods of research produce useful knowledge in understanding the nature of the emotional discourse, a closer, subjective analysis of teachers' discourses may yield new perspectives. In this study, emotional discourses have been shown to manifest in a variety of discourses of compassion, hopefulness and despair.

What may appear, for example, as an act of 'love' may in fact be intended as an act of 'revenge'. In the following extract, the use of 'anger' and 'laughter' as expressions of emotion illustrates the complex psychological and subjective meanings of the words. 'Anger' and 'laughter' are used in particularistic ways. The use of these words conveys a state of mind but their exact meaning is mediated by very specific personal circumstances. The meaning of emotions cannot be understood simply on the basis of the language used to describe them. The following excerpts are taken from the focus group data.

Teacher Site One:

> Ja, I must be angry (facial expression) so that I can talk about this problem, and sometimes, I get so …call a spade a spade and to these kids, they just laugh.

This emotional use of `anger' and the uncomfortable experience of the teacher, were part of a reflective moment in a focus group. This teacher needed to be in a particular 'state of mind' before she could speak about HIV and AIDS. In this extract, she expressed how she needed to be `angry' in order to vent the frustrations that she had built up inside her. The reactions of the learners were also indecisive, as `they just laugh'. Laughter here cannot be taken as having a singular meaning. The possibilities for learners' laughter can also not be induced by their outward impression of laughter. In the following quotation, a teacher understood their laughter as meaning `embarrassment':

Teacher Site One:

> They just laugh and act so embarrassed, sometimes, and it is much, really, you see, for my children it is hard.

The subjective and contextual nature of discourse production brings out the emotional content of teachers' thinking and discourse about HIV and AIDS. One teacher related in the focus group how 'anger' caused by her daughter's behaviour generated other emotions of 'uneasiness' and 'distress'. In a 'state of anger', she was prompted to speak about AIDS:

Teacher Site One:

> So, actually, I am always speaking about it, as you must be active about this business, this morning, I've got teenagers, at this stage, my kids are older now, she came just this morning, she didn't sleep at home, I was so angry this morning, really, I was so angry, when she said, look, if you can just be active about HIV, look here, I'm not going to look after her, her, afterwards, afterwards, [teacher pauses, showing strong facial emotions] no, I was wrong, [in the way she reacted] and I was angry at that time, then she just laughed at me, she just laughed at me. And she knows that I'm there for her, she knows that I will be there for her, but that I was just angry.

As a parent, this focus group participant shared her experience with her teenage daughter who came home in the early hours of the morning. While she was talking, the teacher showed strong emotions in her use of language and facial expressions. She described her emotional state when her suppressed anger exploded into a public 'open' outburst. Her discourse was a mixture of words and emotions. She later calmed down and composed herself when she realized that she was being very open and frank about her daughter's behaviour. Thus the meanings of emotions are subjectively produced and expressed. As part of a focus group discussion, language and context can only offer a limited access to the understanding of emotions.

The responses to the questionnaire offered a much wider range of emotions associated with HIV and AIDS. The open-ended question format was used to get teachers' responses. After converting their responses as string variables to numerical variables in the analysis stage, I reduced the various responses to a limited number of variables in order to make a statistical analysis possible. According to the results (Table 21 in Chapter Four, 4.4.4), 50.6% of the respondents used the description `sadness' as the associated

emotion, 17.7% described it as `fear', 4% used `depressed', and 26.4% used a range of negative and `other' descriptions which made a statistical analysis of emotions even more complex.

As referred to earlier, just as a word is never used to mean just one thing, in the same way emotions are labelled but their meanings are differently produced and experienced. To arrive at the meaning of the affective-emotional discourse on HIV and AIDS required access to deep biographical and ontological information of teachers. In this section, I will attempt to explain the meaning of these teachers' affective-emotional discourses of HIV and AIDS, with reference to the discursive practices that provided the context which made the emergence of those emotional expressions possible.

The affective-emotional discursive practices of teacher John are embedded in his experiences of the pandemic. The death of John's friend brought an association of 'fear' with the HIV and AIDS pandemic. But 'fear' was not his only emotional experience. His discourse shifted to a concern for himself and the need to preserve his way of life, which is precious and something he has worked for very hard, given his poor and humble beginnings. As a political activist, he struggled for the liberation of the people and a better life for all. Such achievements in life cannot be taken for granted. He developed a discourse of hope that those who are infected should be given the appropriate medical treatment to make the most of their lives. With ARV treatment, there is hope for the future. Teacher John's emotional discourse is rooted in his ontological mission to serve the community and save his people from becoming infected with HIV. The eulogy that he delivered at the graveside of his friend who died of HIV and AIDS re-enacted his role as the community leader of the past who now has to deliver his people from the possible destructive consequences of unsafe sex. Thus John's emotional discourse of hope and fear emerged from an intersection of various subjective experiences of the tragic consequences of the pandemic.

The affective-emotional discourse of teacher Anna was also produced in a complex way. Teacher Anna had a larger range of emotional expressions when she enunciated her

feelings on the pandemic. She felt hopeless and compassionate when she cared for her dying friend, sadness for the poor suffering from HIV and AIDS, and anger at the government who have not responded appropriately in the prevention and treatment of HIV and AIDS. Emotions are deeply subjective discursive practices that can only convey for a moment in time the expression of a person's internal state. Anna's emotional discourse was constructed in a generative way, conveying feelings hopelessness and care, seemingly contradictory but authentically rooted in the experiences of her life. A variety of pre-discursive and discursive practices produced a plethora of emotional discourses, such as 'compassion', 'care', and, on the negative side, 'hopelessness'.

The affective-emotional discourse of teacher Mark appears more difficult to analyse. His discourse on HIV and AIDS shows fewer emotions than those of the two other teachers. He does not share the loss of a friend, nor does he know of anyone who died of HIV and AIDS. His biographical context produced a more dispassionate discourse, emotionally aloof from the suffering of those infected and affected. There seems to be some consistency between his moralising discourse and his pragmatic cultural discourse. He used the evidence and information of HIV suffering to justify his religious conviction that HIV and AIDS is essentially sexually promiscuous in nature. Mark's rational argument is reinforced by his view that HIV and AIDS is like any other sickness and thus no due cause for any exceptional emotionality.

The affective-emotional content of these discourses brought out the diverse experiences and contexts of the teachers' expressions. Epistemologically, the qualitative and quantitative approaches yielded different results. The interactive nature of the focus group differed from the impersonal nature of the responses given in the questionnaire, illustrated in the examples above. In one particular focus group, 'anger' emerged as a dominant emotion and in the questionnaire, 50% of the respondents described their emotional experience as `sad'. The focus group and questionnaire as research techniques can be used to arrive at a descriptive language of emotions and experiences of HIV and AIDS, but they fall short in illuminating the complex processes involved in the construction of meaning, to which the interview as a technique is more suitable.

The nature of the emotional discourse during the interviews was contradictory, contextual, subjective and diverse. The similarities[60] and differences in the biographies of the teachers produced a range of discourses formed by particular discursive experiences. Teacher John's discourse of hope and fear[61] was inspired by his struggle for a better life, which he will now preserve by leading a sexually safe life. Teacher Anna's emotional discourse of hopelessness and care was derived from a mixed archive of personal experiences with HIV and AIDS, while teacher Mark's lack of emotional discourse was produced by the consistent influence of his religious experiences.

The human aspects of HIV and AIDS are manifested in the social contexts in which people experience the effects of the pandemic. The range of emotions associated with the HIV and AIDS pandemic needs to be recognized in policy and practice. At present, emotional responses to the pandemic are mainly expressed in melancholic and morbid terms. This may be indicative of the lack of success in society's efforts to curtail the debilitating effects of the pandemic. Short of giving people false hope, a positive, caring and compassionate approach to those who are infected and affected by HIV and AIDS would reduce the negative emotional nature that presently characterizes the pandemic.

5.2.5 Finding Five: Discourses of health and disease

The teachers generated discourses which identified the medical and health nature of the HIV and AIDS pandemic. Their association between HIV and AIDS and health has much to say about the 'disease' and the 'viral' nature of HIV. Discourses of health and disease emerged from the context of their life experiences and more particularly their personal knowledge of and closeness to HIV and AIDS-infected people. The teachers' health discourses displayed knowledge of the psycho-social, sexual and scientific nature of the disease. The paragraphs below substantiate the health nature of teachers' discourses, as exposed in the research contexts.

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[60] The interviewees are all LO teachers, married, professionally qualified, in their early 40's, teaching the same curriculum, have attended the same or similar training courses, teach at high schools, and are passionate about teaching HIV and AIDS, etc.

[61] Teacher John asserted that he needed to lead a married life that is free from illicit sex if he wants to be saved from the pandemic.

Across the three focus group discussions, the notion of the HIV and AIDS pandemic as a medical and health concern emerged from the discourses that the teachers articulated. The discussions confirmed the dominant medical nature of the pandemic, with the word 'disease' recurring in the discourses (Baxen, 2006; Weeks, 1990). The participants' discourses acknowledged the medical and health nature of their understandings. The focus groups provided a broad description of the meaning of the medical and health concerns, with some teachers emphasising the medical/disease and others emphasizing the health dimensions of the pandemic. The following extract shows some variation in the teachers' understanding of the pandemic:

Teacher Site One

> - It is a disease, and also it is not, if you hear the name HIV or AIDS, first thing that   you think is that maybe I am vulnerable, I am at risk - that is what comes to mind.

While the above quotation refers to `disease', it also introduces the aspect of the vulnerability of the teacher to contracting the virus. In the following extract, a shift of focus is seen from HIV and AIDS as a dreaded disease to one which is manageable once appropriate treatment and healthcare services are provided:

Teacher Site Two:

> But nowadays the focus has shifted, if you are on ARVs now, then you're cared for. You can live for over 10 years now, or more than 10. With ARVs, it can change it. You can take it, you can use that treatment, it is not about sexuality, it's about living for 40 years, you can get extra 3 years, of an extra 5 years, or at least six years.

Knowledge construction is fluid and content is contextually defined and given meaning in terms of its subjective and social relevance. In this theme, the nature of the knowledge claim reflects medical scientific knowledge which indicates a change in attitude.

The data in the questionnaire present a numerical analysis and description of teachers' first impressions and association of HIV and AIDS. A statistical analysis enabled a more

comprehensive description of teachers' conceptions of HIV and AIDS. Table 22 (below) presents an analysis of their responses.

Table: 22
Question: What comes to mind if you think about 'HIV and AIDS'

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Death	16	20.0	20.5	20.5
	Disease(illness, suffering, sickness)	44	55.0	56.4	76.9
	Sexual	11	13.8	14.1	91.0
	Other	7	8.8	9.0	100.0
	Total	78	97.5	100.0	
Missing	System	2	2.5		
Total		80	100.0		

Table 22: Teachers' conceptual understanding of HIV and AIDS.

According to Table 22, 56.4 % of respondents viewed HIV and AIDS as a disease. Other descriptions, such as 'death', 'sickness' and 'illness', are all related to a notion of the 'health' of the human body. The earliest conception of HIV and AIDS emerged as a medical phenomenon, in which the human body was infected by the HI virus but only later showed the symptoms of infection. Without medical intervention, the health of the infected would deteriorate, leading to the advanced stage of HIV which is AIDS. While teachers do espouse a common discourse of health, their understandings are unpinned by different discursive influences, as is shown by the following biographical examples.

Medical-health discourse of teacher John

The premature death of a close friend of teacher John provided the immediate context for the emergence of his understanding of HIV and AIDS. As a life-threatening sickness, HIV develops into AIDS, and if no medical care and treatment are provided, death comes sooner rather than later. Teacher John sees 'death' as a consequence of careless sexual behaviour. His female friend was a community worker, but became a victim of her own irresponsible behaviour. 'Death' becomes 'preventable' in the context of HIV and AIDS if treatment is administered timeously. The prevention of 'death' becomes a motivation to promote safe sexual behaviour amongst teenagers. The purpose of sexual education

would be to prevent the spread of the HI virus which, if undetected and unattended, will lead to AIDS. Assessing the infected person's CD 4 count, according to teacher John, represents a crucial moment of intervention, as it offers the possibility of ARV treatment to delay AIDS. John's medical-health discourse on HIV and AIDS has been produced as a complex mix of moralizing reasons to prevent the spread of the disease.

Medical-health discourse of teacher Anna

Teacher Anna also spoke about HIV and AIDS, drawing upon her experiences with a family friend who died of AIDS. For a while, she cared for this sick friend during the last phase of his illness. Although the context of her discourse was articulated with the experience of her dead friend, she shifted her discourse towards an alarming response denoting deep concern and sadness. But she also understood the suffering of people in the context of the political debates which have come to dominate the HIV and AIDS pandemic. The politicisation of HIV and AIDS has resulted in poor prevention and intervention programs, leading to the suffering of mostly the poorer section of the population:
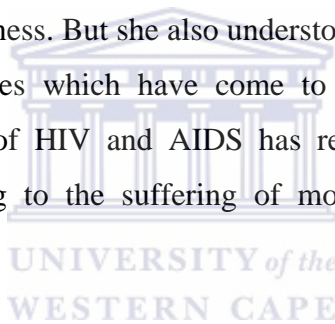
> Anna – I think of sadness, I know our government is not doing enough to educate the people to curb the spread the virus and to distribute the ARVs, the drugs…and that's making me sad…the majority of the people are poor people and that is really a matter of `I am going to die…they don't have long to live …'(Transcribed from interview with teacher Anna).

In the case of teacher Anna, a complex intersection of different discursive practices, that stretched from her love of reading through to her experiences with a dying friend, emerged as discourses of sadness and blame. These subjective experiences, although similar to the experience of loss of a close friend, produced different discourses. Anna's medical-health understandings produced a political awareness that is rooted in compassion for those infected.

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Medical-health discourses of teacher Mark

Teacher Mark's medical knowledge of HIV and AIDS was mainly influenced by his attendance of short courses and training workshops. His medical-health conception of HIV and AIDS is constructed in abstract terms, with little or no reference to lived experiences of the pandemic. He views medical knowledge as 'factual', which he uses to legitimise his religious discourse, derived from his conviction that sex should be practiced within marriage. Teacher Mark's discourse equates HIV and AIDS with cancer, claiming it to be just another sickness:

> Mark - …it is becoming part of our lives …we have …become used to it.
> Also if you have the virus you can live a healthy lifestyle (hi, hi, hi)
> [giggling] …it's like nothing more than having cancer…if someone is
> having cancer, it will be more frightening … (Transcribed from interview
> with teacher Mark).

The medical-health understandings of teachers generated diverse discourse formations, despite some striking similarities between some of their experiences. The example of teachers John and Anna, who both suffered losses in the death of a close friend, generated different responses. Interestingly, teachers John and Mark developed a common 'moralising discourse', stemming from their religious perspectives on life and a notion of 'sexual transgression', but the meanings of their discourses are qualitatively different. John adopted a precautionary approach to sexual behaviour, while Mark's discourse used the suffering associated with HIV and AIDS as evidence to justify the subjective truth of his religious convictions. Thus the teachers' medical-health understanding of HIV and AIDS was transformed into discourses of moralisation and compassion, rooted in the subjective experiences and discursive contexts of their complex construction of social reality.

5.3   Conclusion

In this chapter, I have stated the central findings of the thesis, which I have supported on the basis of the data presented in Chapter Four. The questions (one and two) set out in

Chapter One have been comprehensively answered. The common language expressions that were used in the various discursive contexts of the research reflect this aspect, which became incorporated in the findings. The nature of each discourse was described in terms of its knowledge and language elements. As a backdrop to this presentation, I have consistently referred to the differences between educational policy formulation on HIV and AIDS education and the way teachers have come to express themselves in practice. In the focus on the subjective nature of discourse production, the active mediation of the teachers in practice was acknowledged as a far cry from the uncomplicated, deterministic and linear understanding of knowledge as assumed in educational policy. While research on teachers' discourse has in the main been social, this thesis' epistemological value lies in the subjective identification and explication of the content and nature of HIV and AIDS discourses. The innovative use of 'discourse as practice' was a consistent conceptual lens that framed my thinking and interpretation, leading me to understand the rational arrangements in seemingly irrational and emotional actions of teachers.

The following Chapter (Six) concludes this study with a review of some of the critical issues that I raised in Chapter One, as well as some conclusions and recommendations which I based on my personal experiences and the findings of the study.

Chapter 6: Conclusions and Recommendations

6.1   Introduction

HIV and AIDS education has been taught at schools for more than twenty years, so the allegation that teachers have not been successful in achieving the desired educational outcomes required some investigation. In this chapter, I present an argument that the problems associated with the teaching of HIV and AIDS education need to be understood in the light of how teachers mediate educational policy, but at the same time often contradict the expectations created by the policy. An understanding of teachers' discourse of HIV and AIDS education would serve as a benchmark to compare and redress the epistemological mismatch between educational policy and teacher practice. This thesis has been guided by the formulation of three research questions constructed to provide a reasoned explanation for teachers' elusive and diverse HIV and AIDS discourses. The first two questions concerned the content and nature of teachers' HIV and AIDS discourses and were presented as the findings in Chapter Five. The third question linked the relevance of these findings to current educational policy matters and practices. I format at the end of this chapter as conclusions and recommendations which are based on all three research questions.

From an educational perspective, my thesis does not offer a final solution to this complex human and social problem, with its many sexual associations. But as teachers we cannot abandon the professional pursuit of deepening our sexual understanding of ourselves and society. Each individual is in constant dialectical relationships with himself and others. Discourse is produced subjectively from the discursive practices stored in the archive of the self which is part of every individual. In Chapter One, I cited numerous media reports to substantiate the belief that HIV and AIDS education remains a matter of serious concern to the governance of education, health and social welfare in South Africa. The results of investigative studies into teenage sexual problems support the view that HIV and AIDS education is missing its main clientele – teenagers. However, to lay the blame for the failure of HIV and AIDS education at the feet of the schools and the teachers

would be unfair and short-sighted. Sexuality is a concealed and complex aspect of human nature and its secrecy is often mirrored in the suppression of sexuality in society. While there is a perceived resistance to treating sexuality in an open and frank way in public forums, we often witness how the general public is regularly 'fascinated' and even 'entertained' by media reports on the sexual expressions of human beings, young and old. Society always seems to be both amused and shocked when people's sexual lives become public knowledge. The HIV and AIDS pandemic and these human sexual *adventures* cause an ongoing *rupture* in society's 'normal' way of seeing sexuality. Foucault (1987) referred to the suppression of sexuality a *repressive sexual hypothesis*. By this, he meant that the more society (pre)tends to suppress sexuality, the more sexuality is incited and erupts in unexpected and disguised ways. From an educational perspective, this does not mean that schools and teachers *per se* have no role to play in the education of human sexuality. I argued in Chapter One that, despite the challenging influences of the social, economic and psychological environment on the lives of humans, the school is still a privileged intervention space, one which ensures that learners are exposed to a relevant and meaningful education, giving them a chance to make a success of their lives and embrace their sexuality with full responsibility.[62]

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[62] Reports on teachers' successful teaching of HIV and AIDS and sexuality education seldom come to light, as the effects of teaching can only be evaluated retrospectively. I came across a story that illustrates successful teaching of HIV and AIDS and sexuality education by a teacher who is unknown to me. This story came to me via a narrative of one of his ex-learners. If compared to the first sexual experience of one of my female participants, recounted in a focus group discussion, this girl's story is worth sharing: "I was in Grade 8. The previous year, ten Grade 8 girls fell pregnant. The school and community were shocked and worried as these girls were known inhabitants of this small town situated in the farmlands of the Western Cape. They all had to leave school and are now teenage mothers. What happened to them did not happen to me. I am now nineteen years old and have just become sexually active. Before me and my boyfriend had sex for the first time, we went to the clinic for guidance on how to go about having sex and to have an HIV test. We were both tested negative. When we had sex, we used a condom. After my first sexual encounter, I told my mother about it. She asked me with whom I did it and I told her. She was ok with the idea and told me to be careful in the future. Today I have no regrets about what happened and how it happened. I take responsibility for my own life. I was very fortunate to have had a good teacher. He taught us Life Orientation and spoke constructively and openly about HIV and AIDS and sexuality." For what it is worth, she noted that this teacher was not at the school the year that the ten Grade 8 girls became pregnant. While there may be a tendency to pose moral questions about this girl's sexual behaviour, I think she has braved the tumultuous teenage years successfully and did not fall pregnant at school or act in ignorance. She tells a story of someone who was positively influenced by good HIV and AIDS education that empowered her to take responsibility for her own sexuality and for embracing what she has done. I wish her success for the future.

In this chapter I am also responding to the research question number three, asked in Chapter One. To bring this thesis to its conclusion, the chapter has been divided as follows: a restatement of the central findings the thesis (6.2); an evaluation of the epistemological contribution of the study, based on my immersion in the pandemic and the experiences which produced the findings of the research (6.3); and the conclusions and recommendations for the teaching of HIV and AIDS education (6.4). The chapter concludes with is a final reflective thought (6.5).

6.2   Restating the central findings

Five dominant discursive knowledge themes emerged from the data, reflecting the teachers' thinking and talking on HIV and AIDS education. These knowledge themes are the pedagogical, cultural, sexual, emotional and medical-health discourses of the teachers. In Chapter Five, the data constitutive of the pedagogical discourses of the teachers within the context of HIV and AIDS education emerged as diverse, indeterminate, and expressed in subjective ways. I argued that these discourses contradict the prescriptive, determinate and instrumentalist nature of an HIV and AIDS educational policy which is driven by the ambitious objective of preventing the spread of HIV infection.

The teachers also espoused cultural discourses that should rather be seen as subjective constructions of contradictory, innovative and dynamic statements of personal truths, in contrast to the dominant view that culture is 'permanent and stable'. Teachers' subjective ways of reasoning make it possible for them to survive, and in the process they inscribe their own signatures to the discursive meanings which describe their HIV and AIDS discourses. The nature of the sexual discourse showed signs of contradictions and inconsistencies, indicating variations of suppression and openness, subjectivity and pragmatism. Since the HIV and AIDS pandemic, there has been a move away from the traditional silent discourse, towards a sexual discourse that tends towards openness and ruptures. The nature of the emotional discourse emerged as contradictory, contextually limited, subjective and diverse, while the medical-health understandings of the teachers

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generated different discourses of illness and disease, despite striking similarities between some of their experiences. As stated earlier in this chapter, these discourses are not cast in stone. As a work in progress, they have been understood under the constrictions of my own construction of a conceptual methodological framework, as applied in Chapters Three, Four and Five.

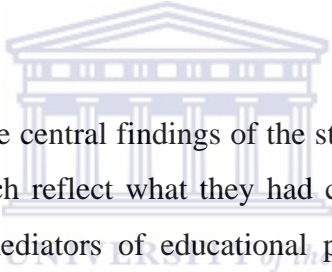## 6.3   Epistemological contribution of this study

Given the moral and professional obligation of the school to ensure that learners receive a quality and relevant education, much more needs to be done at various levels of the educational hierarchy. HIV and AIDS education needs redress at the level of educational policy, teacher training, school management and leadership, as well as classroom practice. To ensure that the learners' constitutional right to a quality education is being implemented, educational authorities should put the interest of the learners at the top of the educational agenda.

The scope of HIV and AIDS education is vast. Through the limited focus of this study, which is "teachers' HIV and AIDS discourses", I developed an understanding of the problem by using "discursive practices" which understands discourse as a form of social practice. Teachers' discourses are situated in a changing context, in which meaning between individuals also changes continuously (Dant, 1991:135). I have also argued that the use of language in discourse provides access to analysing what teachers are saying. Language does not convey the whole meaning. What teachers express linguistically may be a representation of something that lies outside the speaker. The "full" meaning of language remains a matter of interpretation. I mentioned in Chapter Two that, instead of trying to tie the meaning of things down, we should rather be encouraged to place the discourse in its context and to ask questions about its contradictions and how it was constructed (Parker & Bolton Discourse Network, 1999:5). I employed the concept *subjectivity* and developed an understanding that the meaning of discourse is stored in an *archive of the self*, one which enunciates discourse contingently and often unexpectedly. Baxen's study (2006) explained teachers' performance in the classroom in the context of

HIV and AIDS and sexuality education, and referred to it as `teacherly enactments' which are irrational and unpredictable in nature. I have taken her (Baxens' 2006) argument further and by using the conceptual lens – discursive practices – I have constructed a rational explanation for the production of seemingly irrational and emotionally laden discourses. In Chapter One, I referred to Scheurich (1995: 239) who sees discourse production as an interpretive moment in which the indeterminacy of language usage defies the permanency of a (pre)determinate understanding of social reality. In the context of the ever-changing face of the HIV and AIDS pandemic, I developed an approach to an understanding of HIV and AIDS education which recognises the ephemeral and contingent nature of discourse. I have also recognised the need for a constant and fresh contextual 'reality check' to keep track of changing social conditions, and cautioned myself against an approach to HIV and AIDS education that is static and fixed in its understanding. The dynamic nature of society and the rapid growth in knowledge of the pandemic demand a fluid and flexible approach to interpreting and understanding what is happening on the ground.

Needless to say, the five dominant HIV and AIDS discourses of teachers as presented in the previous chapter and summarized above are not cast in stone. They reflect an understanding based on a particular context of research and informed by a particular conceptual and methodological perspective. These discourses are constructed on the basis of empirical evidence and have become the objects reflective of teachers' own words and experiences. As research findings, they remain to be subjected to further investigation and refinement. As a discourse study, I employed theoretical and empirical research to produce a plausible answer to the main research question, 'What is the nature and content of teachers' HIV and AIDS discourses?' Using the empirical evidence as the basis of the five dominant HIV and AIDS discourses of teachers, I argued that an explanation for the poor state of HIV and AIDS and sexuality education should be understood as an incongruent and epistemological gap between HIV and AIDS educational policy and the actual practice of HIV and AIDS education by teachers in the field.

This study set out to redress the dearth of knowledge about the subjective nature and origin of teachers' HIV and AIDS discourses. This vacuum in the literature is partly the result of dominant research approaches to the study of HIV and AIDS education, which fell short of probing the complex subjective nature of teachers' discourses. My study departed from the traditional approach; following the few studies that I referred to in the literature review (Chapter Two), I developed an argument that subjective knowledge is needed to better understand what and why teachers are approaching HIV and AIDS education in the way they do. I have also argued that these discourses often fall short of the requirements needed to empower learners to remain free from HIV and AIDS and other sexually-related problems, such as unwanted pregnancies, abortions and sexually transmitted infections. Teachers' HIV and AIDS discourses are on the whole a far cry from the uncomplicated, deterministic and linear understanding of knowledge as assumed in educational policy.

In Chapter Five – describing the central findings of the study - teachers' discourses were presented as the practices which reflect what they had created or formed through their discourse. Teachers are the mediators of educational policy and they construct their discourses from those discursive practices which are stored in their subjectively located archive. When they enunciate discourses, their meanings are opened to a wide range of possible interpretations and understandings. These discourses have been described by Baxen (2006) as performative in their nature, as I mentioned in the previous section above. Few studies explored the subjective and emotional nature of teachers' responses to the pandemic (Chege, 2006, Francis et al, 2006). Some studies overstated the emotional quality of teachers' experiences and underplayed a rational explanation (De Lange et al, 2006). I agree that the emotional and the rational are essential parts of an explanation and cannot be ignored. While Baxen (2006) describes the teaching of HIV and AIDS education as `teachers' performative acts', meaning that teachers are seen as productive and not just responsive in the implementation of policy, I argue that teachers' practice is explicable in terms of the notion of a personal *subjective rationality* which is stored in an archive of the self and activated when required to do so. Teachers have developed a subjective notion of knowledge and training, taking place in specific contexts that

constitute the archive from which the production of discourse flows. As mentioned in Chapter Five, when teachers John, Anna and Mark articulated their discourse, they drew upon particular subjective experiences to enunciate such discourse, often contradicting the policy expectation of a common understanding and approach to HIV and AIDS education.

A critical consideration of the knowledge themes which emerged from the literature led me to design an empirical study, one which would offer some basis for understanding how teachers have navigated this complex discursive terrain. A focus on teachers' discursive practices in relation to educational policy intended to guide HIV and AIDS and sexuality education provided the intellectual puzzle of this thesis, as argued in Chapter One: that the confusion surrounding the outcomes of HIV and AIDS education may find an explanation in a possible epistemological contradiction between teacher practice and educational policy. Thus, the argument of this thesis goes beyond a mere questioning of policy implementation and the view that poor quality of teacher training and knowledge are responsible for society's concerns. In other words, an improvement in the implementation of policy and the provision of better teacher training are not enough *per se* to redress the current problem of HIV and AIDS and sexuality education.

By their very nature, HIV and AIDS and sexuality pose major educational challenges to society and to the educational sector in particular. I therefore do not offer any 'ready made' solution to this problem. However, I do consider it necessary to share my insights and recommendations, based as they are, on my involvement and experience with HIV and AIDS education and the research done for this study. Through a method that focuses on an analysis of teachers' HIV and AIDS discourses *in practice*, an alternative and potentially new understanding of the meaning of discourses could be constructed. Acquiring an understanding of the content and nature of teacher discourses pertaining to HIV and AIDS and sexuality contributes towards closing a glaring gap in the literature. Now that the content and nature of teachers' HIV and AIDS and sexuality discourses have been studied, further research needs to be conducted into related matters to sustain a

comprehensive understanding of HIV and AIDS education. I now move on to some conclusions and recommendations that I deem worth further discussion.

6.4 Conclusions and recommendations

As mentioned in Chapter Three, the question of my personal understanding and interest in HIV and AIDS cannot stand outside this project. My identity as a teacher provided the 'context within the context' of this study. I will now turn more directly to those conclusions and recommendations which could be useful in the effort to improve the state of HIV and AIDS and sexuality education at schools. I hope these conclusions and recommendations will provide a catalyst for further research and discourse into the complexities of teaching HIV and AIDS and sexuality education.

6.4.1 Subverting HIV prevention: The need to realign educational policy and practice.
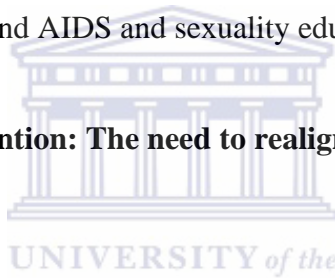
The first conclusion that I have drawn from this study is that the state of HIV and AIDS education, as practiced at secondary-school level, is in need of serious attention in the light of the educational needs and expectations of society. While many teachers displayed an organised approach and willingness to implement HIV and AIDS education, others preferred to underplay or ignore its importance. Many have expressed a need for training and knowledge that would put them in a better position to handle the curriculum. However, they have also expressed the view that training should be useful and relevant to the needs of the classroom. To this end, my recommendation is that appropriate and teacher-friendly approaches be initiated, both to engage teachers and to devise relevant educational programs to deal with their pedagogical needs. Given the sensitive nature of human sexuality, special attention should be given to the recruitment of willing teachers to spearhead, in a responsible way, the construction of a teacher training program for HIV and AIDS and sexuality education. A comprehensive educational program would include all facets of human sexuality and focus on the need of the child to develop holistically.

Teachers at school are often allocated randomly to teach the Life Orientation course which includes HIV and AIDS education. On the basis of my research at schools, I concluded that the schools where HIV and AIDS education seemed to be in good hands were those where the Life Orientation department was functioning well. I would recommend that only teachers who are aware of what HIV and AIDS education entails, and have undergone appropriate training, be given the responsibility of teaching this subject. Notwithstanding the fact that knowledge on its own will not guarantee significant change in the teaching of HIV and AIDS and sexuality, appropriate didactical approaches should be part of a renewed attempt to improve the quality of HIV and AIDS education at the classroom level.

6.4.2 Developing a teachers' discourse of youth sexuality

A further conclusion that I drew from a review of teachers' dominant HIV and AIDS discourses was the lack of knowledge of youth sexuality and its relevance to the teaching of HIV and AIDS in the classroom. In numerous places in this thesis, the issues surrounding youth sexuality have been referred to. One of the disconcerting findings in the list of dominant discourses of teachers was the absence of a distinct discourse of teenage sexuality. Applying Foucault's notion of a suppressed sexuality, together with the notion that discourse shapes or forms the object that it speaks of, the lack of a discernable discourse of teenage sexuality signifies that many teachers are ill-equipped to speak or think about teenage sexuality in a constructive educational way. At the level of educational policy, there is a need to expand the space necessary to engage and explore the nature and expressions of teenage sexuality. This may lead to the development of enhanced teacher knowledge at the level of teacher training, which has hitherto lacked any substantial input into teachers' understanding of teenage sexuality.

The lack of knowledge and discourse about teenage sexuality has resulted in the need for an appropriate language to communicate the shared meanings and understandings necessary to mainstream the teaching of HIV and AIDS and sexuality. Openness about sexuality should not be perceived as an opportunity to engage in aimless sexual talk.

Sexual education needs an appropriate language and orientation for its effective expression. As something 'new' in society (and education), it should be conducted responsibly. As implementers of an educational program that deals with sexuality, it is imperative that teachers be appropriately trained about aspects of sexuality. My recommendation in this regard is that educational policy considers the centrality of sexuality as an aspect of learner and teacher identity and formulate principles and guidelines which would engage human sexuality, so that some common and shared language of understanding and communication could emerge in the educational domain. Teaching children HIV and AIDS and sexuality education would by implication involve knowledge of how youth see and express their sexuality. Without a perspective from the children themselves, how can teachers engage them meaningfully and ensure that they take responsibility for their own sexuality?

6.4.3 Recognising differences in teachers as potential productive discourse

The need to emphasise the educational domain as a dynamic and diverse space that requires a democratic ethos, with respect for individuality and differences as essential, must always be recognised. A pedagogical approach needs to recognise this aspect of teaching, especially with regard to HIV and AIDS education which may affect each learner (and teacher) differently. While it may be idealistic to expect teachers to achieve a common educational outcome in HIV and AIDS education, they still need to play a meaningful role in the classroom. I have shown in Chapter One how educational policy takes a homogenous view of teachers and how instrumental rationality created unrealistic expectations from them. Given the subjective nature of teachers' HIV and AIDS discourses, educational authorities often see resistance to uniformity in a negative light. Teachers cannot be expected to conform to one practice, especially if there is no certainty about what is expected of them. I can only imagine some of the parental and official reactions to the sexuality discourses of teacher Anna (one of the interviews discussed in Chapter Four and Five), if they were to know about them. But she remained in contact and relevant to the lives of her learners. Contradictions and differences in discourse and approaches to HIV and AIDS education should rather be seen as a natural consequence of

teachers' heterogeneous and diverse biographies. Differences and similarities across the spectrum were expressed in all the findings of the study, supporting the view that teachers are individuals with subjective experiences that form an essential part of the educational discursive landscape. Differences amongst teachers as a social reality need to be recognised and incorporated into the culture of teacher education. During the research process conducted for this study, the highest ethical standards were observed to ensure teachers' sincere participation. Valuable insights into subjective knowledge(s) that the teachers concealed in their daily practice were articulated and recorded in confidence. Many teachers whom I met during my research displayed excellent skills and knowledge. Had it not been for their participation in this project, their valuable experiences would have gone unrecorded and wasted. I had the unique opportunity to engage with some of them while formulating these findings.

My recommendation in this regard is that teachers be treated with respect and that appreciation for differences becomes an active discourse and practice in education. This, I suggest, will create a more tolerant social environment for teachers to become more interactive. The educational authorities should constantly inculcate the need for an educational practice based on professionalism and respect, so as to create a humane environment that would make schools a primary place where the values of teaching and learning remain paramount to all. An insistence on conformity to policy, which has now been sufficiently recognised as limited, would deny the emergence of innovative and creative practices which could add value to HIV and AIDS education. This I recommend, notwithstanding the need for a broader scope and understanding of human sexuality in educational policy.

6.4.4   The conflicting role of culture in HIV education: resistance vs emancipation

The influential role of culture in the shaping of teachers' beliefs and views on the teaching of HIV and AIDS education emerged as an undeniably contested issue in education and HIV and AIDS. Researching HIV and AIDS education brought about the need for more cultural awareness and the sharing of experiences and knowledge amongst

teachers. Some teachers exist on their islands, as if HIV and AIDS were not a matter of educational concern for all. It is important that teachers appreciate the reality of cultural diversity in their work. In this regard, research in cross-cultural studies would make available knowledge about different cultural influences on people's beliefs and values. An open cultural approach would also promote the culture of respect and tolerance that would be needed to create better conditions for teachers to develop an improved knowledge of themselves and their practice. While the cultural discourses of teachers tend to demonstrate both resistance and conformity, the teaching of HIV and AIDS needs to highlight these contradictions so as to bring about a greater awareness of the need to focus on the educational needs of the learner. During the focus group discussions, cultural conformity in respect of HIV and AIDS education was often cited by teachers as a major hurdle to overcome, due to the customary belief that the older generation should not talk about sex with the younger generation.

To this end, I recommend that studies be promoted that reflect the different cultural influences on HIV and AIDS and sexuality education. Given the need to develop an HIV-free society, the critical role of culture in this respect should be highlighted and its impact on the pandemic should be clearly illustrated. Often teachers and parents come from cultural backgrounds that deny the right of other cultures and belief systems to co-exist with them in a shared space. The question that will confront teachers on a continuous basis is whether children's rights should be denied because of a need for cultural preservation, which by implication imposes serious barriers on communication and knowledge.

6.4.5   Schools as sites of care, treatment and activism

Often schools deny the importance of HIV and AIDS education, despite their public acknowledgement of the existence of youth problems such as teenage pregnancies, drug abuse and addiction. The journey that society has to travel before HIV and AIDS is to be recognised as a challenge of the present and not the future has unfortunately still a long way to go. During my research with teachers at schools, their discourses reflected an

emotional quality that brought out the compassion and hope that society will be able to overcome the HIV and AIDS pandemic. A medical cure is still remote, but a change in attitude can go a long way to support those infected and affected by HIV and AIDS. The provision of better care and treatment could also alleviate the suffering of people, once medical facilities and services are improved. As teachers are social beings, and many of them are also infected and affected by the pandemic, I recommend that a greater awareness and display of compassion be inculcated at grassroots level for people suffering from HIV and AIDS. An awareness of the stigma associated with HIV and AIDS should be addressed constantly. The fact that all sexually active people are in some way or another vulnerable to HIV should be incorporated in prevention programs, to expose the prudish reactions and sexual hypocrisy in society. At school, there are learners and teachers infected and affected by HIV and AIDS.

To promote a more compassionate and caring society, I recommend that schools become creative spaces of activism for HIV and AIDS awareness, care and treatment. Schools should share knowledge, information and resources and provide emotional support, extending it to others who may be in need. While social stigma has a negative impact on people living with HIV, there remains a need to create an emotional atmosphere that would break down the stereotyping associated with HIV and AIDS and give hope to those who are infected and affected. To make schools active spaces of HIV prevention and care, teachers need to liaise with community-based organisations, such as the Treatment Action Campaign (TAC), which would support them in their efforts to bring about a greater awareness of the various aspects of the pandemic.

6.4.6 Unequal power relations and HIV prevention education

A direct manifestation of the importance of the role of power in discourse is to be found in the unequal nature of gender relations in the context of HIV and AIDS education and research. As a contribution to the literature, this study confronted a few interesting methodological challenges worth mentioning. The negative role of gender inequality as an aspect of teaching HIV and AIDS has been raised in the literature. What was

disconcerting was the role of male teachers in the research conducted for this study. Although the research was conducted over a range of more than twenty participating schools and over one hundred teachers in different roles as respondents, there was a noticeable lack of male participation. This was true in the case of the focus group discussions as well as the questionnaire.[63] I am concerned that my research on HIV and AIDS mainly attracted female participation, while the male teachers, who are often accused of inappropriate sexual behaviour and abusing their position of authority over female learners, were under-represented. The unequal gender participation in research also reinforces the myth that HIV and AIDS is primarily a female problem.

I recommend that the involvement of males be given special consideration to ensure their participation. I would also recommend that male-focused studies on HIV and AIDS prevention and sexuality be encouraged in order to increase our knowledge of male discourses. There is a lack of knowledge about males' perception of HIV and AIDS and sexuality and how it impacts on the HIV and AIDS pandemic. The impact and role of males' perception of HIV and AIDS and sexuality have been obscured for too long. Future studies should ensure that males participate fully in the research, which will also raise the epistemological value of the findings generated.

6.4.7   Male sexual abuse: Obstacle to HIV prevention education

I referred in Chapter Two (Literature) and Chapter Four (Data presentation) to
 incidents of sexual abuse of females (teachers and learners) by males (teachers and learners), with embarrassing consequences. In my teaching of Life Orientation at secondary school level, I also experienced behavioural tendencies from learners which presented awkward moments in the classroom.

To prevent these possible breakdown points in the teaching of HIV and AIDS education, I recommend that the possibilities be explored of male and female teachers engaging

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[63] See Table 1 for the gender composition of the sample in Chapter Five. 66.3% of respondents were female and 33.8% were male. The participation in the focus groups was voluntary and at the first focus group discussion there were no male participants and at the third focus group only two males.

male and female learners on those aspects of sexuality that may produce moments of awkwardness and inhibition. In a practical way, the educational institution could arrange, at a departmental level, a program of team-teaching, enabling boys and girls to learn what they need to know within a specific framework.

6.4.8 HIV and AIDS, teenage pregnancy and drug abuse: towards a comprehensive and inclusive preventative educational strategy.

I referred earlier in this thesis to the involvement of school-going children with high-risk behaviour, such as drug and alcohol abuse and sexual activities which may lead to pregnancy and abortion. One of the unfortunate unintended consequences of HIV and AIDS education has been its separation from the need to prevent teenage pregnancies, which is conceptually connected with the prevention of HIV and AIDS. I also referred earlier to the public concern and governmental reports on the increase of teenage pregnancies amongst school-going children.

I therefore recommend that HIV and AIDS education be taught in conjunction with instruction about other kinds of risky behaviour, such as teenage pregnancy and drug and alcohol abuse, which in some communities have already reached epidemic proportions. Programs on self-knowledge and the need to take responsibility for one's own decisions and actions in life should be introduced at an early stage of self-awareness. With the introduction of innovative school initiatives for implementation at classroom level, HIV and AIDS education stands a chance of being reinvigorated, creating a heightened awareness of responsible sexual behaviour amongst learners.

6.4.9 The primacy of learners' educational rights

While the focus of this study was 'teacher discourses', on numerous occasions I have referred to the primacy of the learner in education. The learners are supposed to be the prime beneficiaries of education. Given the mediatory role that teachers play in the education of children, the constitutional rights of learners are often suppressed in the

name of an established social ethos determined by tradition. It goes without saying that educational authorities at a policy-making and implementation level should be aware of the rights of children to receive a relevant and appropriate education, one which will empower them to face the challenges of the day, of which HIV and AIDS prevention is paramount. Educational policy and teacher practice need to be freed from ideological and political influences that may obstruct and obscure the learners' constitutional right to an appropriate and meaningful education.

I recommend that the educational authorities institute a practical framework to ensure that school-going children be guaranteed a quality education, one which would include inculcating sexually responsible behaviour in learners. In the process, it would protect all children against the possibility that their right to a relevant education be inadvertently jeopardised by well-intentioned but inadequate teaching.

6.5   Final thought

The findings of this thesis are derived from the proverbial 'hearts and minds' of the teachers. I suggest that most if not all teachers will be able to relate in some way or another to what emerged in this thesis, because it is about them and how they have come to relate to the HIV and AIDS pandemic. Teachers have grappled giving meaning to a complex but vital aspect of their lives and in the process have demonstrated that the world is a complex place, with many contradictions and confusions but also a myriad of possibilities of hope for a better future. I hope this study has contributed towards an understanding of the complex structure of HIV and AIDS discursive practices. Despite the differentiation that is to be found in teachers' discourses on HIV and AIDS, the findings of this study demonstrate that within teachers' discourse there are layers and threads of common meaning and language that converge into an identifiable textual landscape. Educational research should further pursue an analysis and understanding of the complex connections between educational policy and teacher practice and how they impact directly on the interest of the child, which is the essential driving force of all educational pursuits.

I endorse the sentiment that if understanding discourse enables the researcher to document what causes schools and teachers to be what they are, and to change for the better what might have emerged as negative and detrimental to society, a worthwhile course will have been pursued (Popkewitz, 1998:249). Let the teacher speak!

Postscript

During the final stages of completing this thesis, the Minister of Basic Education, Angie Motshekga, announced new educational amendments to the current Outcomes - Based Education (OBE) curriculum which is currently being implemented in South African schools. The new education reform plan - Action Plan 2014: Towards Schooling 2025 – will include the building of schools with proper sanitation facilities, laboratories, libraries, teacher development, education and support (Chuenyane, City Press, July 30, 2010).

As a continuation of previous changes and the evolution of C2005, Action Plan 2014 represents a significant alteration of OBE. In the context of this thesis, with its focus on policy-practice discrepancies in the field of HIV and AIDS education, a relevant question to ask would be whether Action Plan 2014 responds in any significant way to concerns raised in this study. My response to this question is that the reforms are not fundamentally designed to transform educational policy in the current curriculum framework, but aim at creating uniformity and conformity to the implementation of the curriculum at classroom level. In this respect, the role of common textbooks, learning activities and evaluation would ensure that teachers and learners create the shared understanding and approach which would generate confidence in C2005. My study needs to inform those areas in HIV and AIDS education, such as teacher training and policy issues that are causing the growing problems and tensions teachers are experiencing with the teaching of HIV and AIDS education.

I suggest that the announced education reforms, which are to be phased in over a number of years, are simply confirming the existing Curriculum 2005 framework, as there seems to be no intention to replace OBE with an alternative theoretical approach. OBE still seems to be the preferred alternative to the old apartheid policy of Christian National Education (CNE). When Minister Motshekga was asked why OBE was adopted in the first place, she replied that the values of OBE were attractive as its principles were derived from democracy, as opposed to the policy of Christian National Education which

entrenched white supremacy and aimed at keeping Blacks in servitude (Chuenyane, City Press, July 30, 2010).

I see the proposed educational reform as ameliorating the negative effects that the past twenty years of OBE have had on the schooling system and especially the morale of teachers. Teachers have expressed mixed feelings about the new educational proposals. The argument that OBE has not worked in countries (Canada and Australia) which are blessed with a wealth of resources means that it would also not work in those countries that lack resources (like South Africa) (Wolf, 2010:8). However, despite the promises that more resources are to be invested in the educational sector, the unequal nature of education in the country, with its roots in colonial and apartheid South Africa, demands much more than mere educational reforms to redress these glaring inequalities.

For the time being, some teachers may welcome these reforms, since they create the expectation that more time will become available for productive teaching. However, the interpretation and implementation of the reforms may produce responses at grassroots level which may differ from those officially expected. In all probability, the existing policies on HIV and AIDS education will remain unchanged. If no explicit attention is to be given to the training of teachers in general and HIV and AIDS and sexuality teachers in particular, the school as an educational intervention space will continue to be under-utilised. Those concerns of parents and society about the uncertainty of educational outcomes which I addressed earlier in this thesis would then remain unattended.

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Appendices

Appendix 1: Copy of letter sent to school principal

The Principal
……………..
……………..
7941

21 July 2005

Dear sir

Following our discussion today in your office about my research for the PhD study on the teaching of sexuality/AIDS education at schools, I provide a synopsis of my intended focus group discussion at your school.

1) I am at the "research stage" of my thesis and need to conduct a focus group discussion. This experience will inform my future research stages.
2) My thesis topic is " An analysis of teacher sexuality/AIDS discourse at schools in the Western Cape".
3) I need at least 5 to 8 of your staff members who may be directly or indirectly involved with the teaching of HIV and AIDS education, preferably Life Orientation. These teachers should feel free to communicate about their experiences as teachers as well as individuals. While the educational planners did not sufficiently consider the teachers' training needs and the identities of teachers when the policy documents and curriculum instructions were implemented, I would like to create that opportunity and hopefully send out a message as to how teachers feel about teaching sexuality/AIDS education. I would therefore invite volunteers who are frank and outspoken.
4) The session may take about 1 hour and 30 minutes and I hope to provide some refreshments for the participants. A mutually agreed time and venue will be arranged.

Please share the content of this letter with your staff and beg for their participation on my behalf. My view on teachers is that they are valuable assets in our community and their experience and knowledge is vital in our fight against the spread of the HIV and AIDS pandemic.

Thanking you in anticipation.

Yours in Education

M Noor Davids

Appendix 2: Copy of letter of permission from WCED

Mr Noor Davids
4 Pelican Way
ZEEKOEIVLEI
7941

Dear Mr N. Davids

RESEARCH PROPOSAL: AN ANALYSIS OF HIV/AIDS AND SEXUALITY DISCOURSES OF TEACHERS AT SECONDARY SCHOOLS IN CAPE TOWN.

Your application to conduct the above-mentioned research in schools in the Western Cape has been approved subject to the following conditions:

1. Principals, educators and learners are under no obligation to assist you in your investigation.
2. Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
3. You make all the arrangements concerning your investigation.
4. Educators' programmes are not to be interrupted.
5. The Study is to be conducted from **26th April 2007 to 30th June 2007**.
6. No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December 2007).
7. Should you wish to extend the period of your survey, please contact Dr R. Cornelissen at the contact numbers above quoting the reference number.
8. A photocopy of this letter is submitted to the Principal where the intended research is to be conducted.
9. Your research will be limited to the list of schools as submitted to the Western Cape Education Department.
10. A brief summary of the content, findings and recommendations is provided to the Director: Education Research.
11. The Department receives a copy of the completed report/dissertation/thesis addressed to:
      The Director: Education Research
      Western Cape Education Department
      Private Bag X9114
      CAPE TOWN
      8000
We wish you success in your research.

Kind regards.

Signed: Ronald S. Cornelissen
for: **HEAD: EDUCATION**
DATE: 26th April 2007

Appendix 3: Copy of consent letter completed by participating teachers

INFORMED CONSENT
(This form will be filled in by all teachers participating in this project)

I, the undersigned, agree to participate in the research titled "An investigation into the sexuality and HIV and AIDS discourses of teachers in the Western Cape".

This study is being conducted by Mr M N Davids, a doctoral student at The University of The Western Cape.

I understand that my participation is entirely voluntary; I can withdraw my consent at any time without penalty and have the results of my participation, to the extent that it can be identified as mine, returned to me, and removed from the research records.

The following points have been explained to me:

1. The purpose of the research is to investigate how teachers are thinking, talking and teaching sexuality and HIV and AIDS education.
2. The results of this research will add to the literature on teacher training, sexuality and HIV and AIDS
3. Staff members will participate in focus group discussions. Participants will be asked to explore their thoughts and opinions about aspects of sexuality and HIV and AIDS teaching.
4. No discomforts or risks are foreseen.
5. Participants may choose not to respond to any questions.
6. The results of my participation will be confidential, and will not be released in any individually identifiable form without my prior consent, unless otherwise required by law.
7. Interviews will be audio and video-taped. Audio- tapes will be heard only by the researcher and supervisor, will be stored safely and securely for the duration of the research, and will be erased after the research project is completed.
8. The researcher will answer any further questions about the research, now or during the course of the project.

I have read and understand the Informed Consent form and conditions of this research. I have had all my questions answered. I hereby acknowledge the above and give my voluntary consent for participation in this research project.

_____   _____

Signature of Participant   Date

_____   _____

(M Noor Davids, Researcher)   Date