Curriculum-in-the-Making

Being a teacher in the context of the HIV and AIDS pandemic

Teacher Education Pilot Project

HEAIDS

HIGHER EDUCATION HIV/AIDS PROGRAMME

Contents

Acknowledgements

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ACE	Advanced Certificate in Education
ACU	Association of Commonwealth Universities
CHE	Council of Higher Education
CPTD	Continuing Professional Teacher Development
CTP	Committee of the Technikon Principals
DoE	Department of Education
EC	European Community
EU	European Union
EDF	Education Deans' Forum
HEI	Higher Education Institution
HEAIDS	Higher Education HIV and AIDS Programme
HESA	Higher Education of South Africa
HIV	Human Immunodeficiency Virus
NQF	National Qualification Framework
NPDE	National Professional Diploma in Education
OCF	Online Collaborative Forum
OVC	rphans and Vulnerable Children
PCU	Programme Coordinating Unit (HEAIDS)
PGCE	Postgraduate Certificate in Education
PLWHA	People living with HIV and AIDS
PWG	Programme Working Group (HEAIDS)

SAIDE   South African Institute for Distance Education

SASA   South African Schools Act

SAQA   South African Qualifications Authority

SAUVCA   South African Vice-Chancellors' Association

STI   Sexually Transmitted Infection

UN   United Nations

UNGEI   United Nations Girls' Education Initiative

USAID   United States Agency of International Development

VCT   Voluntary Counselling and Testing

USAID   United States Agency of International Development

Introduction

Why Curriculum-in-the-Making?

INTRODUCTION

The idea for *Curriculum-in-the-Making* comes out of an appreciation of the complexities associated with teaching in the area of HIV/AIDS, the fact that one set of learning materials cannot fully address these complexities, and the fact that it is neither desirable nor possible to envision a set of 'teacher proof' materials.[1] *Curriculum-in-the-Making* also comes out of the recognition of the dynamic nature of HIV/AIDS and the need for teacher educators to stay current. More than anything, then, it is meant to be a resource for teacher educators in South Africa who are grappling with the many issues related to the question of what it means to be a teacher educator in the age of AIDS. While *Curriculum-in- the-Making* is located, broadly speaking, within the framework of the HIV Module, *Being a teacher in the context of the HIV/AIDS pandemic,* piloted in all teacher education institutions in 2008-2009 in South Africa, under the auspices of the Higher Education HIVand AIDS Programme (HEAIDS) it is not meant to be programme specific. Rather, it addresses a variety of pedagogical, curricular and evaluation issues which any teacher educator might encounter in the course of developing and implementing a module or unit that includes work on HIV/AIDS, regardless of whether it is a stand-alone module or a module in Mathematics, Science or Language Education that integrates HIV/AIDS into already existing material. Thus, it is meant to be a companion to the Pilot Module learning materials of *Being a teacher in the context of the HIV/AIDS pandemic* as well as to other curricular interventions focusing on HIV/AIDS in South Africa in teacher education.

The notion of 'curriculum-in-the-making' is one that is located within Curriculum Studies more broadly, and recognizes the significance of curriculum as a process rather than as a product and indeed the idea of curriculum-in-use. How does the

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1 Here we acknowledge Mort Bain of McGill University for his use of the term in 1989. See also C. Mitchell (1995) *Curriculum-in-the-making: Evolving a course in teacher education on gender and social change.* Lusaka: UNICEF

curriculum-in-use, or the actual day-to-day interactions among lecturers (teachers), students, content and the social and academic environment (Hollins 1996), have an impact on learning in an HIV/AIDS context? How do lecturers and students receive, understand, interpret and implement the curriculum as product? "What is it about [the] curriculum and [the] pedagogy [that lecturers adopt] that really makes the difference to [student] learning?" (Reeves and Muller 2005, p.103) The curriculum model that we draw on here to address these questions is informed by William Pinar's (2004, p.186) metaphor of curriculum as "an extraordinarily complicated conversation".

The notion of curriculum-in-the making also draws on the significance of teacher educators and teachers as themselves curriculum planners in the endeavour of teaching and learning. Following from the work of Connelly and Clandinin (1989) and others, we acknowledge that curriculum is not somehow contained in a cardboard box of materials. Rather, it draws on the narratives of the teacher and students, different pedagogical approaches, the social and political context, and of course can include many resources – those in that cardboard box as well as online resources, videos, novels, newspapers, the grey literature of such organizations as the United Nations (UN), government documents and so on, along with more conventional textbooks.

CURRICULUM-IN-THE-MAKING, CO-SCHOLARSHIP AND COMMUNITIES OF PRACTICE

But the phrase 'in the making' (of *Curriculum-in- the- making*) also refers to the actual production of this text. It is not the work of just a small team of writers but draws, rather, on the contributions of teacher educators from all Higher education Institutions (HEIs) in the country who participated in several colloquia within the HIV pilot module project in 2008 and 2009. In September, 2008 more than 50 teacher educators (and interns attached to the various institutions) participated in a two day colloquium organized in part around a draft version of this document. Divided up into small groups according to the various themes of *Curriculum-in- the- making*, the participants offered their own ideas on what should be included in the various topics covered in this document. As Pinar suggests, it was indeed an extraordinarily complicated conversation. The ideas raised in the small groups were also summarized and posted on the Online Forum of the project (www.heaids. org). The final version of this document incorporates the ideas presented at the colloquium in September, 2008 and well as additional thoughts which resulted from a final consultation that took place in May, 2009.

Thus, *Curriculum- in- the making* can be read as an example of co-scholarship, coming out of the collaborative work of a group of what Etienne Wenger might describe as a community of practice. Communities of practice, writes Wenger, are made up of people who as a group have a common concern and a common passion and who interact on a regular basis. (1991) The term 'passion' seems particularly appropriate as a descriptor of the type of engagement that has characterized the work of teacher educators in South Africa in carrying out the piloting of the module *Being a teacher*

in the context of the HIV/AIDS pandemic, and the energy invested in being champions of the critical issues associated with this work.

Wenger's work speaks very much to the idea of collaboration in the production of new knowledge. (Wenger 1998) And, although as Wenger himself has acknowledged, it is possible to romanticize the idea of communities of practice, in the area of HIV and AIDS collaboration, co-scholarship and shared knowledge are key. Collaboration can include any number of activities including the idea of team teaching itself. But it can also refer to collaborative scholarship. As Pithouse, Mitchell and Moletsane (2009) consider, every scholarly undertaking might be viewed as collaborative because it involves entering into the ongoing "scholarly conversations" (Clandinin and Connelly 2000, p. 136) of a particular academic field or area of interest. Collaborative scholarship is a process that involves two or more people intentionally working together as 'co-scholars' on a shared scholarly endeavour. Such a shared scholarly endeavour might take any number of forms: conducting a research project, writing an article, editing a book, convening a workshop, giving a conference presentation, teaching an academic course, making a documentary film, curating an exhibition and so on. In this case it was working collaboratively on a series of topics and issues in *Curriculum-in the making.* And, while we recognise that the collaborative nature of such an endeavour may or may not be explicitly named or examined by the co-scholars when they carry out or 'go public' with their work, we would suggest that a mutual understanding and public acknowledgement of the positioning of those involved as *co-scholars* is one type of scholarly activity within a broader range of community-based work and professional practice. (See, for instance, Reason and Bradbury 2008; Wenger 1998.)

Some of the work around communities of practice in relation to business might even be applied here. As John Seely Brown and Estee Solomon Gray note about communities of practice in an article called "The People are the Company",

> [a]t the simplest level, they are a small group of people … who've worked together over a period of time. Not a team, not a task force, not necessarily an authorized or identified group … they are peers in the execution of 'real work'. What holds them together is a common sense of purpose and a need to know what each other knows. (http://www.fastcompany.com/magazine/01/people.html, retrieved May 8, 2009)

This definition very nicely describes the kind of participation that led to *Curriculum-in-the-Making.*

As a type of theoretical positioning, there are links between collaborative scholarship and social constructivist ideas that explain learning, teaching, and researching in terms of individuals constructing and reconstructing their own understandings of the world through interaction and dialogue with other human beings and socio-cultural contexts. (Bruner 1996; Dewey 1934, 1963; Eisner 1998) There are also connections to humanist and phenomenological perspectives that emphasise the fundamental

significance of human lives, interaction, and relationships in learning, teaching, and researching. (Allender 2004; van Manen 1990) Collaborative scholarship is also congruent with the southern African concepts of *ubuntu* (in the Nguni languages) and *botho* (in the Sotho and Tswana languages), which stress the social, relational, and dialogic nature of human experience and endeavour. (Mkhize 2004) In addition, when viewed in the light of feminist, anti-colonial, and other critical perspectives that interrogate hierarchical, monological, disempowering, and exclusionary patterns of power, authority, and control in learning, teaching, and researching collaborative scholarship within communities of practice can also be understood as a form of social action. (See, among others, Freire 1970; Lather 1991; Smith 1999.)

HOW CURRICULUM-IN-THE-MAKING IS ORGANISED

The topics covered in *Curriculum-in-the-Making* are ones that illustrate the dynamic nature of the work. Chapters Two, Three and Four have a great deal to say about our own beliefs as teacher educators in addressing HIV/AIDS. Chapters Five and Six highlight pedagogy while Chapters Seven and Eight offer support on assessment and evaluation to teacher educators and teachers. The chapters all follow a similar format: they start off with an overview of the section, followed by a consideration of why this is important within teacher education in South Africa in the context of HIV/AIDS. Each chapter then goes on to consider key issues and topics, followed by examples and case-studies. Each chapter ends with a section called 'for further reading'.

Curriculum-in-the-making begins with a chapter called "Beginning at the beginning: Reflective Practice in the context of HIV/AIDS" by Lesley Wood and Linda Theron. As the authors highlight, statistics repeatedly tell us that HIV and AIDS are affecting the lives of millions of people living in sub-Saharan Africa, the majority of whom are involved in the educational system, as parents, as learners and as teachers. However, what the statistics do not tell us is how the average teacher and learner is *affected* every day. As the authors argue, we need to know how we think and feel about the complex issues (e.g. sexuality, homosexuality, safer sex) intrinsic to HIV education since such education is expected from all teachers. Furthermore, in order to survive the challenges of the HIV crisis that leave many teachers emotionally, physically and spiritually exhausted, we need to be aware of our perceptions of HIV and AIDS and teaching in the face of the pandemic. This is where reflexivity becomes vitally important.

The next chapter, "On addressing sexuality" by Linda Theron and Lesley Wood (with contributions from Mathabo Khau) discusses the significance of becoming conscious of our chosen sexuality and the related messages (verbal and non-verbal) that we spread, as well as the mirco- and macro-forces that shape learners' sexuality. As the chapter points out, until we understand and accept that knowledge about sexuality is a basic human right with variable expressions that are contextually shaped, sexual health promotion will remain stymied. (Parker 2007)

Chapter Four by Claudia Mitchell and Relebohile Moletsane addresses the fact that work in the area of HIV/AIDS is also about dealing with sensitive issues in the classroom and workplace. We may be well intentioned, but sometimes we do more harm than good, simply because we have not fully grasped the ways in which particular individuals or groups are blamed or stereotyped, and/or become victims in the discourse of HIV and AIDS in the classroom. How does one place critical issues on the agenda for discussion, such as child-headed households, the vulnerability of girls and women, research findings on men having sex with men, stigma and so on, and, at the same time, avoid reproducing stereotypes even in well-meaning discussions? What language can we take on that does not presume that there is no one in our classrooms who is dealing with being infected or affected? And how do we effectively work with pre-service or in-service teachers in groups in such a way that we do not shut down discussion? This section poses questions such as these.

Chapter Five by Jean Stuart focuses on how participatory approaches to addressing HIV/AIDS in the classroom are ideal for going beyond traditional teacher-centered delivery and for *opening up dialogue*. The complexity, sensitivity and tabooed nature of issues related to sexuality and culturally embedded social practices are not easily or appropriately addressed with conventional didactic or knowledge driven teaching delivery. When participatory approaches such as arts-based methods open up space for learners' perspectives or articulation of concerns, these come onto the agenda in the classroom so that instead of a teacher's monologue on a topic dominating, a dialogue between educator and learner can emerge. There is a power shift when this dialogue is established and the opportunity for mutual learning is created, so that when the learner's agenda influences the topic under discussion, the teacher is no longer the sole expert as she or he acknowledges the history and knowledge of the child.

Chapter Six by Linda van Laren looks at curriculum integration in the context of HIV/AIDS in its consideration of local and international literature on such integration of HIV/AIDS education in teacher education. Some pertinent international and national debates on HIV/AIDS education requirements in teacher education are explored in relation to South African National Government directives, Higher Education Institution polices and models advocated for HIV/AIDS teacher education. Possibilities for development of an integrated approach, in conjunction with a stand-alone module of HIV/AIDS education in teacher education, are shown to be in keeping with policies provided by the South African Department of Education. A selection of theoretical and conceptual frameworks for integrated models of HIV/AIDS education is described. Finally, examples of integration and a case study of integration are offered for discussion.

Chapter Seven by Naydene de Lange looks at why and how assessment is important in the context of the age of AIDS. Various considerations related to assessing student work are addressed: different ways of assessment are highlighted and some assessment examples are offered. This chapter is meant to stimulate debate about, and encourage innovation in, assessment, whilst simultaneously trying to raise awareness of the individual vulnerability of staff, student and learner. The chapter is meant

to open up the space for trying out 'innovative' assessment techniques. The HIV/AIDS module *Being a teacher in the context of the pandemic* is suited to alternative, innovative, authentic assessment, in line with current trends in this area.

Chapter Eight on "Evaluation, self-study and making our teaching our researching" is written by Relebohile Moletsane, Kathleen Pithouse and Claudia Mitchell. It takes us back into our own self-study by asking the question: What difference does our teaching about HIV/AIDS in teacher education make? In essence, the chapter explores the value of evaluating our own practice as teacher educators. It is informed by the notion that, by researching our own practice (making our teaching our research) we not only stand to improve our teaching, but to enhance students' learning as well. As teacher-educators it is essential that we find out whether our teaching is achieving the identified outcomes or not. In the age of AIDS in particular, such inquiry must involve not only the re-visioning of teaching and learning outcomes but also moving these boundaries as we re-visit what counts as effective teaching along with developing and preparing effective future teachers.

At the end of the document is a list of readings and resources to help teacher educators to stay up to date in the ever-changing area of HIV and AIDS. This reading list draws together the various references from across the chapters.

Curriculum-in-the-making, then, is about the everyday practices of teachers and teacher educators in constructing curriculum – in this case in the context of HIV/AIDS – and reflecting an emerging community of practice amongst South African teacher educators who are teaching and conducting research in the context of HIV/AIDS. This, we argue, is not only curriculum-in-the-making and curriculum-in-use but, critically, curriculum-in-action.

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Beginning at the beginning

Engaging participants in reflective
practice in the context of HIV/AIDS

INTRODUCTION

Priest and Gass (1997, p. 174) describe the essence, and importance, of reflexive practice in their comment that people "*… don't grow or change without **reflection on their experiences**; without **evaluation of the good and the bad**; without **analysis of mistakes, failures, or success**; without **considering the impact of actions or decisions**; without **anticipating consequences** or committing to new behaviours; and without **understanding how they can use new learning, growth and change**"* [authors' emphasis]. In South Africa, as in other parts of the world, reflexivity, increasingly, is encouraged. In terms of HIV/AIDS education, self-reflexivity must include reflection on how teachers come to know **who** they are, since HIV/AIDS evokes specific aspects of identity that are not usually called upon when they teach other content.

The term "reflective practitioner" has sometimes been seen to be a 'buzz word' in educational practice in recent years. The national education policies call for teachers to become reflective practitioners. This is, perhaps, a term that many teachers acknowledge on an instrumental level, but one that has little impact on their actual practice. In short, this call to become a reflective practitioner is related to the belief that as people and as teachers we may not always manage to behave and think objectively because we bring with us a social and intellectual consciousness and unconsciousness, *both* of which influence who we are and what we do. (Matthew and Jessel 1998) Teachers may not be engaging in regular self-reflection for a number of reasons such as, for example, a lack of understanding around the need for self-reflection or a lack of conviction that it does in fact improve their practice or the fact that they do not know how to do it. This section will examine the importance of becoming a reflective practitioner and engaging in self-study, particularly in the current scenario of widespread HIV and AIDS prevalence. It will focus on answering 3 main questions:

- **What** do we mean by self-reflection?

- **Why** do HIV and AIDS make it even more imperative that teachers and teacher educators engage in regular, systemic and in-depth self-study and reflection?
- **How** should / could / might teachers self-reflect?

We hope that this section will help you, as a teacher educator, to reflect not only on your own practice in general and your teaching of HIV and AIDS in particular, but that it will also help you to develop the necessary knowledge and skills to enable you to facilitate teachers to do so.

WHAT DO WE MEAN BY SELF-REFLECTION?

> It is through reflection on past experiences, on beliefs, on interaction with students, parents, on future intentions, on our present situations, indeed, on every aspect of our lives that we begin to identify the assumptions that frame the way in which we teach." (Richardson 2005, p.1)

Before we explore the necessity for self-reflection on the part of teachers, we have to come to some agreement on what self-reflection actually means. Typically, reflection involves the self and a willingness to probe values, beliefs and actions. At its most basic, self-reflection, or being reflexive, means looking purposefully and critically at situations in which we act as others within that context would see us (Schratz and Walker 1995, p.1) or reflecting on action. (Rolfe, Freshwater and Jasper 2001)

However, reflexivity needs to go further than this to include thinking about our fundamental beliefs and attitudes, and how these forces influence what we do and what we expect. The literature abounds with various definitions but most of them can be traced back to Dewey's (1933, p.9) original definition of reflection as an "active, persistent and careful consideration of any belief or supposed form of knowledge in the light of the grounds that support it and the further conclusions to which it tends". Donald Schön developed the concept further, introducing the notion of reflecting thinking through a cycle of inquiry (1995, p.15), based on identification of a particular issue, gathering data to understand it better, taking action to improve and then re-evaluating in light of the action taken. In essence, reflexivity has the potential to encourage transformational learning. (Mezirow 2000; McClure 2005) Transformational learning is part of a developing theory that is concerned with how we learn to think and act, based on intentional self-exploration of our feelings, values, thoughts and purposes, rather than merely accepting those of others. Critical self-reflection helps us to gain greater control over our lives and our teaching. In an era of HIV and AIDS, this type of learning becomes crucial, since we have to develop new ways of living, learning and being as our society is becoming transformed by the pandemic.

As a teacher educator you will have to re-examine how you teach and what you teach to ensure that what you are doing is relevant for the reality that the teachers face in their classrooms each day. As Mezirow (2000, p. 25) explains, this calls for deep self-reflection on many levels:

... we transform frames of reference -- our own and those of others -- by becoming critically reflective of their assumptions and aware of their context…. Assumptions on which habits of mind and related points of view are predicated may be epistemological, logical, ethical, psychological, ideological, social, cultural, economic, political, ecological, scientific, or spiritual, or may pertain to other aspects of experience.

Transformative learning refers to transforming a problematic frame of reference to make it more dependable ... by generating opinions and interactions that are more justified. We become critically reflective of those beliefs that become problematic.

Teachers will also have to self-reflect on their own identities and how these came to be shaped, since so much of HIV/AIDS education has an impact on the most intimate and private components of our being. Teachers need to be clear about their personal (including sexual) and professional identities, since these determine the lens through which they filter what they teach, how they teach it and how comfortable they are with what they are expected to teach such as for example, HIV prevention.

These definitions would suggest that reflective practice by teachers involves an intentional attempt to think deeply about what they are doing, why they are doing it and how well it is being done. Put differently, this suggests that reflexive practice encourages us to learn from our experiences. The implication is that this cycle of reflection (which is implicitly ongoing) will lead to continual improvement in our understanding and practice, as summarised in Figure 1.

Figure 1 Reflexivity Summarised

Developing

Thinking

Reflexivity
(Loughran and
Northfield 1998)

Reframing

Refining
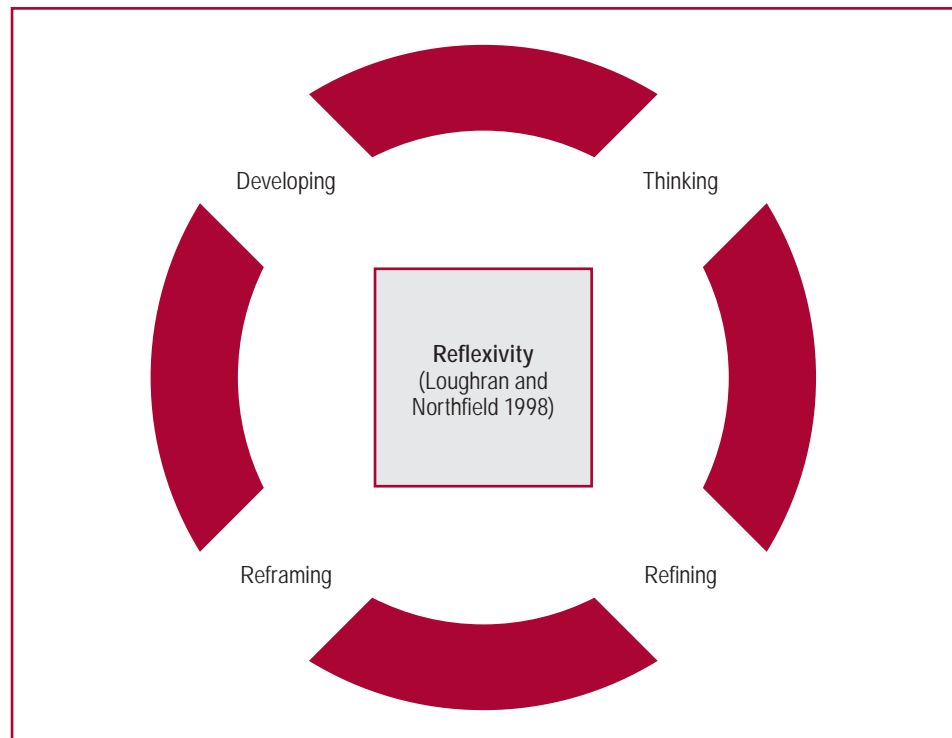
Reflection is not just a synonym for problem-solving. It also involves "intuition, emotion and passion … it is a holistic way of meeting and responding to problems, a way of being as a teacher". (Zeichner and Liston 1996) Viewed from this perspective, reflection does not involve asking "Have my outcomes been met?" but "**How well** have my outcomes been met?" "**Who** has benefited, and in what ways?" "**What can I do** to improve?"

WHY IS SELF-REFLECTION VITAL WHEN WE ARE TEACHING ABOUT HIV AND AIDS?

This understanding of reflection is particularly significant when we come to teaching about HIV and AIDS.[12] As indicated in the quotation by Richardson at the head of this section, reflective practice leads us to become more aware of the assumptions we hold that inform our teaching. In the light of the many myths and misconceptions that teachers hold around the topic of HIV and AIDS (Wood and Webb 2008) and given how many teachers are challenged by the HIV crisis (Bhana, Morrell, Epstein and Moletsane 2006; Coombe 2003; Hall, Altman, Nkomo, Peltzer and Zuma 2005; Theron 2007), it is important that self-reflection focus on the values, beliefs, attitudes and knowledge that will inevitably be evident in, and have an impact on, our teaching: any negative assumptions and attitudes we hold may do harm. Zeichner and Liston (1996, p.9) also assert that reflection needs to take social, moral and political aspects of teaching into consideration, aspects that are especially highlighted in HIV and AIDS education.

Statistics repeatedly tell us that HIV and AIDS are affecting the lives of millions of people in sub-Saharan Africa, the majority of whom are involved in the educational system, as parents, learners or teachers. However, what the statistics don't tell us is how the average teacher and learner are *affected* on a daily basis. Warnings about the potential effect the pandemic will have on the quality of education somehow do not capture the very real trauma and despair of teachers who are trying to carry on despite the severe emotional, financial, social, psychological, health related and pedagogical challenges they have to deal with. Much has been written about *how many* parents/children/educators are infected but little has been offered in the way of practical pedagogical and emotional help for teachers dealing with HIV and AIDS in their lecture rooms and classrooms. Also, the statistics do not convey the resolve and compassion of the majority of teachers, who are determined to make a difference in the lives of their learners and communities, but who do not do not know where to begin.

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2   Although we focus on reflexivity with regard to HIV and AIDS, we would like to emphasise that reflexivity needs to form part and parcel of teaching in general. In this regard we echo Holly (1993, in Matthew and Jessel 1998) who argues that as *teachers* we have to "artfully, cautiously, and inexorably tug at and remove our blindfolds and to explore and learn about the territory our personal and professional selves so guardedly inhabit". (p. 58)

In order to make a difference, we have to know that what we are doing is effective and appropriate. We also need to know how we think and feel about the complex issues (e.g. sexuality, homosexuality, safer sex) intrinsic to HIV education (which is expected from all teachers). Furthermore, in order to survive the challenges of the HIV crisis that leave many teachers emotionally, physically and spiritually exhausted (Bhana et al. 2006; Coombe 2003, Hall, Altman, Nkomo, Peltzer and Zuma 2005; Theron 2007) we need to be aware of our perceptions of HIV and AIDS and teaching in the face of the pandemic. This is where self-reflection becomes vitally important.

HIV and AIDS education is not just about informing learners how the virus is transmitted and how to avoid contracting it. Viewing HIV through the simplifying and reductionist lens of science precludes understanding about the intricate interplay of social, economic, gender, race, class and sexuality factors that fuel the transmission of HIV. Of course, education about the "technical" details of transmission is a necessary prerequisite for HIV and AIDS education, but it is not sufficient. We also need to have a more global understanding of the material conditions that produce social inequalities and render some populations more vulnerable than others. For example, racist and exclusionary practices make it easy to exploit others and education must intervene to raise awareness of such practices and foster true democracy. We need to help future and practising teachers become educated about the discriminatory practices that create fertile terrain for HIV transmission. We can do this only if we first have a critical understanding of our own racial views and practices, otherwise any biases and misconceptions we possess will be consciously or unconsciously transmitted in our teaching. This will lead to the reproduction of racist and other practices that foster the vulnerability of some groups to HIV infection, rather than exploring ways to transform to empower people to avoid contracting the virus.

Approaching AIDS from a bio-medical perspective also allows us to "other" it, thereby permitting us also to abdicate responsibility for being part of the solution. Misconceptions, such as the ones cited by research with school principals in the Eastern Cape (Wood and Webb 2008) make us contributors to the problem. These include the following:

- It is a black problem.
- It is because of immoral behaviour (especially of blacks).
- It does not happen to people who live a good life.
- It is a problem for poor people.
- It is a problem for gay peoples.
- It is really only a problem for women.

As teachers and teacher educators, it is therefore vital that we reflect deeply on our own assumptions about the nature of HIV and AIDS and how the intricate interplay of social, political, economic, health, gender and cultural factors are manifested in our own lives and the lives of our learners. If we do not do this,

we run the risk of teaching in a culturally insensitive manner, contributing to the stigmatisation of the virus, instead of educating about the 'bigger picture.'

Parker Palmer (1997) suggests that we need to reflect on three sets of knowledge – what we know about ourselves, what we know about our students and what we know about the subject. In terms of HIV and AIDS education, all three are vitally important, but the nature of the topic makes the first two especially critical. Learning and teaching about the nature of the virus is a relatively easy task, but learning to reflect on a deep and personal level is not so simple. HIV and AIDS affects us all on a personal level. Education about HIV and AIDS requires us to talk about sex, about relationships with sexual partners, about matters which touch us on a deeply personal level, about death and dying – all of these subjects that perhaps we have tended to avoid

HORRORSCOPE

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This will be a wonderful day for self reflection.

rather than critically reflect on. When we teach about HIV and AIDS, we therefore need courage – courage to hold up our deeply held and previously unquestioned beliefs to critical scrutiny, courage to move out of our comfort zones, courage to admit we need to change and courage to make the changes.

It is perhaps much easier just to carry on as before, doing what we have to do in order to meet minimum requirements, but such a course of action will inevitably lead to disaster in a world characterised by HIV and AIDS. The pandemic requires each teacher to make a commitment to 'make a difference' within their sphere of influence and if this difference is to be for the better, then the first step must involve critical self-study to ensure we are making a difference for good and not perpetuating stigmatising attitudes towards the virus.

When we teach subjects such as mathematics or history, we have a syllabus to follow – the content is clear and we know what we have to teach. The subject of HIV and AIDS is not part of the formal curriculum as a separate subject area, yet failure to understand the complex nature of the virus and its many social implications will have a negative impact on our ability to overcome barriers to learning experienced by our students who are affected by the pandemic. We have to understand how our learners are affected in order to adapt our teaching and teaching methods to enable them to fully engage in the learning process, and to fulfil our pastoral role by providing emotional support and helping them to access necessary resources.

Lack of a holistic understanding of the pandemic will also have a negative impact on our efforts to integrate prevention education into our learning areas and we will
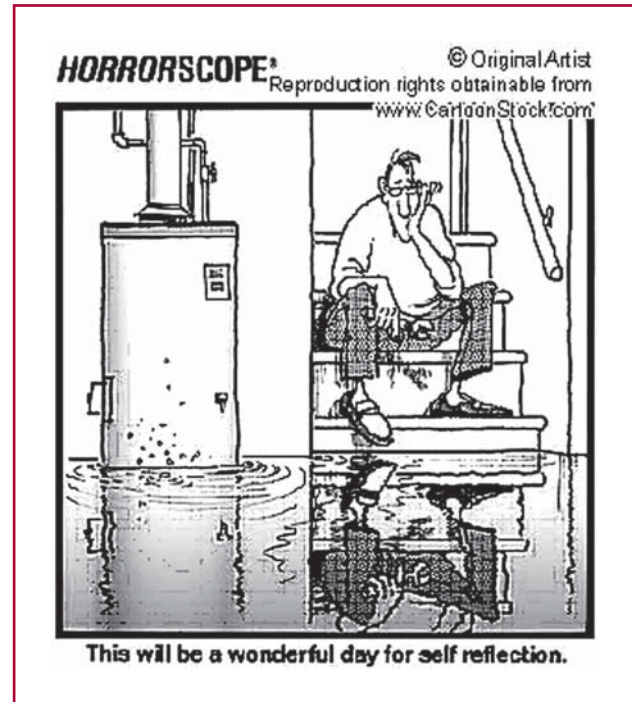
be failing our learners if we do not provide them with the information they need to survive and prosper in life.

WHAT SHOULD TEACHERS BE REFLECTING ON WITH REGARD TO HIV AND AIDS EDUCATION?

Zeichner and Liston (1996) suggest that reflective teachers move beyond simple questions about whether or not their practice is working to understanding *how* it is working and for whom. They also stress that teachers should interrogate their educational values, and how their teaching reflects a commitment to the respect of diversity, particularly in terms of race, economic status and gender. (See Chapter 4) Furthemore, teachers need to reflect on the multiple aspects of HIV education, and also on their ability to cope resiliently with the demands of the HIV crisis. Resilient coping refers to teachers' ability to cope well with the many challenges of the HIV pandemic by navigating towards protective resources in their communities (e.g. supportive NGOs, well resourced libraries and support groups). Their ability to negotiate for the support that they need to cope well with the pandemic is vital. Teachers also need to reflect on the hidden sources of resilience that might be found within their specific contexts of community and that might not have been thought of by researchers in Western contexts as resources which support and help people to cope well with adversity. (Ungar 2008) In general, teachers are "…*people for whom the development of an ongoing story of self is an active project.*" (Warin, Maddock, Pell and Hargreaves 2006, p. 234) We argue that because as teachers we are all affected by HIV and AIDS (Coombe 2003), it is necessary to reflect on the related concepts of self, identity as teachers and more especially on our identity as teachers challenged by the HIV crisis, as summarised in Figure 2.

Figure 2 Related concepts of self, identity as teachers and more especially on our identity as teachers challenged by the HIV crisis
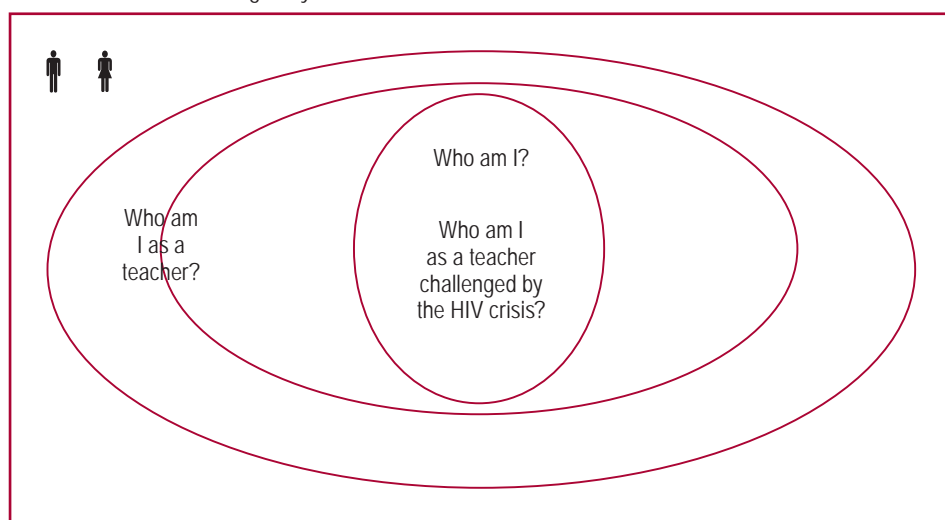
To facilitate this reflection, the following questions (grouped according to Palmer's knowledge grouping as discussed earlier) might be considered.

Understanding myself:

- Who am I?
- Who am I as a sexual being?
- Who am I as a social being?
- Who am I as a private being?
- Who am I as a teacher?
- Why did I become a teacher?
- What kind of teacher do I think I am?
- What shapes my teacher beliefs?
- What shapes my teacher practice?
- How do I demonstrate that I am practising (teaching) in ways that affirm my teacher beliefs and values?
- How do I demonstrate that I am practising (teaching) in ways that are ethical?
- How are teachers conceptualised in my community?
- Why am I, as a teacher, challenged by the HIV crisis?
- What expectations are there of me as a teacher teaching in the face of the HIV pandemic?
- What HIV-related beliefs do I hold?
- How do the challenges of the HIV crisis affect me personally?
- How do the challenges of the HIV crisis affect me professionally?
- How do I cope with the challenges of the HIV crisis?
- What shapes my HIV-related teaching practice?
- How do I demonstrate that I am practising (teaching) in ways that are ethical and sensitive, given that I teach in a HIV-altered context?
- What beliefs do I hold with regard to traditional cultural practices in terms of sexuality?
- What do I think about traditional alternatives to western medication?
- What do I think about homosexuality?
- What do I do that may unintentionally offend or upset some of my learners who are affected by HIV?
- What do I do that promotes HIV education in my teaching?
- What do I do that may hinder HIV education?
- Do I use language that may be potentially stigmatising?
- Do I talk about HIV as a moral issue?
- Do I promote my conservative views on sexuality in my class?
- Am I open to really listening to my learners?
- Am I open to ideas other than my own?
- Do I engage the learners in the lesson?

Understanding my learners:

- Who are my learners?
- What are the cultural influences that shape the lives of my learners?
- What shapes how my learners think?

- What kind of experiences do my learners have on a daily basis with regard to their home lives?
- How are my learners affected by HIV/AIDS?
- How is their learning affected by HIV/AIDS?
- How do my learners cope with the challenges of the HIV crisis?
- How do the communities, from which my learners come, cope with the challenges of the HIV crisis?
- What are my learners taught at home about sexuality?
- How do the life experiences of my learners affect their hopes for the future?
- How do the life experiences of my learners affect their ability to really engage in the classroom?
- What behaviours do my learners indulge in that may increase their chances of infection?
- How can I ensure that my learners have a holistic understanding of HIV/AIDS?

Understanding the subject:

- What aspects of HIV education can be integrated into my learning area?
- What do South Africans expect from teachers teaching in the face of the pandemic?
- How does the HIV crisis change how I teach my subject?
- How should the HIV crisis change how I teach my subject?
- What do I know about HIV transmission?
- What do I know about HIV progression?
- What do I know about ARVs?
- What do I know about HIV-related treatment centres, especially for children and youth?
- What do I know about AIDS?
- What do I know about HIV/AIDS among children and school-going youth?
- What do I know about how HIV/AIDS has an impact on learning?
- What do I know about how HIV/AIDS has an emotional impact on HIV-negative persons?
- What do I know about helping persons affected by HIV/AIDS to live resiliently?
- What do I know about HIV/AIDS stigma?
- What do I know about addressing HIV/AIDS stigma?
- What do I know about HIV-related legislation?
- What do I know about HIV-related education policy?
- What do I know about grants and referral networks for HIV-infected and -affected persons?
- What do I know about caring for HIV-positive persons?
- What do I know about supporting grieving learners?
- What do I know about NGOs that conduct HIV-related support programs?
- What do I know about NGOs that conduct HIV-related education programs?
- How in-depth is my understanding of HIV transmission?
- How well can I teach about the progression of the AIDS syndrome?
- What do I understand about treatment and what it requires?

- What do I know about the experience of being HIV positive with regard to the impact it has on people's lives?
- What do I know about how HIV affects all aspects of society?
- What do I know about how aspects such as poverty, drug abuse, gender inequalities affect the transmission of HIV?

The above lists do not presume to be exhaustive. Rather, they encourage teachers to be aware that it is important to reflect on knowledge of oneself, of one's learners and of the subject and to recognise that this process also requires us to reflect on our thoughts, our values, our attitudes and our subsequent behaviour. You will note that many of the questions listed above overlap. In much the same way our experiences, beliefs, values, hopes, prejudices and so forth overlap, and shape who we are and what we do. As we become deeply aware of these forces, so we become reflexive practitioners and we begin to alter our beliefs and actions and redefine our teacher identities and practice. (Warin et al. 2006)

The next section will provide some practical examples and guidelines to help you begin to self-reflect.

HOW SHOULD TEACHERS SELF-REFLECT?

McClure (2005) offers two basic reflection foci: reflection after action and reflection during action. Farrell (1998) includes the notion of reflection-for-action, during which teachers use what they have learnt from their reflection to proactively plan for future activities.

Based on the presumption that reflective practice should be critical, open to alternative perspectives and that it should contribute to continual improvement (Moore and Ash 2002) it is important to note that effective reflection cannot consist of just filling in a standardised evaluation form in order to meet the requirements of national or institutional policy. Moore and Ash (2002) refer to this kind of reflection as "ritualistic reflection", done merely to provide evidence of meeting policy requirements. True and effective reflection, which is based on the three above-mentioned principles, calls for a level of reflection that acknowledges that learners and educators have a history and life outside of the classroom, and that social, cultural, racial, economic, political and spiritual factors need to be identified and reflected on when teaching about HIV/AIDS. In essence this calls for self-knowledge and active self-awareness, and an awareness of how learners, their families, communities and broader society perceive teachers. (Warin et al. 2006) It also calls for us as teachers to accept that reflexivity needs to be a way of being. In other words, as teachers (and especially teachers challenged by the HIV crisis) our self-knowledge, self- and other-awareness and HIV-awareness should be continuously evolving. Teachers need consciously to make time for reflexivity.

It has been our experience that teachers in general are often not very reflexive in their practice. For example, when asked to reflect on their knowledge, skills and

attitudes in dealing with traumatised children in their classroom (as a result of pa-rental death), this response was typical:

> ...a good teacher will take the child aside, ask what is wrong and call in the parents if necessary.

While at some level there is nothing inherently wrong with this response, it does sug-gest that the teacher was not comfortable with critically assessing his/her own teaching, since the focus was on what ought to happen, rather than on what he/she knew, felt and could respond to in this particular situation. The answer given by the teacher precludes any progression towards the development of reflexivity, since it does not include any critique of the personal skills, knowledge and attitudes of the teacher in question.

The art of self-reflection is not an easy one to master and it calls for repetitive *open-mindedness* (being receptive to perspectives different from one's own), *whole-heartedness* (a mental, emotional and physical commitment to improve what one is doing) *and intellectual responsibility* (committing to act on what one learns from one's reflections). (Dewey 1933)

There are three crucial stages in reflexivity as demonstrated in Figure 3 below. (McClure 2005) These stages become more meaningful with the addition of Dewey's qualities – open-mindedness, commitment to change and commitment to act on the lessons of reflexivity. To work through these stages takes time so the reflexive teacher must purposefully set aside time for reflection.

Figure 3 Three crucial stages in reflexivity

1. Becoming aware of emotions / beliefs / thoughts that cause discomfort

2. Critical analysis

3. Development of a new point of view
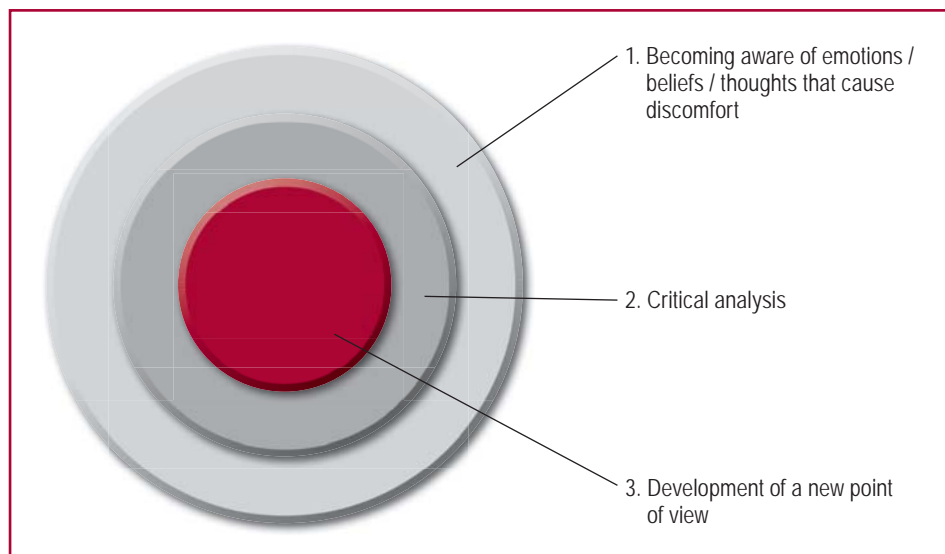
Reflexivity is often prompted when we experience dissonance (Festinger 1957), which, put simply, refers to the discomfort we feel when we experience a discrepan-cy between what we already know and new information which may contradict this, as experienced by many teachers as one consequence of the HIV crisis. Dissonance

Figure 4 Framework for reflexive practice

Now what?
- Now what do I need to do to teach more effectively / respond more empathically?
- Now what can I add to what I know / do to teach more effectively / respond more empathically?
- …

What?
- What is the current scenario?
- What was my role?
- What did I do?
- What was my motivation?
- What was my aim?
- What were others' reactions?
- What were the consequences?
- What were the advantages / disadvantages?
- …

So what?
- So what does this teach me?
- So what does this say about me?
- So what does this say about my teaching?
- So what does this say about my teaching in a HIV-challenged context?
- So what influenced me?
- So what else could I have done?
- So what could I have done differently?
- So what is my new understanding?
- …

usually occurs when we need to learn new things, and it therefore can aid in alerting us to the fact that we have to become more "open" to changing knowledge or circumstances, rather than resisting them. In instances like this, reflexivity is aided by collegial relationships and continuing professional development activities that afford teachers the opportunity to verbalise growing self-awareness. (Warin et al. 2006) In addition, keeping reflective journals or reading actively and widely can prompt self-reflection. In their book *Just who do we think we are? Methodologies for autobiography and self-study in teaching*, Claudia Mitchell, Sandra Weber and Kathleen O'Reilly-Scanlon describe a number of visual, narrative, dramatic, autobiographical and artistic techniques that encourage reflexivity.

A useful framework for reflexive practice is contained in Figure 4 (adapted from Rolfe et al. 2001).

REFLECTION EXERCISES

Reflection on values

Choose two values that you think guide your education practice. Write these values down, and for each explain how it should be 'lived out' in your teaching (Column 1).

Use what you have written in Column One as a standard to evaluate what you are currently doing and write this down in Column 2.

In Column 3, write down what you think you need to change in your thinking or behaviour in order to live out the value.

Value	1. How it should be lived out	2. How well am I doing this?	3. What do I need to change to better live out this value?
compassion	listening to learners and trying to understand their problems; making allowances for learners with personal problems; making sure my classroom is an inviting place to be.		

Keeping a reflexive diary

Set aside time each day to record your reflections. There is no set format for keeping a reflexive diary, but you could consider including the following:

- Write a description of an event that pleased or disturbed you.
- Consider what actions / thoughts / beliefs / attitudes on your part contributed to this event.
- Consider an alternative to the event. Then consider what alternative actions / thoughts / beliefs / attitudes on your part would have made this alternative possible.
- Consider whether change is needed on your part.
- Consider what resources you need to facilitate this change. Do you need a mentor, directed reading, continued professional development or collegiality that includes critical debate?

If you have limited time on a given day, you might want to sum up your day in one reflexive statement.

If you would like try artistic reflection, draw a symbol that sums up your day. You might want to add a descriptive statement.

Today I shed my mask.
I choose to be aware of what shapes me.
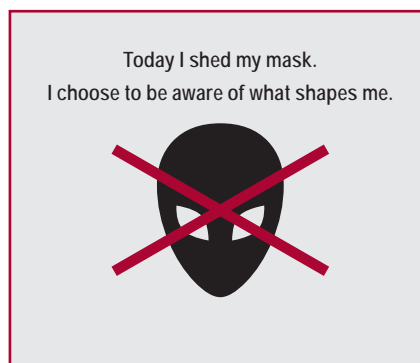
Alternatively, write up your thoughts on the following points as they relate to events in your week (Rolfe et al. 2001):

- Identifying and challenging assumptions
- Recognising the importance of context
- Exploring and imagining alternatives
- Reflective scepticism

Encourage a reflexive group

Invite colleagues to a cosy get-together in which the focus is deep reflection on a topic that you believe shapes practice. In our HIV-altered reality, you could choose any of the South African realities that shape teaching, like HIV and gender, HIV and power, HIV and stigma and so on.

In such a group you can use your self-reflective journals as a basis for sharing, so that you can "collaboratively share and solve problems" (Dana and Silva 2003, p.70), while providing reciprocal support. By attending to the following factors, your reflective group may become more effective. (York-Barr, Sommers, Ghere and Montie 2001)

Trust: Make sure that your participants feel comfortable with each other before trying to share on a deep level. Trust can be enhanced by setting group norms around confidentiality and respect.

Group size and composition: Don't try to make your group too large – up to six is fine, otherwise it may be hard to get everyone involved and build up trust. Also, consider whether it would be best to involve only males or females or teachers of the same grade etc. depending on your main purpose.

Group roles: Although everyone should participate, sometimes a leader should be designated to make sure the group process runs smoothly. Make sure you choose someone who can handle difficult group member who tend to monopolise discussion or who do not participate at all.

Develop insight through metaphors

Think of a metaphor to describe how you see your role as a teacher in a world with HIV/ AIDS. You can use this metaphor to reflect on each aspect of your teaching – for example, 'teacher as gardener'. You can use the following ideas to expand on and reflect on specific aspects of teaching:

> I see myself as being like a gardener, who has to plant seeds in the minds of my learners and water these seeds daily to make sure they grow. (How do I help people to learn?).

The seeds must be healthy and free from disease. They need caring and fo-cussed attention to grow. (How do I interact with learners?)

Sometimes, I have to prune and cut bits that will stop the plants from growing healthily, but I must always do this with care, so as not to cause unnecessary damage. (How do I discipline learners?)

Gardening is not easy work, it demands a lot of physical effort and I have to be fit to do it. (How do I care for myself?)

Understand yourself as a teacher better

Reflect on the following questions so as to come to a better understanding of how you view your role as a teacher in a world with HIV.

a. "How has my training prepared me for teaching in a world with HIV?"
b. "What have my experiences taught me about how to teach in a world with HIV?"
c. "What people have I met and what have they taught me about teaching that could help me teach in a world with HIV?"

Using art to reflect:

Gather old magazines with colourful pictures and make a collage of how you see yourself as a teacher. Alternatively, you can draw a picture or use scraps of material, seeds, or any-thing else you can think of to describe yourself. Explain your artwork to a colleague for feedback.

Reading on reflection

Here are some books that you might find useful.

Holly, M. (1984). Keeping a personal professional journal. Victoria: Deakin University.

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Rolfe, G.; Freshwater, D. and Jasper, M. (2001). Critical reflection for Nursing and Helping Profession. A user's guide. New York: Palgrave.

Schön, D. (1995) Knowing-in-action: the new scholarship requires a new epistemology. Change, Nov./Dec., 27-34.

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CHAPTER 3
On Addressing Sexuality

INTRODUCTION

From a 21st century Western perspective it is hard to believe that in the early 1900s it was illegal to publicise information on sex or contraception in the United States of America. In 1938, Alfred Kinsey motivated for a course in human sexuality for students who were engaged to be married or who were married. Because he could find very little documented information, he set about studying human sexuality and this culminated in the celebrated books, *Sexual Behavior in the Human Male* (1948) and *Sexual Behavior in the Human Female.* (1953) Given the social, political and cultural context of the mid 1900s, his work was considered highly controversial, and severely criticised. (Nicholas 2008) Had his books been published today, public reaction might have been very different, given the plethora of graphic information available on sex and sexuality and the frequency of sex surveys. Our[3] assumption is of course based on our easy access as academics, service providers and white South Africans to sexual information and our experience of communities that are not shy to discuss sexuality. This may not be equally true of other South Africans in different communities and from different backgrounds.

What we might learn from the above information is that sexuality has been frequently studied in various ways – think for example of Freud's work, or that of Masters and Johnson, or that of Kinsey – and with diverse conclusions and that the resultant responses, theories and public reactions are intimately connected to the political, cultural, social and economic contexts of participants, researchers and critics. Typically, textbook chapters on sexuality focus on sexual behaviours, hormones, sexually transmitted diseases, sexual dysfunction, sexual gratification, sex and power, and so on. Predictably, these chapters provide information which is equally influenced by prevailing disciplinary (such as socio-political) discourses. Such chapters devote very little, if any, space to considering the social construction

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3   Here 'our' refers to Linda Theron and Lesley Wood as co-authors of this part of CITM.

of sexuality. This observation brings us to the purpose of this section: as teachers (more especially as teachers challenged by the HIV crisis) we need to consider our own sexuality and that of our learners, along with considering what has shaped our sexuality. We need, too, to think about the ways in which we teach sexuality – directly and indirectly.

Given the prevailing HIV crisis, it is even more important that we become conscious of our chosen sexuality and the related messages (verbal and non-verbal) that we spread, as well as the micro- and macro-forces that shape our learners' sexuality. Until we understand and accept sexuality as a basic human right with variable expressions that are contextually shaped, sexual health promotion will remain stymied. (Parker 2007)

SEXUALITY EXPLORED

At its most basic level, sexuality is the composite of who we are as sexual beings. This includes our socially constructed gender – our womanliness or manliness rather than our femaleness or maleness which relates to our sex – our relationships, and our related behaviours, attitudes and values. (Brink 2007; Edwards 2000) We may provide clues to our sexuality in the ways that we dress, the choice of our words, the manner in which we react to others' sexual choices, our attitudes to HIV, our choice of partner, our beliefs about men and women, and so on. In short, sexuality is "… a multidimensional and dynamic social construction of a biological drive". (Ragnarsson, Onya, Thorson, Ekström and Aar 2008)

Because we are social creatures, our prior social experience and our social context have an impact on our sexuality (Laws and Schwartz 1977; Philaretou and Young 2007) and how this affects us will therefore typically differ from culture to culture. For example, the answer to what defines manhood is variable: in some communities manhood is equated with the loss of virginity; in others with the legal use of alcohol (Gonza´lez, 2007); in still others by the number of partners a male has or the ritual of circumcision. (Ragnarsson et al. 2008) Another impact relates to society's way of pairing sexuality and age. Typically, Western societies perceive young people as sexual beings, but do not perceive children or the elderly in the same way. (Gonza´lez 2007) These examples point to the need to understand deeper social influences and what is rewarded and reinforced in a given context.

In a similar way, sexuality can be construed as a political social construct in the sense that social institutions (schools, churches, cultural leaders, the media and so forth) communicate strong messages about sexuality and in this way, attempt to control and fashion human identity and human relationships. (Foucault 2002) Furthermore, sexuality is shaped by power constructs. For example, the exchange of gifts for sexual favours is associated with early sexual encounters and concomitant sexuality. (Ragnarsson et al. 2008; Nduna and Jewkes 2008) Sexual abuse is characterised by power imbalances (Brink 2007) as is female HIV incidence. (Van Donk 2003)

Because of the HIV crisis, teachers are expected to provide sex and sexuality education. The latter is much more than teaching learners the sexual facts of life and safer sex practices. Before we look more closely at sexuality education, however, it is important to consider the capacity of teachers to deal comfortably with sexuality education.

In South Africa, teachers are expected to function as prevention agents and teach safer sex and HIV prevention. (Bhana, Morrell, Epstein and Moletsane 2006; Coombe 2003) This expectation seems to be a globally experienced one. For example, in the Western Balkans, which has one of the fastest growing HIV epidemics, school-based sex education is expected. (Godinho, Jaganjac, Eckertz, Renton and Novotny 2005) In Germany, HIV education is compulsory. (Winkelmann 2006) In the USA, most states have mandatory HIV/AIDS education, and high school educators are often expected to support students affected by, or infected with, the virus. (Dawson, Chunis, Smith and Carboni 2001; Raj, Decker, Murray and Silverman 2007) However, not all American teachers are comfortable with this (Boscarino and DiClemente 1996; Doherty-Poirier, Munro and Salmon 1994) and at least two thirds of those surveyed believe educators needed more HIV- and AIDS-related training. (Glenister, Castigha, Kanski and Haughey 1990; Dawson *et al.* 2001) Similarly, South African high school educators report feeling only moderately comfortable teaching about HIV and AIDS. (Peltzer and Promtussananon 2003)

Studies done with other service providers have shown clearly that they are more comfortable talking about and dealing with sexually related issues as their sexual knowledge and more specifically awareness and understanding of their own sexuality is augmented. (Harris and Hays 2008) This asks the question, "To what extent are teachers aware and accepting of their sexuality?" In this regard we need to reflect on the following:

- Who am I as a woman / man?
- How do I express my womanliness / manliness?
  - What influenced how I express myself as woman / man?
- What expectations do I have of (other) women with regard to their womanliness?
- What expectations do I have of (other) men with regard to their manliness?
  - What influenced my expectations?
- Who am I as a sexual being?
  - What influenced this?
  - What are my memories of my first sexual experience?
  - What memories of sexuality do I link with my childhood? And my adolescence?
- Who am I as a sexual partner?
  - What influenced my identity as sexual partner?
- What do I believe about sexual partners?
  - What influenced my beliefs?
- What do I believe about sex?
  - What influenced my beliefs?

- What words do I use to name sexual body parts?
  - What does my choice of words say about my sexuality?
  - What influenced my choice of words?
- How do I dress?
  - What does my choice of clothing say about my sexuality?
- What do I believe about sexually transmitted diseases?
  - What influenced my belief?

- What does sexuality mean to me as a teacher?
- How does my understanding of sexuality influence my approach to sexuality education?
- How is sexuality discussed in my community?
  - How will / does this influence my teaching?
- How is sexuality not discussed in my community?
  - How will / does this influence my teaching?
- Do I believe in the notion of African sexuality? Why/why not?
  - How will / does this influence my teaching?

If you were unsure as to how to respond to the above, or uncomfortable with your response, we encourage you to spend more time exploring your sexuality. There are numerous therapeutic interventions and retreats designed to encourage individuals and couples to explore and accept their sexuality. The Psychological Society of South Africa, your doctor, FAMSA, a social worker, the internet and are possible resources which could help point you in the direction of such empowerment.

SEXUALITY EDUCATION

In essence sexuality education (which is every learner's right and which is a life-long process) is about sex as a biological, psychological and social phenomenon that is intertwined with our relationships, beliefs and emotions. (Kiragu 2007; Van Dyk, 2005) As such, it is much broader than simply teaching sexual facts (as in sex education) and is vital to the promotion of self-esteem and self-acceptance. (Kigaru 2007)

The ultimate aim of sexuality education is to encourage the development of responsible learners (and adults) who can engage in warm, caring and satisfying relationships with other people. In this way healthy individuals, a healthy school environment, and a healthy society are promoted. In an ideal world, families and communities would facilitate this. In reality, sexuality education is often left to schools and teachers (especially Life Orientation teachers). To achieve this, our learners need accurate **knowledge** about sexual matters, healthy **values** and attitudes, and effective **skills** to cope with difficult situations (Edwards 2000; Kiragu 2007; McKenzie and Richmond 1998; Theron 2008; Van Rooyen 1997) as illustrated in Table 1:

Table 1 Knowledge, values and skills

Examples of knowledge	Examples of values	Examples of skills
■ How to care for my body ■ How to date ■ How to live in a healthy way ■ How to have safer sex ■ What is HIV/Aids? ■ How can HIV/Aids be prevented? ■ The consequences of teenage pregnancy ■ How to prevent teen pregnancies ■ What are STDs? ■ How to form meaningful relationships	■ Self-control ■ Kindness ■ Tolerance ■ Compassion ■ Respect ■ Self-respect ■ Privacy ■ Hygiene	■ Communication skills ■ Decision-making skills ■ Problem-solving skills ■ Refusal skills ■ Conflict-resolution skills ■ Assertiveness skills

With regard to HIV, youth will ideally receive knowledge and learn skills that will influence their values and behaviours and so potentially protect them against HIV transmission and stigmatised attitudes. (Kiragu 2007) Research has shown that sexuality education (especially that aimed at HIV prevention) is more

Table 2 Sexuality Development

Phase	Appropriate education
Birth – 18 months	■ Accept the child's sex unconditionally. ■ Name the different body parts using acceptable and correct terminology. ■ Allow the toddler to discover her˙ body by touching her various body parts – this is natural and should not be stopped / punished.
Nursery school phase	■ Encourage the child to love her body – avoid making any negative remarks (verbally or non-verbally) that might make the child embarrassed about her body or her bodily functions. ■ Continue to correctly name body parts, including genitalia. Talk to the child about her body and sexuality in the same manner that you would use to discuss any other interesting topic – children are interested in their bodies and want to understand their bodies including the function of genitalia, where they come from, how they were born and so on. ■ Toilet training must be sensitively conducted when the child is physically and emotionally ready for this. ■ Teach the child that her body is special and that she should look after it by keeping it healthy and clean. ■ Answer sexual questions honestly, but at a very concrete level that the child can grasp. ■ Accept that the child may continue to touch herself – teach her to do so in private. Excessive touching may indicate that the child has an underlying physical or emotional difficulty and then professional help should be sought. ■ Accept that children are sexually curious and do play sexual games (e.g. doctor-doctor) with other children up to the age of about five. These games are not erotic – instead they satisfy children's inquisitiveness. Do not punish children for curiosity which is developmentally appropriate. Rather teach them about their own bodies and privacy. ■ When the child is nearing school-going age, teach her that her private body parts are those covered by a bathing costume - these parts may not be touched by anybody except a doctor. ■ Teach children to say no in an assertive way to anything that makes them uncomfortable. Remind them of adults who will help them if they are forced into uncomfortable situations (e.g. you, the educator). ■ Teach the child that boys and girls are different but equal.
Six – twelve years	■ Primary school children are typically curious about their bodies, sexuality and procreation – answer their questions honestly and sensitively at a level which they will understand. ■ Do not give a child sexual information that she is not interested in or has not asked about. ■ Respect that children often develop a need for privacy during this phase. ■ Understand that children of this age are often pre-occupied with bathroom humour and games (e.g. boys may compete to see who can make the most interesting urine designs). Teach children healthy boundaries but do not punish them for typical childhood sexuality development. ■ Teach positive values and encourage healthy roles: emphasise that boys and girls are different but equal. ■ Encourage the child to love and care for her body. ■ Teach children to say no in an assertive way to anything that makes them uncomfortable. Remind them of adults who will help them if they are forced into uncomfortable situations (e.g. you the educator).
Pre-adolescence	■ Girls and boys reach adolescence at different ages – within these groups individuals may reach adolescence more quickly or more slowly. It is important to prepare children for the radical changes of adolescence and to emphasise that although there are common changes each child is unique and so may develop differently from the next child. Encourage acceptance and celebration of both the changes and the individual uniqueness of these changes. ■ Make sure that the child has a basic understanding of her body (its development and functions) and bodies of the opposite sex. If she does not have this knowledge, she may not understand the changes of adolescence, how to prevent pregnancy, HIV or STDs. ■ Teach HIV prevention sensitively but thoroughly. ■ Prepare children well in advance (i.e. before the changes happen): many girls reach adolescence by the age of eleven; boys around the ages of thirteen. Prepare girls for bodily changes and menstruation. Prepare boys for bodily changes, erections and wet dreams. Both boys and girls need to know about the changes in the opposite sex too. ■ Encourage pre-adolescents to take special care of their bodies and to prioritise personal hygiene. ■ Teach pre-teens to say no in an assertive way to anything that makes them uncomfortable. Remind them of adults who will help them if they are forced into uncomfortable situations (e.g. you, the educator).
Adolescence	■ Attitudes and values are often expressed by the words we use when we discuss sexual behaviours. Monitor how you talk about sexual behaviours. ■ The way you dress and the way you talk about your own sex and the opposite sex teaches youth sexuality values – be aware of the messages you are sending. ■ Encourage open discussion with youth about healthy attitudes and values with regard to sexuality. ■ DVDs, the internet and magazines communicate messages about sexuality – discuss these messages frankly with youth. ■ Teach youth about their rights to sexual boundaries. ■ Explain about contraception in detail – emphasise that contraception is part of responsible sexuality. ■ Teach youth about the potential danger of internet-chatrooms and sexual abuse. ■ Encourage youth to respect their bodies and those of others. ■ Encourage youth to respect their sexuality and that of others. ■ Encourage responsible sexuality. ■ Teach HIV prevention sensitively but thoroughly. ■ Be available for youth so that they have someone they can talk to about their fears, feelings and dreams. Allow them to ask anything about sexuality – answer honestly and sensitively. ■ Encourage youth to think critically about the cultural values that inform sexuality. ■ Teach adolescents to say no in an assertive way to anything that makes them uncomfortable. Remind them of adults who will help them if they are forced into uncomfortable situations (e.g. you, the educator).

* Although only the feminine pronoun is used, boys are included - they too require sexuality education.

successful when it addresses the personal and contextual factors that have an impact on sexuality (Ragnarsson et al. 2008) by shaping knowledge, values and practices.

One of the personal factors that has an impact on sexuality is maturation and physical growth: sexuality develops as the child grows. Teachers who adapt sexuality education to the learner's developmental phase, are more effective in encouraging healthy sexuality. However, they should also keep in mind that a developmental approach to sexuality education is useful only insofar as it offers normative indicators. For many children in Africa, circumstances force them to act outside the norm and life experiences may be very different in comparison with their peers in other parts of the world that do not face the same social, economic and cultural challenges. Table 2 (adapted from Brink 2007; Edwards 2000; Theron 2008) summarises the phases of sexuality from birth to adolescence (adult and geriatric sexuality will not be discussed, although they are definite phases of sexuality development).

Contextual factors that influence sexuality and/or sexual behaviour include micro-level factors like immediate social influences or the living environment, and macro-level factors like culture, politics and economic realities. Successful interventions understand the reciprocity of these factors and how they shape sexuality. (Ragnarsson et al. 2008) For example, young women in rural areas of South Africa are more at risk of sexual coercion from older men because of micro- and macro-level influences like poverty, cultural reinforcement of male hegemony and lack of immediate support structures. (Nduna and Jewkes 2008)

When we contemplate the micro- and macro-influences that may affect sexual behaviour, there are numerous examples from South Africa that come to mind, like a government which has not robustly fought HIV transmission (especially initially); the rape of young women by authority figures; videotaped ridicule of black, female cleaning staff in a white university residence; the fact that most South African sex offenders get a maximum sentence of 15 years only; the use of a sex video to blackmail the Springbok rugby coach; the belief that sex with a virgin cures HIV; circumcision ceremonies; churches divided over homosexual clergy; and batches of condoms that need to be recalled. Add rampant poverty to this, HIV stigma, religious conservatism, cultural conservatism, polygamy, gender stereotypes, homophobia, and so forth. Factors like compulsory HIV education, Soul City programs, the LoveLife campaigns, legislated gender equity also potentially influence sexuality and sexual behaviour. What is significant here is that we cannot know how these societal forces shape our learners' sexuality if we don't dialogue openly and comfortably with them about these issues. Sexuality education that is stilted, or that relies on non-participatory approaches has limited value. (Kiragu 2007; Merrel, Erwin and Gimpel 2006)

In this regard we need to dialogue with our learners about the following:

- Who are you as a young woman (girl) / young man (boy)?
- Who are you as a young woman (girl) / young man (boy) in an African context?
- When does your community respect a young woman (girl) / young man (boy)?
- When does a boy become a man in your community?
  - Do you agree and can you explain why you agree or not?
- When is a girl a woman in your community?
  - Do you agree and can you explain why you agree or not?
- When is a young woman / man attractive?
- What or who has influenced what you believe about attractiveness?
- What do you believe about dating / sex / marriage / homosexuality / monogamy / polygamy HIV / Aids?
  - What do most people in your community believe about dating / sex / marriage / homosexuality / monogamy / polygamy HIV / Aids?
- What do you believe about rape?
- What do most people in your community believe about rape?
- What do you believe about teenage pregnancy?
- What do most people in your community believe about teenage pregnancy?
- How do you believe HIV can be prevented?
- How do most people in your community believe HIV can be prevented?
- How do you believe living with HIV can be managed?
- How do most people in your community believe living with HIV can be managed?
- How do you dress?
- What does your choice of clothing say about your sexuality?
- When you are angry, which swear words / insults do you use?
- How are your swear words / insults linked to sexuality and what does this imply about your sexual attitude?…

The questions above are just examples. You need to reflect on the context of your learners and add more questions that you believe might be relevant to your understanding of what shapes their sexuality and their understanding of their emerging sexuality.

BEFORE YOU START WORK ON HIV/AIDS/SEXUALITY

HIV/AIDS is a potentially sensitive subject and discussion about it can provoke strong views as well as highlighting the need for additional information. People working with young people need to be aware of the legal and cultural context in which they operate and how it might support their plans and affect young people.

- Consider your own attitudes and values.
- Consider what knowledge you have.
- Consider what institutional, local or national policies and laws offer guidance and affect teaching around HIV/AIDS/sexuality.
- Consider what support or expertise there is within your institution or locality.
- Reflect on the local culture and community attitudes towards HIV/AIDS and how that will affect what you aim to achieve and what you do.
- There is a lot of information on websites (e.g. www.fhi.org; www.avert.org) which you can use to learn more about HIV/AIDS.

STARTING HIV/AIDS/SEXUALITY WORK WITH GROUPS

Effective teaching and learning involves open discussion, interaction between teachers and learners, and critical evaluation of points of view as well as the acquisition of new knowledge. In order to engage with groups in this kind of learning and on a potentially sensitive subject like HIV/AIDS and sexuality, you need to think about how to make the group a safe place for you and young people to talk and interact together. You can think about the following:

- Advantages and disadvantages of working in single-sex and mixed sex groups
- Agreeing on ground rules with a group on confidentiality, behaviour, challenging and disagreeing with others, asking personal questions and so on
- Consider which institutional, local or national policies and laws offer guidance and affect teaching around HIV/AIDS and sexuality
- Deciding if young people will be able to opt-out of activities if they want to

REFLECTING ON THE LESSON

How ever a session went it can be helpful to reflect on it to see what you can learn for future work and about your own skills. It can be helpful to get feedback from the group. One way of doing this is to provide some sheets of paper on which young people can write one of the following before they leave the room:

- Something that I've learnt
- Something that I've enjoyed
- Something that could have been better.

You can also reflect on your own experience, and it can be helpful to use the following questions:

- Did everyone seem to understand what was going on and the information that was made available?
- Did anyone find the exercise upsetting or offensive? What can be done to avoid this?
- Which group members seemed most at ease, and why?
- Did anyone ask a question you had difficulty answering?

Source Adapted from www.avert.org

What we tried to illustrate in this section of *Curriculum in the Making* is that your awareness and acceptance of your own sexuality along with that of sexuality as a basic human right as an individual chooses to express it, is tied to how you will teach sexuality education. Reflect continually on your sexuality and the way that you express it and be conscious of how you empower your learners to accept their sexuality and express it positively and healthily.

So, in summary you need to keep the following in mind when you are working with issues related to sexuality.

Figure 5 Considerations when teaching sexuality education
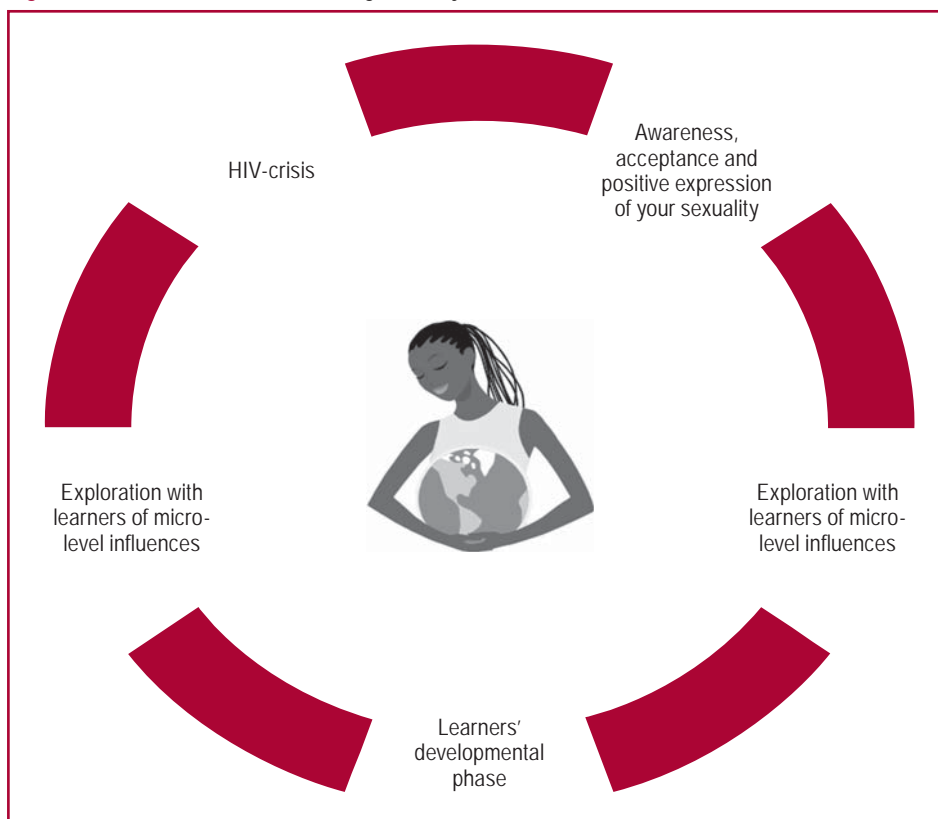
ACTIVITIES

The following activities are designed to help both you and your learners to understand and feel comfortable with sexuality education.

Activity 1: Sexual Decision-Making Case Studies

Outcome: Participants will identify circumstances that would make having sex a good or a poor choice.

Structure: Large group

Time: 30 minutes

Procedure

Read the following case study to your group.

Ann is seventeen years old. After she left school she was offered a holiday job at a hotel outside town. She took the job, even though it meant being away from her family and friends for three months. At the hotel, Ann felt lonely. The other girls had worked at the hotel for several holidays and seemed to be in a clique that excluded her. Then Ann met James. He was a really hot lifeguard and all the girls wanted his attention. James became really interested in Ann and asked her out. Suddenly, the other girls paid attention to Ann. They included her in their activities and pumped her for information about James. Ann wanted to be popular, so she decided to go out with James. Everyone would think she were mad if she didn't. James very quickly began to pressure Ann to have sex with him. He even made it clear he wouldn't keep dating her if she refused. One night, after getting high on beer and marijuana, James walked Ann back to the hotel and insisted that he go up to her room with her.

Ask your group: Ann needs to decide if she is ready to have sex with James or not. What factors does she need to consider (sample list follows)?

- Pressure (from James, from friends)
- Wanting to be popular, to belong
- Alcohol, drug use
- Attracted to James
- Looking back: will she feel good about her decision?
- STD protection
- Pregnancy prevention
- Alternatives to intercourse

Ask the group if, in this case, sex would be a good choice.

Next, read the following revised case study:

Ann is seventeen years old. After she left school she was offered a holiday job at a hotel outside town. She took the job, even though it meant being away from her family and friends for three months. At the hotel, Ann felt lonely. The other girls had worked at the hotel for several holidays and seemed to be in a clique that excluded her. Then Ann met James. He was a really hot lifeguard and all the girls wanted his attention. James became really interested in Ann and asked her out.

James was really nice to Ann and they spent a lot of time together. James taught Ann how to swim and Ann taught James how to play tennis. They took long walks together and talked about everything. They were inseparable and seemed very happy. At one point during the summer, Ann and James started talking about having sex. They wanted to demonstrate their love for each other. They both agreed that if they were to have sex, they should use condoms in order to protect each other from unintended pregnancy and STDs.

Ask your group: What factors are present for Ann and James in deciding whether or not to have sex (sample list follows)?

- Good communication skills
- Equal relationship
- Sharing relationship (both contribute)
- Pleasure
- Love
- STD and pregnancy prevention
- Possible virginity

Ask the group if, in this case, sex would be a good choice.

Apart from the ones presented in these two case studies, what are some additional factors that people need to consider when they are deciding whether to have sex or not (sample list follows)?

- Comfort with own body
- Parental expectations
- Cultural expectations
- Religious expectations
- Freedom to say yes or no

Conclude by pointing out how difficult and important a decision it is to determine whether or not to start, or continue, a sexual relationship. Whether we are deciding for the first time ever or with a new partner, there are several factors that need to be considered. It is important that we weigh all factors in order to make good choices.

Extension

Instruct participants to write their own case studies and to determine which circumstances are present that would make sex a good or a poor choice.

(Adapted with permission from: Planned Parenthood Federation of Canada (2001) Beyond the Basics: A Sourcebook on Sexual and Reproductive Health Education. Ottawa)

Activity 2: It's your choice, the ABC of HIV

A – Abstain from sex
B – Be faithful to a faithful partner
C – Use always condoms

This message is proposed as the main approach in the prevention of HIV transmission. Uganda is mentioned in a lot of studies as the best practice example of where a country started with this campaign and has been very successful with it.

The ABC of HIV prevention: creating messages for men and women

The message to abstain, be faithful and to use a condom is still proposed as the main approach to the prevention of HIV transmission. This is not a viable response to the HIV epidemic for the many women subjected to rape and other forms of sexual coercion, or whose partners are neither faithful nor willing to use condoms. The ABC is far too blunt an instrument to deal with these lived realities and, as long as it remains the primary approach to dealing with HIV, contributes significantly to women's vulnerability to HIV. Alternatives to this approach must take into account the subtle process by which women come to define and understand their experiences of sexual coercion, as well as the negative meanings attached to condom use. Further, for behaviour change to take place, individuals must not only be willing to change, but must also be located in the kind of environment that supports such change. It is most important then that health workers, educators and researchers engage far more actively with communities of women and men. Such community-based options may also create the kinds of supportive contexts needed to encourage and sustain behaviour change.

- What are your personal feelings about this message?
- Do you think this is the way to decrease the HIV pandemic?
- Do you think you should give this advice to your students?

Activity 3: Sexuality Education

Referring to the definition below, classify the following descriptions as either sexuality education or sexuality information.

> Sexuality education is a life long process of acquiring information and forming attitudes, beliefs and values about identify, relationships and intimacy. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image and gender roles. (Cross, 1991)

S.E. or S.I.

- Informed decision making
- Inclusive of values and norms
- Is value-free
- Teaches respect for the individual
- Promotes condom distribution without guidance
- The context of meaningful relationships is ignored
- Has an educational aim
- Stresses responsible choices by the individual
- Is based only on facts
- Is a continuous process
- Influenced by cultural beliefs
- Is always explicitly stated

Draw up a list of the aims of sexuality education as you understand the concept.

Activity 4: Beliefs about Sexuality Education

Read the following statements and write down whether you agree/disagree and why. Then discuss them with your colleagues and try to reach consensus, backing up your opinion with facts.

- Teaching sexuality in schools is better than letting parents teach it.
- Comprehensive sexuality education leads to increased rates of sexual behaviour in adolescents.
- Primary school learners are too young to need sexuality education.
- A teacher cannot preach abstinence as the preferred sexual behaviour among teens.
- Condoms offer the best prevention against pregnancy and STDs.
- Kids will pick up what they have to know.
- If you talk to kids about sex they will go out and experiment.
- If I don't feel comfortable talking about sex to learners, it is better not to say anything.
- It is not my job to talk to my students about sexuality.

Activity 5: Exploring Sexual Identity

It is important that learners possess a strong sexual identity, so that they can make informed and conscious decisions.

What does the term "sexual identity" mean to you?

_____

_____

_____

_____

From the following two case studies, list characteristics of a strong and a weak sexual identity:

- Nandipa is a beautiful twenty-six year old women living and working in the city. She grew up in a very isolated rural community where sex was taboo and never spoken about. She has no mirrors in her bedroom and jumps out the shower and into her clothes with total fear of seeing herself naked. She never buys new underwear, but rather wears garments that button up to the neck and could even be handed down from her grandmother. Her health is suffering as she refuses to visit a gynaecologist or doctor, because she knows she may have to remove some of her clothing. Now that she is successful and independent she mixes in many work situations with single men. They chat to her in a flirtatious way and she does not know how to respond. She feels attracted to them but does not know what to do with her feelings. Consequently she often finds herself struggling in a darkened room having hurried sex with a strange man. At other times she just runs away from any man who tries to chat with her.

■ Thandi is Nandipa's best friend and mixes in the same circles of friends and work colleagues. She is happy in the city where she is able to meet many different and interesting men and women. She has had a couple of boyfriends at different times and these relationships have lasted for between six months and a couple of years. She has always been comfortable with her body and has celebrated the changes that have happened to her body over the years. She knows she has beautiful legs and although her thighs are a little chubby she laughs them off, reckoning a couple of weeks at the gym should do the trick. She often finds herself dancing in front of the mirror to her favourite Whitney CD. There is a stunning dress in a store nearby that she is saving up for and she has a lovely evening planned for the day she buys it. She has a beauty that radiates from within as you can sense she is comfortable with who she is, she is not shy to chat with anyone at work and although she flirts a bit she knows how to steer conversation in an appropriate manner and put guys in place if what they say makes her uncomfortable. She and her boyfriend John spend hours touching and loving each other as they explore each other's bodies and discover what pleasures them both during sex.

Characteristics of a strong sexual identity	Characteristics of a weak sexual identity

"Identity is a person's image of themselves, including the feeling that a thread of continuity runs through their lives, and that their self-images and the views others have of them are essentially in agreement". (Young and Meyer 2005 p.25) This follows through to our sexuality as we have a sense of who we are as a sexual being. A strong sexual identity is characterised by being comfortable with your own sexuality – knowing what you want and do not want, what you are comfortable with and not comfortable with and having a good sense of when sex is appropriate and not appropriate.

The following factors are some that are important to form a strong sexual identity. Complete the table below to ascertain how HIV and/or AIDS may affect the sexual identity of a learner affected/infected by the disease.

Factors which help to make up a strong sexual identity	How HIV and/or AIDS may affect the development of a strong sexual identity
Development of a strong self-esteem	
Gender roles	
Feeling desirable and attractive	
Relationships with significant others	
Peer pressure	
Traumatic life events (e.g. loss of parent)	
Cultural influences	
Religious beliefs/spirituality	

Activity 6: Developing Assertiveness

An adolescent will have many obvious reasons to have sex. However, there are also many reasons not to have sex. These need to be addressed in sexuality education with adolescents. Identify some "answers" the learners can give to the following reasons:

Honey, just LOOK at me. Do I LOOK as if I have AIDS?	
You look so SEXY I just know what's on your mind.	
Smart GIRLS have had lots of experience.	
I'll show you what a great LOVER I am.	
Darling, I'll teach you all the TRICKS you'll ever need to know.	
I'll LEAVE you if you don't sleep with me.	
You must be the only one in the class who's not DONE it.	
I just can't do WITHOUT sex.	
Who's going to KNOW?	
You can get AWAY with it just this once.	
We're already COMMITTED to each other.	
We're getting married as soon as we can afford it. Surely God will understand?	
It's NATURAL to want to have sex.	
EVERYBODY's doing it.	
But, honey, it feels SO GOOD.	
If you LOVED me, you'd let me.	
I want to prove to you HOW MUCH I love you	
We need to find out if we're COMPATIBLE before we get married.	
You mean to tell me that you're still a VIRGIN?	
If you won't have SEX with me, you don't really love me.	
I love you so much I can't WAIT.	
SMART guys know all the tricks.	
I need to know that we can make a BABY together.	
You can't get PREGNANT if you do it just this once.	
You are OLD enough to make up your own mind.	
I'll use protection, so don't worry, you'll be SAFE.	
Honey, just LOOK at me. Do I LOOK as if I have AIDS?	
You look so SEXY I just know what's on your mind.	
Smart GIRLS have had lots of experience.	
I'll show you what a great LOVER I am.	
Darling, I'll teach you all the TRICKS you'll ever need to know.	
I'll LEAVE you if you don't sleep with me.	
You must be the only one in the class who's not DONE it.	
I just can't do WITHOUT sex.	
Who's going to KNOW?	
You can get AWAY with it just this once.	

Useful Websites for Sexuality Education:

www.avert.org
www.powa.co.za
www.teenwire.com
www.plannedparenthood.org
www.teachingsexualhealth.ca

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Addressing issues of sensitivity and ethical issues in the teacher education classroom in the age of AIDS

INTRODUCTION

Chapter Two of *Curriculum-in-the-Mak*ing on Reflective Practice and Chapter Three on Sexuality are both sections that have a great deal to say about our own beliefs as teacher educators in addressing HIV/AIDS. However, there are a number of issues of sensitivity that are also critical and that remind us of Foucault's notion that we may not know what we do and why we do it but not what our doing does. (Dreyfus and Rabinow 1982) We may, for example, be well intentioned, but sometimes do more harm than good, simply because we have not fully grasped the ways in which particular individuals or groups are blamed or stereotyped, or become victims within the discourse of AIDS in the classroom. (See also Moletsane, Mitchell, Smith and Chisholm 2008.) How does one place critical issues on the agenda for discussion (child-headed households, the vulnerability of girls and women, research findings on men having sex with men, stigma and so on) and at the same time avoid reproducing stereotypes even in well-meaning discussions? What language can we use that does not presume that there is no one in our classrooms who is dealing with being infected or affected? And how do we effectively work with pre-service or in-service teachers in groups in such a way that we don't shut down discussion? This section poses, and tries to shed light on, questions such as these. Significantly, it follows directly from Section 3 on sexuality more generally. As many teachers have already noted, sex in and of itself is a sensitive topic.

Background: Why Is the Issue of Sensitivity and Ethics such a Critical Issue in Addressing HIV/AIDS in Teacher Education?

As much as there is a discourse of 'everyone is infected or affected' in South Africa there remains a sense in many communities that 'this has nothing to do with me' or 'this has nothing to do with us'. This is a tricky position in relation to the work of teachers and teacher educators, since, as the Education Labour Relations Council study (2005) on the lives of educators makes clear, there is no reason to think that people teaching about HIV/AIDS are any less affected or infected. Interestingly,

in some studies outside South Africa, those young people already at university report even higher rates of HIV/AIDS than those of the same age in the general population, with students who remain at university longer than others because of their programmes having some of the highest rates. Indeed, this was a key finding in a recent study in several universities in Ethiopia. (Belachew and Mammo 2004) Language in the classroom (in small group work, in examples for discussion and so on) which positions a 'them/us' dichotomy may contribute to further silencing and stigmatising in the classroom, even though we might think we are creating an open space for discussion. The many small group 'what would you do' activities in *Being a teacher in the context of the HIV/AIDS pandemic,* for example offer students a space for discussion but we need to be aware of the ways in which those small group discussions need to become teaching moments. The complexity of HIV/AIDS as Stillwaggon (2006) points out, often creates a minefield of issues which include stereotypes and silence around issues of stigma, poverty, risk, and responsibility. Indeed, even a statement so seemingly banal as 'everyone has choices' overlooks the fact that people do not choose to be HIV positive.

The language around HIV/AIDS is particularly critical in teacher education classrooms. Issues concerning HIV-related stigma and the taboos about sexuality and sex pose ethical dilemmas in relation to what can/cannot be named in the classroom. As noted in Section 3, these include cultural taboos against talking about sex in situations where sex is not a topic for public discussion, especially between different age groups but also amongst adults. It is only when teacher educators address such issues explicitly in teacher education classrooms, thus breaking such silences, that pre-service teachers can learn to do so in their own classrooms. This has been powerfully demonstrated in the social justice area of work more broadly in relation to anti-oppression concerning issues of inclusion, sexual orientation and so on. Preparing new teachers and supporting in-service teachers is best done by modelling the behaviour and strategies we want them to learn, as opposed to the 'do as I say and not as I do" mode of instruction. It needs to be a very transparent and reflexive type of teaching. As with a number of other professional groups such as social workers and those working in public health, there are critical opportunities to make a difference (either positively or negatively), and how we present the issues is key.

Something that rarely gets discussed is the fact that in any university classroom a certain percentage of the students and some of the instructors are already living with HIV/AIDS or may during the course of the module find out that they are HIV positive. Regardless of whether people publicly disclose, they may be sitting in your classroom at a time when discussions (and often judgments) are being made about those who are infected. Notwithstanding the situation of 'othering' as we also discuss below, there is the potentially fragile state of the person who has just learned that he or she is HIV positive. Comments in the course of discussion about absenteeism, weight-loss or other physical symptoms may further marginalise people in the class. Competent educators, including teacher educators are reflective practitioners. This means that in order to effectively deal with issues around HIV and AIDS, including HIV-related

stigma, educators need to be able to reflect on their identities, sexualities, assumptions, beliefs and values. The skill of reflection as pointed out earlier needs to be purposefully introduced and practised in order for it become integral to our professional practice. In this regard teacher education needs to promote in an explicit way formal and informal opportunities for self-reflection. Moreover, given the high incidence of HIV among South African educators, it is important to continue to use HIV education as a forum which challenges pre-service and in-service teachers to reflect critically on their own sexual practices and assumptions of infallibility.

An additional concern is the dynamic nature of HIV/AIDS as a result of access to treatment, new developments more broadly in relation to treatment, and a greater understanding of the demographics of the disease. For example, the statistics of HIV/AIDS prevalence rates are often presented in terms of age ranges whose upper limit is 49 years as though those over 49 are not at risk. The links between access to ARVS and Voluntary Counselling and Testing is another issue. As Jonny Steinberg so powerfully argues in his book *Three Letter Plague* (2008), the whole discourse of HIV/AIDS and stigma can change as a result of access.

Key Issues

In our classrooms

In this section we draw together a range of issues that have the potential to shut down discussion, to mislead our students, and to contribute to deepening (or reproducing) some of the stereotypes that we are trying to counteract:

"We/they": One of the most obvious areas to monitor is language itself. As the powerful examples from gender mainstreaming point out, people can learn to say he/she or find gender neutral terms (police officer instead of police man, chair or chairperson instead of chairman), and even though there remains a backlash to this sometimes, South Africa has come a long way in the last 14 years in using more inclusive language publicly and in teaching materials. What would happen if we made a discussion of 'we/they' a central issue on the first day of class and reinforced the sensitive use of language as we went along? If we regard AIDS as affecting only 'other' people (the poor, women and Africans) and as long as we talk about 'them' in an objectified way, we are denying the reality that HIV does not discriminate. This of course does not mean that we can never use terms like People Living with AIDS (PLWA) or OVCs (orphans and vulnerable children) but it does mean that as we teach we pick up on terms like 'victim', 'sufferer' and so on and help students to see why language is so critical. It doesn't mean also that there is never a use for terms like 'they' or 'them' but it does mean that we all take more responsibility for our references.

"This has nothing to do with me!": Related to the problem of othering is the possibility that students will be very vocal in class. "Why do we have to do this?" or "AIDS, not again. I am sick of AIDS". Even at universities where there are well established programmes and, at least usually, a high level of peer involvement, it is possible that

students will say they have had enough. How do we continue to reinvent the need to address HIV/AIDS and the actual strategies used in the classroom? How do we make sure that a few outspoken students do not dominate and silence others?

"The choices we make" discourse: As noted above, there is often an underlying premise in the 'choices' discourse surrounding HIV/AIDS (for example, making healthy choices) that somehow some people choose to be HIV positive, or that somehow people are to blame because they make bad choices. The language of choice itself is fraught. A few years ago, for example when the ABC (Abstain, Be Faithful, Condomise) message was at its height, the three letters implied choice. Take abstinence, for example. How does the term mask the fact that for many young women, their first sexual experience is not consensual? Within a climate of high rates of sexual violence, what choice does a young woman have? As for 'Be Faithful', what choice does a person have if it is their partner who is sleeping around, and do we really want people to 'be faithful' for the rest of their lives to someone who may be putting them at risk? As for 'Condomise', there is obviously not much choice in terms of asking the person who is forcing you to have sex to wear a condom. The point is not that we avoid talking about safe sex and protection in our classrooms. Rather the point is not to create what might be called a demonising space that suggests somehow that people who 'make bad choices' are somehow blameworthy as though choice itself was some sort of neutral concept.

Hierarchies of blame: Related to the idea of choices is the possibility that there are still people in your class who are operating on a hierarchy of blame and responsibility, for example, people who receive unsafe blood transfusions are more worthy or less to blame than people who have unprotected sex. The point is not to avoid discussing the different ways one might contract the virus but rather to think about how the issues are formulated in the first place and to consider the connotations that are placed on them. A good example of this can be seen in the ways that Mother to Child Transmission is taken up. The situation can be explored insensitively as "How to avoid becoming infected? Don't get born to a mother who is HIV positive", or it can be examined in the context of helping mothers who are HIV positive to make the best informed decisions about breast feeding or ensuring that they receive the best antenatal and postnatal care. In a climate of blaming or demonising, we may miss the most critical teaching points and have the students take away information and attitudes which are likely to be damaging by further reinforcing 'othering', and apparent false choices.

Why are you so interested in HIV/AIDS anyway? One of the observations some of the teachers in our classes and workshops have made is that in some communities, particularly communities where there has been a silence around HIV/AIDS, there is then a suspicion that anyone who does talk about HIV/AIDS must themselves be infected. Here we want to draw attention to the significance of being an advocate and an ally and note and that it is critical we be willing to speak out and 'break the silence'.

Help! I don't know enough and what if I say the wrong thing? We want to emphasise here that even though this is a relatively new area for many of us in our classrooms, the

more dangerous thing is to say nothing and to pretend that HIV/AIDS has nothing to do with your subject area and your students. Many teacher educators have expressed the view that they worry that they might be seen to be trivialising an issue by not picking up the nuances of discussion (see above), or that they might unknowingly give out the wrong information. Both of these are, of course, possibilities. This speaks, we believe, to making sure that this is a community responsibility within the university, and not just about what happens in your classroom. Indeed, the single most powerful message we can give out is that no one is alone in this. There are many other services, speakers, resources. No one can know everything about the legal, social and medical issues, and, as a matter of ethical responsibility, we need to model this in our classrooms. At the same time, we need to draw on the knowledge that many of our students already have and use that as a way to help educate everyone.

In and beyond our classrooms: ethical issues in doing research in the context of HIV/AIDS

In "Making our teaching our research", we make the point that the university classroom is a rich laboratory for study (and especially self-study). The *Evaluation model for the monitoring and evaluation of project procedures and outcomes* outlines some of the critical ethical issues in applying for ethics approval within the university itself. Obviously all HEIs in the country have procedures for ensuring ethical acceptability, and faculty or university committees that monitor all research involving human subjects. Given the complexity of the issues, in some universities outside of South Africa all research projects related to HIV/AIDS (regardless of the faculty where they start) go through a special HIV/AIDS committee. In many cases student teachers may also be encouraged to conduct field based inquiries which may fit into a larger project within the School of Faculty. (See also the chapter on Assessment.) Many of the issues will overlap with research involving human subjects more broadly, and some present dilemmas for the university community as a whole and not of any one person's individual research (see for example the issue of under-studied populations). Because so much of this work is about advocacy, we can participate directly or indirectly on ethics boards within our faculties so that we achieve a high standard of ethical responsibility, and contribute to deepening an understanding of issues such as the following:

- *Back up counselling and the challenges of confidentiality and anonymity*: A fascinating and challenging example offered in Steinberg's (2008) work in the Eastern Cape relates to a mobile clinic in a small village offering voluntary counselling and testing. While it was good that people had access to the services, his study found that the fact that people who tested positive stayed in the mobile unit longer already contributed to outing people who were HIV positive. People who stayed longer in the unit were deemed by the rest of the community to be positive regardless of the outcome of their test. Thus, while the clinic staff thought they were doing all they could to ensure confidentiality and anonymity, the community members were coming to their own conclusions based on what they saw. The cultural context or milieu had a significant impact, which the clinic had not anticipated, on issues of confidentiality.

- *Community service*: What do we give back to the communities we study? How do we work with local leaders?
- *Over studied populations (without any direct benefits)*. Do we sometimes return to populations over and over again to collect the same data when we already have extensive data that could be used in programming? As an example of this, a few years ago when Fiona Leach and Claudia Mitchell put out a global call for chapters for a book on combating gender violence in and around schools, particularly chapters that suggested programmes and solutions and not just the situation, they were inundated with chapters, especially from South Africa mapping out the situation. While there is still a great deal of research to be done in this area (and data that has never been collected on the links between women teachers and their own position as women and as former girls), what the authors were struck by was the fact that some authors had been collecting data for several years on the incidence, but had nothing to say about solutions and programmess that could take the findings forward. When do we have enough data? (Leach and Mitchell, 2006)
- *Under studied populations* and the responsibility to deepen an understanding of the issues in as broad a way as possible needs to be addressed. Why don't we know, for example, more about the attitudes of white students or male students or teacher educators? Shannon Walsh (2007) conducted a study in which she worked with young black aspiring film makers in Khayeletisha to produce videos where they 'studied up' (Nader, 1974) to explore the attitudes of white secondary students to issues of HIV/AIDS. (see Case Studies below). Her point was to shift the power dynamics as an intervention and at the same time to begin to reveal the attitudes of populations that are rarely studied.
- *Public engagement with the findings*: We need to make sure that the findings of our research go back to the communities we are working with in as accessible a way as possible. (See also the chapter on Participatory Methodologies)

CASE STUDIES

Case Study 1: What's in the picture?

What's in the picture? (from J. D Stuart, 2007. "From our frames": Exploring visual arts-based approaches for addressing HIV and AIDS with pre-service teachers. Unpublished Doctoral Thesis. University of KwaZulu-Natal, Durban.)

In Jean Stuart's work with pre-service teachers, she invited them to use a range of media forms to explore the issues around HIV/AIDS in their lives. One medium that students chose to work with was photography. What she describes below are some of the ethical issues that arose in her work with the students concerning the use of visual images. What she argues in her thesis is that although visual images can be problematic, what they helped her raise in the university classroom were many issues around sensitivity that might have otherwise have been overlooked when they were hidden from view.

"Dealing with the ethical dilemmas in photography proved to be vital. We were all confronted with and forced to see HIV and AIDS in the social context, as attempts to capture photographs were met by fears of being associated with the stigma and discrimination that can result in unhappy or even life-threatening situations. Pre-service teachers needed to be supported as they grappled with ways of dealing with the fact that photography captures recognisable copies of people. Looking at examples of ways around ethical dilemmas related to photography's tendency to create an illusion of, or represent, reality proved useful and helpful in that it modeled solutions to ethical dilemmas. Being on the receiving end of the fears related to being identified as HIV positive however, also offered pre-service teachers an opportunity to experience the depth and consequences of social stigma. This is apparent from their comments:

> "The difficulty I faced when doing this assignment was that my friends refused to be in the photographs as that would mean that they had to pretend to have AIDS (the thought of that seemed to horrify them!!!)."

> "It is difficult to go up to a person and ask them questions related to HIV/AIDS because they will presume you are saying they are HIV positive."

> "It is not easy to get people to photograph or video-tape because people fear being stigmatised."

> "Some of the people whom I intended to photograph refused, as they didn't want to be identified as HIV/AIDS victims."

It is pertinent here to reiterate that one of the models was so worried about being associated with traditional or stereotyped masculine attitudes to sex […] that he insisted that his photograph was removed from the script. An implication for teachers is that the choice of photography as a medium introduces particular problems because of society's attitudes to the HIV and AIDS affected, and teachers need to be aware and offer guidance here, but I suggest that precisely because it creates this problem, there is a strong reason for using photography. Doing so leads to embodied experience of rejection for producers and a deeper understanding of the effects of social stigma. The ethical dilemmas forced a realisation of the power of the stigma related to AIDS and this realisation is capable of promoting more compassionate and sensitive engagement.

Developing sensitivity to the rights of others

As their comments above related to ethics show however, there were times when the problems of creating a message to address HIV and AIDS in a medium that is commonly used to capture or mimic reality seemed overwhelming. These pre-service teachers needed guidance and support around negotiating access to some of the sites – for instance to the ante-natal clinic which is visited by patients who could suffer from discrimination if associated with the virus. In group discussion about how to deal with gaining access, one of the pre-service teachers suggested that taking photographs of

young children in a rural school far from the campus may be a route around this difficulty. This suggestion accentuates the need to ensure that anyone working with this medium has a thorough understanding of the need for ethical integrity."

Case Study 2: Studying up: Power, race, agency and HIV/AIDS

Studying Up (from Shannon Walsh Power, Race, and Agency: Facing The Truth through visual methodologies in N.de Lange, C. Mitchell and J. Stuart. Putting People in the Picture: Visual Methodologies for Social Change. Rotterdam: Sense (2007)

"One sunny day in March a group of five black youth (both male and female) from Khayelitsha township stand poised on the front steps of Rondebosch Boys' School with notepads, a tripod, microphone, boom, and a video camera. Teachers and students passing by glance curiously in their direction. What could this group of young people be doing here? The predominantly white private school stands like a stone castle against the wind, its wide halls resounding with music, arts and science. Just beyond the film crew, the closely groomed rugby field looms in the sun. Two young white boys, neatly clad in their school uniforms and knee socks anxiously wait for the next question to be asked. The black female interviewer, 16 years old and a resident of the township of Khayelitsha asks, "Do you think AIDS is affecting black people more than white people? Why or why not?"

Boy 2: I think it is affecting more of the black community …
Boy 1: Unfortunately.
Boy 2: Unfortunately … because , uh ..
Boy 1: That we know of …
Boy 2: That we know of, because that's what we've been taught unfortunately. Because at this school, during the apartheid era, uh, um, we were educated on the results of having unsafe sex and education didn't reach as far as Crossroads and District Six, so they, no fault of their own, but they had no idea of the consequences of unsafe sex so it spread like wild fire. Or, that's what we know, it spread like wild fire [Boy 1 looking very pensive, deep in thought] and unfortunately it is a predominant threat in the black community today.

Walsh later goes on to talk in the chapter about how the young people from Khayeltisha came to design this project:

"One of the project participants, Thabo, explained his desire to increase his knowledge (about HIV and AIDS and discrimination) in a discussion session:

What would I do if I could make a project? I wouldn't want to duplicate the issues but to uncover more of the deeper underlying issues, so we came up with Facing the Truth (FATT) – to try and seek the truth about why young people

are vulnerable to AIDS. There is racism for sure. Why are black people always the faces we see as HIV positive? It is rare to find white people (in the pictures). What is the real situation in Constantia? I've heard there is no clinic there. Why is that? Are they more protected from the virus than we are here in Khayelitsha? Why are poor people and black people always the face we see of AIDS? I want to propose to do research and find out answers to these questions…The young people are not thinking about the future. There needs to be a 'brand new strategy' … we had a new strategy, but now we need a 'brand new strategy'.

Walsh goes on to note:

"The FATT project, in its assertion of using video as a means of investigating power, revealed the continuing hesitancy of the majority of researchers to take up a study of elites in any substantial way. The FATT group were so curious about what white kids were thinking about AIDS, and in the relative void of information available to them, they decided to take up the investigation themselves".

"Part of the reason 'studying up' or 'researching up' is rarely done is in part due to how much more difficult it is than researching a less powerful social. Simple issues like gaining entry, being given time and being respected and legitimised as a researcher are all often called in question when researching 'up' the social ladder".

Walsh concludes:

"The FATT video workshops, while by no means an extensive process, did provide some insight into how video ethnography could be used as a tool for collaboration, engagement and disruption… Involving research participants from Khayelitsha as 'knowers' and creative agents allowed for the possibility of an engaged pedagogy. Beyond engaged pedagogy, shifting power dynamics within the research space can function as a valid political intervention. Understanding and positioning participants as instigators and producers of knowledge can dislodge power dynamics in a given social context."

(adapted from Walsh, 241-255)

CONCLUDING NOTES

Addressing issues of stigma and discrimination in the context of HIV/AIDS is a critical area for teacher education. While there is an emerging body of work in this area (see for example, Lee 1993), it is clearly a crucial area for further study. Here we have simply raised some of the sensitive issues, and in the two case studies have tried to show that sensitive issues are perhaps best 'excavated' through direct

interventions that provoke discussion and the idea of 'no one right answer'. In both of the cases above, visual methodologies serve as key entry points for this kind of work. The chapter which follows focuses on participatory methodologies as pedagogy in addressing HIV/AIDS.

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Participatory approaches to teaching

INTRODUCTION

Early approaches to HIV/AIDS education aimed to transmit knowledge about the disease in the belief that those with awareness of its existence and of how it is transmitted would protect themselves by avoiding 'risky' behaviour. But research over the years has revealed that behaviour change does not necessarily accompany acquisition of biomedical knowledge of the disease and that urging people to abstain, be faithful and condomise (ABC) is not adequate to the challenge of reducing HIV/AIDS infection and equipping people to deal with its multiple effects. UNICEF recognises the value of multiple and context specific intervention and argues that there is a need for communication that overturns the ABC approach. It suggests instead the AAA (Triple A) construct of learning by doing, through assessing, analysing and acting. (Ford, Odallo and Chorlton 2003) A range of participatory approaches is well suited to such 'learning through doing' and can position participants as active agents for change around HIV/AIDS often in relation also to wider social issues that impact on the spread of HIV.

Participatory approaches are difficult to define because the term 'participatory' can be used to indicate a very wide range of involvement of participants. Generally though, participatory approaches relate to the idea that participants (or what some would call the 'target') can have a voice or part in message-making and a sense of agency in a project or intervention. Where there is a high level of participation, participants are able to plan and drive the process.

This section of *Curriculum-in-the-making* sets out to stimulate thought and debate as to why and how participatory approaches should be considered in relation to HIV/AIDS education and how we could adapt HIV/AIDS education to incorporate them. To do so, we begin by considering why participatory approaches are specifically important in teacher education in South Africa. Having done so, we consider some key issues around changes participatory approaches bring to teachers and their classrooms. Ways in which participatory approaches have been found to be useful

already are highlighted in the section on examples and case studies on dealing with HIV/AIDS issues in communities, university classrooms, school classrooms and extra curricular school activities. The section is concluded with a brief review of further reading worthy of consideration for those interested and motivated to use participatory approaches in HIV/AIDS education.

WHY ARE PARTICIPATORY APPROACHES IMPORTANT IN TEACHER EDUCATION IN SOUTH AFRICA?

Participatory approaches which value and activate students' existing knowledge and experiences (Freire 1972) are important in teacher education in the South African context because they can assist teachers towards self-knowledge and awareness. They can provide *a space for educators to recognise and articulate their perspectives* on HIV/AIDS. For pre- and in-service teachers, doing so may help them to help others more effectively. Many researchers have stressed how important it is for teachers to voice and recognise their own 'baggage' in relation to sexuality, stigma and other HIV/AIDS issues, before they find themselves faced with needing to work with these challenges in relation to the lives of others. (Baxen and Breidlid 2004) It cannot be assumed that educators are prepared simply because they have text books or materials to assist them. If during their training, educators are given the opportunity to explore and articulate their perspectives on HIV/AIDS, through for example arts-based participatory approaches such as creating peer messages using photo stories or posters, and they are then able to share these and research how peers respond to them, they will gain added awareness of their own ideas and how these relate to those of others. (See for example Stuart 2007.)

Participatory approaches are ideal for anyone who sees the need to go beyond traditional teacher-centered delivery because they are valuable for *opening up dialogue*. The complexity, sensitivity and tabooed nature of issues related to sexuality and culturally embedded social practices are not easily or appropriately addressed with conventional didactic or knowledge driven teaching delivery. When participatory approaches such as arts-based methods open up space for learners' perspectives or articulation of concerns, these come onto the agenda in the classroom so that instead of a teacher's monologue on a topic dominating, a dialogue between educator and learner can emerge. There is a power shift when this dialogue is established and this creates an opportunity for mutual learning. Where the learner's agenda influences the topic brought to the table, the teacher is no longer the sole expert; she or he acknowledges the history and knowledge of the learner.

HIV/AIDS is so socially and culturally embedded that it is context specific. Therefore to reach the needs and answer the questions learners have in relation to this, we need to use *teaching methods that recognise and acknowledge the value of the specific contexts and backgrounds of learners.* Because the voices of learners are 'brought into the picture', sometimes quite literally, the teacher can learn from the learners more about what their concerns are, and respond to

them. For example, in a classroom where two pre-service teachers from the *Youth as Knowledge Producers* project asked learners to construct their own messages using collage, the topics they selected conveyed to the educator that the learners were focusing on sexually explicit magazine pictures and so demonstrating the importance of bringing issues of sexuality into the discussion. (Stuart, Buthelezi, De Lange, Mitchell, Moletsane and Pattman 2008) We are most interested and engaged when investigating and learning about things that are *relevant to our lives and needs.* Approaches with a high level of participation ensure that learners are working with HIV related topics which they are curious about and which are therefore likely to be meaningful to them.

There is a great deal of research that reflects the 'sick of AIDS' syndrome. (See for example, Mitchell and Smith 2003.) People are weary of warnings and of constantly hearing about HIV/AIDS, and this fatigues them and makes them closed to respond-ing to what they are hearing. One of the strengths of participatory approaches is that participants usually find participatory approaches *engaging and enjoyable.* This appears to be because of the creative outlet provided by many arts-based participa-tory approaches, and also because participants find themselves acquiring new skills such as, for instance, story telling and camera skills gained through projects us-ing photovoice and participatory video-making. (Mitchell, Stuart, Moletsane, and Nkwanyana 2006; De Lange and Stuart 2008)

The pervasive and overwhelming horror of the HIV/AIDS pandemic can bring about a sense of powerlessness, particularly for vulnerable people who are not necessarily able to simply 'say no' or negotiate the use of a condom. In such cases the inadequacy of simply equipping learners with knowledge around HIV/AIDS in the hopes that this will result in 'safe sex' is abundantly clear. Women and girls are often unable to negotiate their sexual encounters. An interesting aspect of participatory approaches is that there is research that shows that even where these power imbalances exist, or where participants have experienced sexual violence, participants supported with participatory approaches who are given space to shape a response can act as agents for change, and can influence discourses around HIV/AIDS. An example of this is the *Soft Cover Project* in which children in just such a position were able to express their stand in relation to HIV/AIDS by writing about it and speaking about it on camera. (Walsh and Mitchell 2003) In doing this they took up a position as cultural producers thus contributing to shaping rather than being shaped by the culture around them. The ability and commitment to take action and do something was facilitated by a participatory process that valued their voices.

KEY ISSUES AND TOPICS

A positive aspect of the HIV/AIDS pandemic is its potential to change or broaden teaching methods. Didactic methods simply cannot adequately accommodate the complexities of teaching around HIV/AIDS, and UNESCO has called for a range of

pedagogic approaches. Teaching in sensitive areas is difficult, open to challenge by parents and communities and demanding of the teacher in the classroom.

Challenges for teachers using participatory approaches for HIV/AIDS education

The difficulties of teaching in the era of HIV/AIDS are implicit in the preceding section. They are also articulated by teachers in the field. For example, *The 'Learning Together' Project* (De Lange et al. 2004-2006) aimed to bring together health workers, educators and learners in rural KwaZulu-Natal to identify and work with some of the HIV/AIDS related issues in the school and community. One afternoon a group of teachers, health workers and learners gathered to identify some of the issues of concern for the learners. Learners who wanted to articulate their concerns or questions relating to details of the way in which HIV was transmitted were requested by the teachers to stand formally to ask their question. This, a teacher said, was to ensure that discipline and respect for the teacher-learner relationship prevailed. As one of the learners rose to ask a sexually intimate question two things struck me as an observer. Firstly, the formality of rising to ask a question deferentially seemed at variance and unnatural for someone who wanted to ask something of that nature and the learner looked self-conscious and uncomfortable. Secondly, when health workers instead of teachers engaged with the learners they appeared to have more information to hand to answer what was asked. Yet as a former teacher myself I understood the teacher's anxiety to maintain a sense of discipline, especially since one teacher had told me the discomfort she felt when learners asked her about her own sexual relationships. And I did not have at my finger tips any more information about specifics of transmission than most teachers. An ordinary teacher in the class is often out of his/her comfort zone. (Baxen 2007) The role of the teacher working with participatory approaches is challenging and raises perhaps the key issue, addressed in the next section, which must be considered in relation to participatory approaches.

How can classrooms and teachers best accommodate participatory HIV/AIDS education?

The findings of the *Young Voices* research projects on Gender, Sexuality and HIV/AIDS in Education undertaken in seven eastern and southern African countries (ESAR) and funded by UNICEF show some of the reasons for employing participatory approaches in HIV/AIDS education and suggest some of the ways teachers can change their classrooms to accommodate these. (Pattman and Chege 2003) Friendly non-judgemental young-person-centred interview techniques, supplemented by diaries and drawings, resulted in participants as young as six discussing previously unexplored sexually intimate experiences and in young people of various age groups exploring and reflecting on their gendered identities and how these identities had an impact on boy/girl relationships. Researchers working on the projects argue that such conversations opened up because the method of engagement with young people was participatory. Interviewers recognised and responded to young people as

experts on themselves with interests and concerns that could shape and contribute to the direction of discussions.

Following the *Young Voices* research, Pattman (2006) has gone on to argue from these findings that teachers should approach HIV/AIDS and sex education by tapping into the gendered lives and identities of learners as key resources. To do so they would need to move away from

> didactic and authoritarian pedagogic relations which ... characterized the delivery of much HIV/AIDS education. This would require investing in teachers as resources and developing pre-service and in-service programmes for potential HIV/AIDS and sex educators which challenge the trainees to reflect upon themselves as men and women and as teachers, and to construct themselves in ways which allow them to address their pupils as active and creative. Teachers need to be trained not simply to equip pupils with the 'facts' of HIV/AIDS but how to explore the social and cultural worlds of their pupils. (Pattman 2006)

Pattman suggests that HIV/AIDS education teachers need an understanding of themselves as gendered and situated teachers. They also need new pedagogic approaches that assist them to deal with learners' HIV/AIDS issues as they are embedded in particular social and cultural realities. Participatory approaches appear then to be needed because they are participant-centred and they allow for education that suits specific contexts. Implicit in his words is a recognition that participatory approaches depart from teaching norms in Southern and Eastern Africa. Teachers of HIV/AIDS issues have reportedly found it difficult and embarrassing to break away from didactic life-skills education and to allow pupils to set agendas and promote a sexuality discourse (Chege 2006), but, despite these difficulties, researchers are clearly arguing that effective teachers need participatory pedagogic skills. (Chege 2006; Pattman 2006, cited in Stuart 2007)

Careful consideration of the findings of this UNICEF project, discussion with Pattman, one of the project leaders, and the recognition of the value of opening up genuine and in depth discussion about learners' lives and experiences in the era of HIV leads to the considerations discussed below.

Thoughts on establishing a climate and classroom suited to participatory approaches

How are teacher/ learner relationships different from those in traditional classes?

When a teacher is working with a participatory approach in the classroom, power dynamics differ from those at work in the traditional classroom where authority and knowledge are seen to rest with the teacher, and children are expected to gain their knowledge from that teacher. Participatory approaches support Paulo Freire's critical pedagogy, outlined in *Pedagogy of the Oppressed* (1972), which promotes

participation, reflection, critical consciousness and the establishment of a dialogic rather than a didactic relationship with learners. Freire argues that learners' existing knowledge should be activated and he rejects the idea that the teacher as depositor bestowed knowledge on 'empty vessels'. It is useful to bear Freire and Pattman's recommendations in mind as we work with participatory approaches to HIV education if we want to connect with the learners' real contexts, assist them to find their voices and work with issues that are relevant to their challenges.

Participatory approaches to bring genuine issues to the fore

Participatory approaches offer a wide range of tools or methods for opening up discussion about issues that affect learners and trainee teachers' lives. If, for example, a teacher wanted to open up discussion about ways of expressing love, ways of bringing participants' ideas on this topic to the fore could be to use drama, including role-play, image and forum theatre; hip hop and poetry writing; participatory video making; photovoice and photo-story production; drawings and creating collages, or using story telling or journaling. Learner positions should be recognised, valued and brought into the picture. All these approaches could provide routes for participants to express and explore their existing knowledge and experiences and ideas around issues that have an impact on HIV related concerns. For details on how to use some of these approaches in a practical way in the classroom for HIV education see *Youth as Knowledge Producers toolkit: arts-based approaches for addressing HIV and AIDS*. (Stuart et al. 2008) The toolkit resulted from exploratory participatory workshops undertaken with a group of peer educators and trainee teachers at the University of KwaZulu-Natal. This group of trainee teachers tried out some of the listed methods then converted what they had explored into classroom interventions. Advice on how to use the methods in the classroom follows from research and reflection into what worked and what didn't when these newly acquired methods were translated practically for classroom education around HIV/AIDS.

Going deeper: working with emerging voices and ideas

As stated in the introduction to this section, participatory approaches can operate at different levels of engagement. At a level of tokenism mere lip-service may be given to participation, as for example when a group of learners present a play on HIV/AIDS scripted and produced by their teacher and based on the teacher's ideas without adjustment to learner ideas or experiences. At the other end of the continuum participatory approaches can result in the production of a play conceived by learners, centred on what they wish to explore in the area and presented to a target area of their choice based on their own rationale of who and why this audience is best. Hart (1992: see suggested readings) provides a useful diagram of a 'Ladder of Participation' which shows quite graphically that not all participatory approaches are equal and makes the point that it is possible to evaluate the level of participation if one considers the power relations between children and other intervention or project members such as the teacher. His diagram and explanation provokes

thought about how much space is given for in-depth participation and participant engagement. Also, by placing participatory approaches which are child initiated but with shared decisions with adults at the highest level of participation, ahead of those that are child initiated and directed, he reminds adults, and us as teachers, of the importance and richness we can bring to participatory approaches – but only if we provide appropriate co-participation or facilitation sensitive to age and to the aim of the participatory intervention. If this is provided, participants can be helped to 'go deeper'.

Effective facilitation in participatory approaches

Beyond ensuring that an appropriate method is chosen for a particular aim (as in the example given above regarding image theatre being used to explore love), deeper engagement and thought will result if *critical thought and reflection* accompanies an activity such as image theatre. In addition, the use of appropriate probing questions at this point is really helpful. This means a good facilitator needs to listen carefully to what is emerging and then encourage participants to explain their actions or ideas, or compare what is emerging with their own experiences. But it could also mean promoting deeper thought by *helping to link these participants to other ideas* outside of the classroom through other participatory means. Blogging or online discussion with learners in different schools or communities would be an example of how this could be done. Another participatory approach would be to share photographs on a topic with others as in the *Taking it Global Xpress* project in which young people in Canada and in KwaZulu-Natal exchanged their HIV/AIDS messages through photographs and narratives. (Larkin et al 2007)

Seeing the classroom as a culture lab

The idea that classrooms could be seen as culture labs (Stuart and Mitchell 2007) throws up both challenge and opportunity for good facilitation of participatory approaches. Firstly, it suggests *teachers should reflect on what identities and practices are endorsed by their own modeling and guidance*. Pattman argues that the classroom should not be thought of as a neutral site but rather as one of the places where identities are produced. (Pattman 2006) This being so, it is essential that a teacher must be an alert observer and must be self-reflexive in the classroom, asking what sort of relationships and power dynamics are at work, and what role she or he is playing in their construction. Can we really work with participatory approaches towards gender equality while allowing boys to dominate discussion in class? How do we avoid this? Do we provide space for boys to express their emotions freely? Should we use single sex or mixed groups when learners use unedited participatory video making to identify problems in their daily lives in the age of HIV/AIDS? Secondly, are we *encouraging our young people to be knowledge and cultural producers?* Participatory approaches provide many ways for learners to produce, envisage and create new perspectives and to influence prevailing discourses.

How do we assess the products of participatory approaches?

Many participatory approaches result in products – play performances, photo posters, poetry and collages just to name a few. Careful thought needs to go into whether and how these should be assessed. A participatory approach may be to involve the peers in doing the assessment or contributing to it but if they are produced as a means of taking issue or promoting thought about a concern related to HIV/AIDS, it may be more appropriate if, instead or, in addition to, the assessment, the product is shared with an appropriate target audience. So, for example, it may be most powerful and appropriate for learners who have produced drug awareness posters to test their effectiveness by displaying them to other learners and researching how they are interpreted. One of the strengths of participatory approaches is the way they can build on each other in this way and in the process also increase the knowledge and engagement of the participants.

Expanding beyond classroom boundaries

In line with the idea that what is relevant and meaningful is most influential and formative in lives, the role of a facilitator of participatory approaches can include helping participants to go beyond traditional borders, to take their products out into the real world and share them where they can have wider influence. So, for example, a teacher and learners may plan an evening of presenting their plays and poetry to communities as a form of edutainment. A group that has captured its perspectives on HIV may put them up in an exhibition at the time of the campus World AIDS Day. A group which has experimented with using forum theatre and ways of inviting the audience into problem solution at a crisis point in a relationship story, may run a workshop to teach others to use the approach. As they do so they become true activists for social change around HIV/AIDS.

Ethical considerations

There is a real possibility that whilst adopting a participatory approach in the classroom towards HIV/AIDS education, someone will divulge something about their own life or that of another and, given, for example, the stigma associated with HIV/AIDS, this divulgence could have an unintended negative or harmful consequence. There is no straightforward single answer as to how one should deal with such divulgences but each one would need to be responded to appropriately. It is very important for the teacher to play a lead role in establishing and maintaining a climate that fosters and sustains ethical considerations. If this is to happen the teacher must be aware, from the start, of ethical principles such as respect for human rights and dignity, the need for non- discriminatory behaviour and non-stigmatisation, respect for vulnerability and human integrity. (UNESCO 2006) These then should be part of initial teacher training. The teacher in the classroom should then model the application of these principles and help learners with strategies to progressively develop emotional intelligence and ethical respect for the rights of others. One of the steps in this progressive sensitisation may, for instance, be drawing up a set of class-agreed

rules on confidentiality of what is divulged. The teacher should be alert to instances where counselling or further support is called for.

EXAMPLES AND CASE-STUDIES

There is clearly a growing orientation towards participatory approaches. This section provides examples of participatory approaches which take account of local contexts and have been used to address HIV/AIDS. They provide an inspiration for thinking about how, despite all the traditional restraints, participatory methods and arts-based approaches can be used in institutes of education. Though some of the interventions described were delivered outside of formal education, they are designed to accommodate the call for culturally appropriate materials and context specific participatory approaches, and aspects could be adapted to classroom work.

Stepping Stones is an HIV intervention strategy adapted for use across a number of countries and designed to promote solutions in local contexts and bring about behaviour and identity changes. Age and gender peer groups meet and explore their *own* concerns in facilitated and enjoyable sessions grounded in local knowledge. Experiential learning activities include role-play, discussions, tableaux, games, song and dance, and drawing exercises. Peer groups start with identifying their own perspectives and priorities before sharing them in a respectful way with other community peer groups. So, the older men, the young men, older women, and young women meet in separate groups before getting together to share. In this way the participants start by thinking about their own and their peer situation and then move on to consider other people. Acknowledgement is given to the different concerns and interests of different groups in relation to sex and age. (Welbourn 2002)

The **Soft Cover** project in the Western Cape promoted action-orientated youth participation in HIV/AIDS interventions that integrated the arts and popular culture. In its bookmaking project young people in workshops wrote prose and poetry about their lives and how HIV/AIDS had touched them. Having selected from a range of possibilities, they developed their own images and messages. The book they produced, *In My Life: Youth Stories and Poems about HIV/AIDS*, has been received with enthusiasm by their peers in schools. Part of its success stems from its telling of how HIV/AIDS affects the lives of the young authors who are profiled with a photograph and who share their lives through their thoughts and words. What is valuable in this project is that young people found their voices, became authors and producers of knowledge and media and took action against HIV/AIDS. (Walsh, Mitchell and Smith 2002) Work like this could start with journal writing.

In the **Amaqhawe family project**, specifically targeted micro media (in the form of open-ended cartoon narratives) were used as a tool to promote community and family dialogue and problem solving along Freirian lines. In facilitated workshops, members of a local community got together to explore and discuss how fictional characters would or should react to community problems related to HIV/AIDS. The

imaginary setting and characters were closely related to the participants' lives so that they understood the context of the problems. Emerging stories were captured as graphic narratives or comic strips by local artists and then edited by community members for local authenticity. This participatory approach ensured that the narratives that emerged had local relevance and that they dealt with issues of concern to the community. (Peterson, Mason, Bhana, Bell, McKay 2005)

From Our Frames was an exploration into what could be learnt when pre-service teachers used arts-based approaches to address HIV/AIDS. In that project carried out at the University of KwaZulu-Natal with a group of beginning teachers participating in a module on guidance, photography was chosen as the primary medium for students to capture and construct their own peer targeted messages on HIV/AIDS. Through a method that drew partly on Caroline Wang's photovoice (2004), Buckingham's media production approach (1996, 2003) and Ewald and Lightfoot's (2001) combination of photography and writing, these young people framed their own perspectives as students on a university campus. Photo-stories and posters were the genres of texts they spontaneously chose to reflect their HIV/AIDS messages targeted at youth. These have been analysed elsewhere in detail (Stuart 2003, 2007a) but a troubling finding from one of these stories was that both the male and female characters in a student romance were constructed as being trapped in unsafe sexual practices by cultural and social norms which entrench gender imbalances. (Stuart 2007b) The young man was shown to be fulfilling the stereo-typical image of the sexually predatory male while his student girlfriend was unable to speak out or act forcefully enough to reject his sexual demands. A thought provoking finding from the posters and photo-stories they produced overall was that these young teachers constructed photo texts clearly illustrating and reflecting socially and culturally embedded problems related to HIV/AIDS but not offering many solutions, particularly in relation to gender and sexuality. *From our Frames* seemed in some cases to enable the pre-service teachers to articulate, voice or envisage their ideas about HIV/AIDS. Work by Baxen and Breidlid (2004) has shown that not enough is being done to recognise teachers' individual positioning in relation to HIV/AIDS and it emphasises the importance of recognising teachers as active agents functioning with their own baggage. From this point of view, *From our Frames* made some contribution to meeting this pressing need.

The **Youth as Knowledge Producers Workshops** responded to the challenge that if teachers are to be ready to face the many challenges that HIV/AIDS will bring to them in schools it seems necessary that they should go into Life Skills lessons having at least grappled with the complexity of some of the challenges young people face in negotiating sexual encounters and having thought through possible solutions to the problems. While we do not mean to suggest that solutions to complex behavioural aspects of HIV related transmission are easy, recognition and reflection on ways forward are necessary.

In participatory workshops in KwaZulu-Natal, a volunteer group of pre-service teachers committed to becoming peer educators spent five evenings participating

voluntarily in four hour workshops which explored ways in which photovoice, collage, video, performative theatre and hip-hop could be used to expand on the approaches available in universities and schools to address HIV/AIDS. To see how layers of participatory approaches can build productively towards envisaging ways of working with difficult situations, we can focus here on a how a group of pre-service teachers working with photographs were able to challenge dominant gendered social practices and contribute to the design of a media tool kit aimed at the development of more participatory teaching practices in rural schools and in the university core module addressing HIV/AIDS-related challenges.

In one of the workshops in *Youth as Knowledge Producers* the 'peer pressure' photo-story produced through *From our Frames* and described in the section above was presented to a fresh group of pre-service teachers so that they could reflect on the story. Engagement with the story from the point of issues around sexual negotiation in a heterosexual relationship was immediately evident because, as one of the group of peer educators pointed out in relation to the two characters: *'This is true, this is how it really is for us'.*

Provided with no more than blank A3 paper, a few magazines, scissors and glue they worked quickly and with intensity to respond to the story. Without being asked to do so each group chose a particular key photograph and 'spoke' to it by creating a collage that suggested that it is possible for a man or woman to see things differently. Words, phrases and images cut from magazines were assembled to speak back to frames that the group found particularly central – one frame chosen was of the couple in bed in their first sexual liaison, another was a frame depicting the disempowered girl with body language registering withdrawal and resistance to her boyfriend's suggestion that they should have sex. The third frame chosen showed a group of young males in discussion over sexual issues. Collages were constructed to talk back to the characters in the stories to encourage them to respond differently and to see themselves as more empowered. The collages were presented and explained to the group.

In a subsequent workshop, the idea of envisaging women and men and their inter- relationships differently developed further as these young people experimented with using image and formative theatre. An extract from this workshop on formative theatre shows how this medium can promote critical reflection around gender and sexuality. At this point they were asked to bring into play the encounter between Lineo and Thabelo that was framed by young people in the *From our Frames* photo-story.

> The facilitator used the photo story of Tabelo and Lineo as an example. The first act was to show danger, where Tabelo wanted to have sex with Lineo. The act was frozen right before Tabelo was going to hit Lineo to make her have sex with him. The facilitator asked if this was a real situation. Have they seen this on campus? The participants said that this was a very real situation and that it could happen in their community, with their neighbour, or even maybe on campus. The discussion evolved into the question of men hitting

women, and why this is bad. (unpublished field notes, Youth as Knowledge Producers workshop 3)

It has become increasingly clear that multiple approaches are needed to open up dialogue and to address social and cultural aspects such as gender and sexuality that have an impact on ways in which this disease is transmitted. This example of the potential building from photostories and collage to developmental theatre suggests that highly participatory approaches to learning which position young people themselves as agents of change is one way forward. (Stuart and Mitchell 2007)

Taking it Global Xpress provides a wonderful example of a participatory approach used to work beyond cultural and national borders. Action and learning result when young people take photographs to create messages representing their HIV related ideas, and then reflect on and share their perspectives. This participatory process is based on Caroline Wang's method known as photovoice. Once the photographs were developed the two groups of young people, one Canadian and one a group of community HIV activists in KwaZulu-Natal, wrote narratives about a photograph of their choice using something called the **SHOWED** model, an acronym to prompt the answering of questions about what we **S**ee, what is **H**appening, relation of the story to **O**ur lives, **W**hy and the root causes of what is depicted and finally, how can we be **E**mpowered about this and what can we **D**o about it? The exchanges of images and narratives from across the globe offered opportunity for better global understanding of HIV issues. Further participation with a wider audience has resulted from the work of this project with the establishment of an online website which allows for new participants from all over the globe. (Larkin et al 2007)

 Although the use of participatory approaches is currently unusual in many South African classrooms, the challenge to address issues related to HIV/AIDS and education invites teachers to come alongside their learners so that they can try harder to listen, raise their voices to address real issues, and work with learners to find creative meaningful responses to HIV/AIDS in all its social and cultural embeddedness. If teachers would recognise themselves as resources (Pattman, 2006) and embrace the power of participatory approaches in the classroom – the examples above show that this is possible – our learners may be more engaged and ready to take on some of these challenges with us. Participatory approaches provide for powerful pedagogy.

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Curriculum integration in the context of HIV/AIDS

INTRODUCTION

Curriculum integration in the context of HIV/AIDS considers local and international literature on integration of HIV/AIDS education in teacher education. Some pertinent international and national debates on HIV/AIDS education requirements in teacher education are explored in relation to South African National Government directives, Higher Education Institution polices and models advocated for HIV/AIDS teacher education. Possibilities for development of an integrated approach, in conjunction with a stand alone module of HIV/AIDS education in teacher education, are shown to be in keeping with policies provided by the South African Department of Education. A selection of theoretical and conceptual frameworks for integrated models of HIV/AIDS education is described. Finally examples of integration and a case study of integration are described and offered for discussion.

WHY SHOULD HIV/AIDS EDUCATION BE INTEGRATED INTO DISCIPLINES?

South African teachers and teacher educators need to take cognizance of the *Report of the public hearing on the right to basic education* (Kollapen et al.. 2006) that focuses on the provision of education for learners aged between 7 and 15 years. The Public Hearing highlights key issues that require addressing for fulfilment of the right to basic education. One of the issues is HIV/AIDS and another issue is the fact that teachers are identified as the most important role-players in the education system. It would seem appropriate that the teaching and learning of HIV/AIDS should be occurring in the Learning Area of Life Orientation in schools. Life Orientation is where teachers could support and equip them with life skills. The Public Hearing report, however, indicates that:

> …experience shows that schools do not adhere to the life orientation curriculum, that specialist life orientation teachers are not used, that teaching is fragmented and often misunderstood, or that the time allocated to it is often regarded as a free period. Furthermore, many teachers are not comfortable

with the curriculum due to their own personal values and beliefs. Research
indicates that life orientation is not achieving its objectives. In sum, it fails
to be recognized as an important subject. (Kollapen et al. 2006, p. 15)

This lack of status for the Learning Area of Life Orientation points to challenges for
HIV/AIDS education in the South African curriculum as well as for teacher educa-
tors at Higher Education institutions. Faculties of education are required to address
these challenges in order to take up the various barriers to learning caused by the
HIV/AIDS epidemic. Learners who may be 'unwell, burdened by family responsi-
bilities (or have no family) and/or are emotionally fragile' (Campbell and Lubben
2004, p. 1), are certain to need the support of all teachers.

The possibilities for preparation of such 'multiskilled' teachers was informed by
debates and developments in the area of HIV/AIDS education at, for example, the
'Consultation of HIV/AIDS and teacher education in East and Southern Africa'
conference in Benoni, Gauteng (Coombe 2003) at which a description of the kind
of teachers required to address HIV/AIDS education across disciplines was sug-
gested. Delegates at the conference agreed on a possible definition of a multi-skilled
teacher in the context of AIDS. The required teacher is seen to be HIV-aware,
HIV-competent, and HIV-safe. These multi-skilled teachers will be able to assist
Specialist teachers in the care and counselling of learners.

Preparation of Specialist teachers usually involves the election of particular mod-
ules that are specifically concerned with the development of relevant knowledge,
skills, attitudes and values for HIV/AIDS education. These modules, however, are
not compulsory in teacher preparation programmes. By integrating HIV/AIDS
education across disciplines, more teachers will be able to assist Specialist teachers
through being multi-skilled. In the teaching and learning of a discipline, HIV/AIDS
education should not be seen as replacing the function of HIV/AIDS education in
Life Orientation. In other words, the integration into a discipline is to supplement
and extend the teaching and learning of HIV/AIDS education.

In a number of Department of Education (DoE) policy documents, provision is
made for the integration of HIV/AIDS education across disciplines. For example, the
Revised national curriculum statement (RNCS) (DoE 2002) provides guidelines for
the development of Learning Programmes in schools. According to this document,

> [d]eliberate attempts must be made in the teaching and learning of Mathematics
> to incorporate contexts that can build awareness of human rights, social, eco-
> nomic and environmental issues relevant and appropriate to learners' realities.
> (DoE 2002, p. 47)

Themes are described as a means of providing integration with one of the examples
listed in the RNCS as an important issue being HIV/AIDS. (DoE 2002) Together
with integration possibilities, the national policy framework also requires teachers as
Subject Specialists to be able to integrate subjects/disciplines. For example, *Norms and*

standards for educators (DoE 2000) lists one of the reflexive competences for subject specialists as being able to demonstrate the ability to integrate and reflect on the relations between subjects/disciplines and to make judgments on possibilities of integration. In addition to the Subject Specialist role, the Community, Citizenship and Pastoral role requires teachers to consider HIV/AIDS as a current social and educational problem that should be addressed whilst working in partnership with professional services.

At the same time, UNICEF (n.d.) cites a study by Kann et al. (1995) which showed that an integration approach was not met with great success. This study at the Center for Disease Control in the United States of America shows that the model of integration in schools may simply mean 'watering down', diffusion and perhaps even confusion. Based on studying how a number of schools are addressing the issues, they concluded that there is a strong case against the integration model. UNICEF (n.d.) is encouraging countries to move away from the integration approach, and toward the "carrier" or separate subject approaches. They advocate teaching the necessary knowledge, attitudes, and skills together in one (existing) subject, in the context of other related issues and processes.

A clear distinction needs to be made between what works in school classrooms and what the most appropriate model is for HIV/AIDS education integration in teacher education. Deliberate integration of HIV/AIDS education in a teacher education discipline promises to model what is possible when teachers have the opportunity to integrate HIV/AIDS education while teaching in their own classrooms. Teacher education programmes would need to find creative ways of addressing HIV/AIDS education through the various teacher education disciplines. By integrating HIV/AIDS education in teacher education modules, the urgency of the epidemic may be seen through different lenses depending on the discipline.

In the literature there is a variety of suggested models for integration given for schools or institutions to respond to HIV/AIDS education. These models range from the integrated (HIV/AIDS education across the curriculum) model to one of a single subject area (Life Orientation and counselling). The recent policy framework document, the *National policy framework for teacher education and development in South Africa* (DoE 2007), does not directly make provision for a stand alone compulsory module for teacher education programmes so it is prudent to consider some alternative methods of including HIV/AIDS education into the functioning of an educational organization. HIV/AIDS mainstreaming is considered to be such an alternative option.

WHAT MODELS OF HIV/AIDS EDUCATION ARE PROVIDED FOR IN NATIONAL GOVERNMENT POLICY DOCUMENTS?

National policy on HIV/AIDS for learners and educators in public schools, and students and educators in further education and training institutions rules that:

> Learners and students must receive education about HIV/AIDS and abstinence in the context of life-skills education on an ongoing basis. Life-skills

and HIV/AIDS education should not be presented as isolated learning content, but should be integrated in the whole curriculum. It should be presented in a scientific but understandable way. Appropriate course content should be available for the pre-service and in-service training of educators to cope with HIV/AIDS in schools. (DoE 1999, p. 9)

The DoE (1999) suggests two possible models for teacher preparation. The one model makes provision for Life Orientation specialists who cover a range of health issues, including basic health and nutrition, the physiology of reproduction, reproductive and sexual health, family planning, sexually transmitted diseases (STDs). The other model provides for integration of HIV/AIDS education across disciplines and emphasises the need for all teachers to be able to extend an appropriate HIV ethos. This model is in line with what is advocated by the model of inclusion.

 The integration model of inclusion is advocated, in turn, in the South African document, *Education WHITE PAPER, Special needs education: Building an inclusive education and training system.* (EWP6) (DoE 2001) The concept of Inclusive Education arose out of the need to facilitate change in the provision of education and training so that it is responsive and sensitive to the diverse range of learning needs. This was an attempt to move away from differentiation of schools into special and ordinary (normal) schools, and towards addressing barriers to learning for all in school. In EWP6 document, particular mention is made of HIV/AIDS, and other infectious diseases. Teachers are required to develop an inclusive education and training system that takes into account the incidence and the impact of the spread of HIV/AIDS. (DoE 2001) Furthermore, the EWP6 policy document proposes the expansion of professional capacity of all teachers in curriculum development so that teachers acquire competencies to enable them to recognise and address barriers to learning. (DoE 2001) The barriers to learning would include the inevitable difficulties experienced by vulnerable learners in South Africa.

In the literature a vast number of theoretical and conceptual frameworks for integrated models are described. Many possible models for integration are offered and they allow for a range of possible strategies for integration of HIV/AIDS education in disciplines at higher education institutions.

WHAT ARE POSSIBLE MODELS OF INTEGRATION?

According to the Inter-Agency Task Team (IATT) on Education (2008), one of the biggest barriers to HIV/AIDS mainstreaming is that there are many different understandings of the term. Definitions of 'mainstreaming' do, however, appear to point to a need for a comprehensive, in-depth examination of the organisation or sector(s) as a whole. Mainstreaming is not defined as a goal in itself but an active, ongoing process. HIV/AIDS mainstreaming is considered to be a process of integrating HIV/AIDS throughout the functioning of, for example, an educational

organisation. HIV/AIDS mainstreaming relates to organisational attempts at including HIV/AIDS issues in all aspects of managing an organisation. Included in these organisational efforts would be the integration of HIV/AIDS education in the curriculum of a higher education institution. The integration of HIV/AIDS education within curricula of disciplines would be required for successful mainstreaming of HIV/AIDS education in a higher educational institution. The notion of including one discipline, such as HIV/AIDS education within another discipline is, however, not a novel concept. (Chettiparambs 2007; DeZures 1999; Kleins 2006; Mathison and Freeman 1997)

Many advocators of interdisciplinarity stress the fact that using inputs from more than one discipline provides a deeper understanding of a problem. (Chettiparamb 2007; Klein 2004; Nowacek 2005) Klein (2004) points out that the complexity of health care issues necessitates the use of interdisciplinary collaboration. The issues related to HIV/AIDS education are complex and solutions of associated problems require more than the subject-knowledge of a single discipline. An interdisciplinary approach that explores HIV/AIDS education in a discipline provides possibilities of other viewpoints of the challenges presented by HIV/AIDS.

The notion of 'a discipline' has been explained by various authors in terms of scientific-epistemological, social and/or organisational considerations (Chettiparamb 2007) but there are many understandings of the term 'interdisciplinary'. Nissani (1995), for example, uses four criteria to rank 'interdisciplinary richness': the number of different disciplines that are combined; the distance between the disciplines; the novelty of the combination of disciplines; and the degree of integration of the disciplines. Nissani (1995) considers interdisciplinary richness to lie along a fluid continuum that is separated by the two imaginary poles of pure disciplinary work and he uses these four criteria to arrive at a working definition of interdisciplinarity.

Some of the terms used to describe teaching two or more disciplines deliberately in relation to one another are, for example, fusion, integrated, cross-disciplinary, correlated, integrative and trans-disciplinary. (Mathison and Freeman 1997) In addition, there are many meanings associated with each of these terms. Mathison and Freeman (1997) present these definitions along a continuum making use of 'levels' of integration. These authors provide a table to examine the different theoretical features that demarcate some interdisciplinary studies. Table 3 is a summary of the levels of integration.

The main factors that affect the integration of HIV/AIDS education into curricula are considered to be the stage of curricular reform, the structure or framework of the curriculum and whether the curriculum design is centralised or decentralised. (UNESCO 2006) The manner in which the content at teacher institutions is presently organised into separate subjects (for example, mathematics and mathematics education) or thematic blocks (for example, preparing teachers for teaching and learning of Life Orientation) would influence the manner and form in which HIV/AIDS education can be integrated.

Table 3 Levels of integration described by Athison and Freeman (1997, p. 8)

Level of integration	Theoretical features
Intradisciplinary discipline-field	■ Enhances connections within disciplines ■ Promotes success for all students
Cross-disciplinary correlated	■ Coordinated themes/content across separate subjects ■ Emphasis of certain skills across disciplines
Interdisciplinary	■ Processes, concepts, skills, or elements of two or more disciplines together ■ Common themes or modes of inquiry form interdisciplinary connections ■ Inquiry skills and discipline content are enhanced
Integrated	■ Disciplines lost in global perspective ■ Theme or issue oriented ■ Inquiry oriented
Integrative	■ Disciplines lost in global perspective ■ Student/teacher negotiated themes and issues direct ■ Inquiry oriented

Evaluations of integration of HIV/AIDS education into school curricula have also been classified into a variety of approaches for inclusion. The three main curricular approaches presented by UNESCO (2006) are integration in one already existing main carrier subject, as a cross-curricular issue and infusion throughout the curriculum. Although there is a variety of approaches to select for integration of HIV/AIDS into school curricula, the UNESCO (2006) manual highlights a number of common shortcomings when HIV/AIDS education is integrated into an official curriculum.

Kelly (2007) separates challenges encountered by teachers when they are integrating HIV/AIDS issues into a school curriculum into two aspects: professional and personal. He notes that often teachers consider their lack of professional competence to be a result of a lack of preparation. Furthermore, Kelly (2007) considers the absence of a universally agreed curriculum framework for use in schools to hamper professional development of teachers in the area of HIV/AIDS education. The overcrowded school curriculum causes marginalisation of HIV/AIDS education and the lack of appropriate teaching and learning materials are further professional hindrances. Teachers also point out that they are uneasy about taking on the sole responsibility for HIV/AIDS education and discussions with young people. Teachers often experience a lack of support from school management and other educational authorities, and attitudes of parents towards discussions of sexuality and other necessary sexual matters complicate their addressing HIV/AIDS issues.

Together with these professional challenges there are personal considerations that make teachers reluctant to consider HIV/AIDS issues in classrooms. Kelly (2007) lists cultural factors, fears and personal sensitivities as further complicating factors. It is, however, important to note that these professional and personal challenges are levelled after evaluating HIV/AIDS education programmes in school curricula; there do not appear to be many studies that report systematic evaluation of integration of HIV/AIDS education in teacher preparation curricula.

Taking into account the various arguments for (and against) integration as noted above, systematic reporting of integration research in teacher education, where professional and personal challenges are considered, need to be developed and documented. If there is no provision made for a compulsory, stand-alone HIV/AIDS education module in teacher education then the 'already crowded' (UNESCO 2006) teacher education curriculum contents of existing curricula requires adaptation through the selection of appropriate or acceptable models of integration. By interdisciplinary collaboration between or among disciplines the possibilities for increasing the relevance of particular disciplines would further the preparation of teachers and teacher educators in the area of HIV/AIDS education so that the process of HIV/AIDS mainstreaming can be facilitated.

There are some recent studies that show ways in which individual researchers at teacher education institutions in Southern Africa have taken on the task of integrating HIV/AIDS education in disciplines. The varieties of strategies employed by researchers demonstrate an interesting range of integration possibilities to mainstream HIV/AIDS education.

WHAT ARE SOME RECENT EXAMPLES AND CASE STUDIES OF INTEGRATION OF HIV/AIDS EDUCATION IN TEACHER EDUCATION INSTITUTIONS?

Examples

In order to assist the specialist Life Orientation learning area, a model of integration has been suggested by Namibian researchers Lubben and Campbell. (2006) They call for 'Teaching for life' and believe that 'HIV/AIDS education must be the concern and responsibility of all teachers'. (2006, p. 482) They developed a Namibian model for HIV/AIDS education for initial teacher training for primary and lower secondary schools. These authors provide a structure for a cross-curricular framework and they give suggestions for improving the self-confidence of teacher educators in dealing with HIV/AIDS education.

Several South Africa initiatives demonstrate the ways in which HIV/AIDS education can become part of existing modules. Stuart (2007), for example, integrated a visual arts-based approach into HIV/AIDS education with pre-service teachers. The focus group selected were pre-service teachers who were registered for an elective guidance module. In Stuart's (2007) study, drawings and photographs were used to make media messages that facilitated assessment of knowledge, attitudes and perceptions so that pre-service teachers could take action. This allowed the pre-service teachers to communicate what they wanted to say about HIV/AIDS from their own experiences and local socio-cultural contexts. Her work effectively encouraged the pre-service teachers to become knowledge producers and disseminators by making use of visual arts-based activities to promote HIV/AIDS education.

Another action research project that used integration is described by Ebersöhn, Ferreira and Mnguni. (in press) The researchers successfully used memory-box-

making to facilitate psychosocial support of learners and used the work on memory boxes described by Ebersöhn (2007) and Eloff, Ebersöhn and Viljoen, (2007) These researchers worked with teachers to show how memory-box-making may have pastoral benefits. The memory boxes made by learners contained valued personal belongings of loved ones which would help them to remember a person's life in the event of death. This study focused on in-service teacher development but these researchers are of the opinion that the integration of memory-box-making strategies could be introduced in all teacher development programmes to address the acquisition of psychosocial support skills in curricula.

A CASE STUDY

The following case study describes how a mathematics teacher educator, Van Laren (2008), explored integration with a group of pre-service teachers at the Faculty of Education at the University of KwaZulu-Natal. The methodology used for this case study took the form of a Self-study. This Self-study was described in a paper that was read at the 2nd Teacher Development Conference: *Developing teachers for rural education*. (Van Laren 2006) The conference took place at the University of KwaZulu-Natal, Edgewood Campus.

"Starting with ourselves: making a difference in HIV/AIDS education count in pre-service teacher mathematics education"

Introduction

I decided to find ways and means of including HIV/AIDS education into as many aspects as possible in my mathematics education modules. The integration of HIV/AIDS education in mathematics focused on preparing teachers who are multi-skilled in the context of AIDS. This means that the teacher is HIV-aware, HIV-competent, and HIV-safe. In mathematics education modules opportunities were provided for pre-service teachers to openly discuss issues of HIV and AIDS education and reflect on the challenges facing South African teachers. Furthermore, during focus group meetings with volunteer pre-service teachers, classroom-teaching material has been developed that may be used in the teaching and learning of school mathematics using a HIV/AIDS context/theme.

I worked with seven fourth year pre-service teachers who volunteered to work with me on our *HIV/AIDS Education in Mathematics Project*. During focus group meetings we focused on preparing material for young learners (Grades 3 – 7). According to Lubben and Campbell (2006) learners in the range of 8-12 years are at a crucial age for attitude building to sexual behaviour. When learners and pre-service teachers have a choice of whether or not to partake in sexual behaviour, it is necessary to provide accurate, clear information about choices and alternatives. The purpose of this self-study is to understand and improve my own praxis at a Higher Education Institution that is at the centre of the HIV/AIDS epidemic.

Research design

In the Mathematics Education modules that I teach I made a choice to think and ask myself questions about why I do teaching and learning activities as I do. I considered why I am the way that I am and how I go about the teaching of HIV/AIDS in mathematics education. I presented my investigation in a systematic manner but also gave reasons for my behaviour and considered how my behaviour during mathematics education modules has influenced pre-service teachers' behaviour. To supplement and enhance my reflections, I have observed the manner in which pre-service teachers used teaching HIV/AIDS education in mathematics classrooms. The mathematics activities prepared by the pre-service teachers were developed and reflected on during focus group meetings.

There is no exact 'correct' manner or choice of action that was necessary to achieve my goal by including HIV/AIDS in mathematics education. I decided on what was right for me in my teaching context and I developed my own views using knowledge, skills and values that I gained as a mathematics teacher educator. I decided to make a conscious effort to empower myself by learning as much as possible about HIV/AIDS. I read around HIV/AIDS education and grabbed at all opportunities to attended HIV/AIDS education workshops. Any knowledge and skills that I gained from my reading and workshop attendance I applied in my mathematics education modules where the learning of HIV/AIDS provided the context.

I, together with my volunteer group of fourth-year pre-service teachers, embarked on a 'journey' in which we used our professional knowledge to learn more about the teaching and learning of HIV/AIDS in mathematics education. We were participants in our professional learning journey that took us from what we already knew to prepare and generate new knowledge that we could use in mathematics classrooms.

By sharing our ideas openly in discussions there was a strong social intent to our learning. At our focus group meetings my understanding of how to include HIV/AIDS education in mathematics increased. This influenced my teaching in mathematics teacher education modules that I teach in the Bachelor of Education and Advanced Certificate in Education programmes.

One often feels that 'I know I should do it, but I want somebody to tell me that I have to' (Lubben and Campbell 2006, p. 486) because one needs some simple structure or support to get started. I gained support from the pre-service teachers who volunteered to work with me in our HIV/AIDS education in Mathematics project and together we implemented a step by step structure to achieve our vision.

The basic steps in our 'making a difference' plan are set out as suggested in the *'Community mobilization strategy'* given in documents received during the HIV/AIDS education workshop facilitated by Margaret Sutinen from the University of Wisconsin, Medical School, Madison. The five steps given below show how I implemented this strategy.

Step 1: Naming of the challenge

My challenge is two-fold.

I have identified that HIV is a serious problem for pre-service teachers and learners. I have focused on my teaching and learning of mathematics education to make pre-service teachers aware of the HIV/AIDS epidemic through mathematical activities. The behaviour I concentrated on involves the HIV/AIDS mathematical activities prepared by a group of pre-service teachers and me. We wanted to promote awareness of the fact that contact with certain body fluids (blood, semen, vaginal secretions and breast milk) cause the spread of the virus and other accurate information about HIV/AIDS that is appropriate for young learners (Grades 3 – 7). It is important for all learners to know that barriers to these body fluids are needed. Furthermore, I wanted pre-service teachers to realise that many learners are vulnerable as a result of HIV/AIDS and an appropriate classroom environment in terms of care, support, and understanding needs to be fostered. I intended to encourage, assist and work with a volunteer group of pre-service teachers to develop and use classroom mathematics activities to promote awareness. The mathematics activities were later used in the mathematics classrooms of young learners during teaching practice to promote open discussion, in a sensitive manner, about issues relating to HIV/AIDS.

Step 2: Recruitment of people from the community

A group of seven fourth year volunteers expressed an interest in helping me address the concern. Pseudonyms are used in this article to protect the identity of the participants. They are Nobunti, Keshni, Londi, Thembe, Celiwe, Kathy and Netha. In turn these pre-service teachers went to schools in the community during practice teaching where our concern was aired with headmasters, teachers and learners in mathematics classrooms.

Step 3: Development of an action plan

We tackled the challenge by learning more about how we think HIV/AIDS education can be included in mathematics teaching and learning using personal metaphors (Van Laren 2007) and we developed mathematical activities that were used by the pre-service teachers in their classrooms with young learners during practice teaching.

Step 4: Identification of resources

The schools in the community were asked if we might implement our plans to address our challenge in classrooms. The pre-service teachers asked for expert advice from the teachers and principals at practice teaching in schools situated around Durban, South Africa. We requested comments or suggestions since these would be useful to address our challenge and encourage discussion on HIV/AIDS education.

Step 5: Becoming involved

To increase the success of our community mobilisation effort pre-service teachers taught the mathematical activities that included HIV/AIDS education. I observed the HIV/AIDS in Mathematics lessons taught by the seven pre-service teachers. We reflected on our 'Draft' copies of our activities. Our reflections will assist us with the improvement of integrated activities. All the participants engaged in critical conversations, took charge and ownership of activities and learnt as partners to form a collaborative working group.

Undoubtedly there were power relationships that existed in our focus group. I initiated the self-study exploration but during our interactions the pre-service teachers became more open and confident and participants in their own right. As our project developed, the pre-service teachers came to realise that there were differences in responsibilities and professional expertise but everyone's contributions were of equal value. We became equal in the development of appropriate activities to be used in mathematics classrooms.

We monitored progress by means of audio and video recordings during focus group meetings and audio recordings during mathematics classroom lesson observations. An observation schedule was used during teaching practice observations and photographs were taken of the pre-service teachers teaching integrated lessons. The transcribed documents were used to inform, review, evaluate and modify future actions. (McNiff, Lomax and Whitehead 1996)

Since the inception of the *HIV/AIDS Education in Mathematics Project* I had wanted to make some inroads into 'making a difference' and what was constantly at the back of my mind was this: "How do I improve my teaching of mathematics education modules so that the knowledge about HIV/AIDS of pre-service teachers and young learners can be extended?" I wanted to start with making changes at my higher education institution because it is these pre-service teachers who have a significant influence in the mathematics classrooms of young learners.

I gathered data about how we went about improving the teaching and learning of HIV/AIDS through mathematics activities. These methods included asking the group of pre-service teachers to:

- be a part of the research group that I initiated
- consider how HIV/AIDS education may be incorporated in mathematics by discussing their own unique hand-drawn metaphors that illustrate their theories and beliefs about integration (Van Laren 2007)
- constantly reflect on integrated mathematics activities developed during focus group meetings
- be part of videotape recordings of our focus group meetings
- develop HIV/AIDS mathematics teaching materials and openly discuss our efforts

- allow me to audiotape, observe and photograph them while teaching HIV and AIDS activities in mathematics classrooms
- speak with me in post lesson interviews where their viewpoints were audio taped

This data was used to see where, what and how the teaching and learning of HIV/AIDS education in mathematics classrooms is possible and how we have influenced the situation. I have gathered, as much data as I feel is appropriate and 'right' to be able to reflect and react upon in my next cycle of 'do, talk and record'.

I believed in making sure that each member of the group was given the opportunity to show how they went about teaching the HIV/AIDS education in their practice teaching classrooms. The teaching of each lesson was seen as a contribution to the overall aim of 'making a difference' – each in its own unique way. Each member of our focus group made different contributions towards the solution of our problem of how to include HIV/AIDS education in the mathematics classroom and each member's contribution was celebrated. We succeeded in putting our strategy into operation and we see a way forward in continuing to extend and develop what we have achieved.

Lessons observed

To give a glimpse of the variety of conceptions of integrating HIV/AIDS education content in mathematics among the participants in this exploratory self-study, I have selected two of the seven pre-service teachers' classroom lessons for analysis – Thembe's and Nobunti's. The work of each pre-service teacher was interesting, unique and valuable but for the sake of brevity a selection is necessary. By observing what, where and how these pre-service teachers integrated HIV/AIDS education in mathematics classrooms of young learners, it was possible to reflect on what was developed during focus group meetings.

Thembe integrated HIV/AIDS education into a mathematics lesson using graphical representation. As an introduction to the lesson, Thembe's 39 Grade 2 learners were reminded of precautions to take when they were assisting friends who have bleeding wounds. During the lesson a chart showing a pictograph with paper cut-outs of people was used. The heading of the pictograph was 'People living with HIV and AIDS' and the columns were labelled 'Mothers', 'Children' and 'Fathers'. During the lesson these young learners were encouraged to count cut-outs on the pictograph. The learners also compared the number of cut-outs in the various columns. The integrated individual learner activity that Thembe used was an example of a pictograph and the learners were asked to complete the worksheet by counting the number of pictures drawn in the columns of the pictograph. The columns on the pictograph were labeled 'TB', 'TB and HIV', 'Flu and HIV' and 'Flu'. The columns in the pictograph, in which a red cross was shown, indicated that the HI virus was present. Thembe explained how some people may have tuberculosis (TB) and influenza (flu) and not necessarily be infected with the HI virus.

During her practice teaching, Nobunti was not given any mathematics lessons to teach to her Grade 4 learners so she adapted a Technology lesson to integrate HIV/AIDS education. During the lesson I observed, she spoke some English to the learners and code-switched to IsiZulu to elaborate on concepts.

Nobunti introduced the technology lesson by reading a poem in isiZulu that was written by a nine-year old learner from another class about the devastating effects of HIV/AIDS. Nobunti then explained to learners about the Red Ribbon symbol and referred to the large Red Ribbon signboard that was outside the school grounds. The learners were then asked to complete a worksheet on which a Red Ribbon that was drawn on squared paper had to be enlarged by doubling its dimensions. The meaning of the Red Ribbon was thus adapted so as to be integrated with scale drawing requirement for technology education. The learners in the class of 49 learners contributed to the lesson presentation in a positive manner by willingly offering responses to questions posed by Nobunti. The learners were keen to tackle the scale drawing technology worksheet.

Conclusions and implications

The way forward would involve re-looking at the materials developed and seeing how the reworked materials may be implemented in the mathematics classrooms of young learners. In addition to re-development of the material, the focus group of pre-service teachers may be re-visited at their permanent posts as qualified teachers. These teachers are now teaching in a variety of school contexts throughout Southern Africa. Perhaps this extension of the project would capture the sustainability of the proposed integration of HIV/AIDS education in the mathematics learning area. By making contact with the participants it would be possible to ask these teachers to reflect on what we achieved during our initial integrated lessons and valuable insights on the integration process could be provided by these practising teachers.

During the *HIV/AIDS Education in Mathematics Project*, I have been aware that there has been some 'spin-off' into the teaching and learning of HIV/AIDS by other lecturers/colleagues in the mathematics education department at my institution. For example, a colleague who has been teaching the topic 'data handling' with Advanced Certificate in Education (ACE) in-service teachers asked me for statistics on HIV/AIDS for a tutorial activity. I am thus in the company of others where my exploration in HIV/AIDS education in mathematics has influenced the lecturer as well as the in-service teacher doing her ACE module. I collected the activity developed by this colleague and looked at the responses of the teachers to her tutorial activity. Although I cannot claim that I have been the only catalyst in this colleague's decisions to include HIV/AIDS in a mathematics education module, this does nonetheless show that my involvement in HIV/AIDS education has caused a different relationship to evolve where an unfurling of a different understanding and action from colleagues has developed.

In addition to the interest in the integration process shown by other mathematics teacher educators, the focus group participants were able to integrate HIV/AIDS into other primary school learning areas. Nobunti, for example, integrated the Red Ribbon theme into a technology lesson and also make use of poetry in her lesson to extend discussions surrounding HIV/AIDS. This augers well for the possibility of integration of HIV/AIDS education in all learning areas.

I have not proved that HIV/AIDS education in mathematics will result as a consequence of our research exploration. I can, however, produce evidence to suggest that we 'touched' our goal in the materials development and that the use of these materials during the pre-service teachers' mathematics lessons showed that HIV/AIDS education in mathematics is an outcome that can be achieved. I believe that it is possible to influence the extension of the knowledge, skills and attitudes of young learners using HIV/AIDS education in mathematics because I have explored ways of improving what is possible in mathematics classrooms.

I have explored the possibility of an intervention in mathematics but there are many issues that have emerged which will need attention. For example, it is obvious that some of the focus group participants will require further mentoring to extend their knowledge of HIV/AIDS education and mathematics. The important focus of the exploration was, however, to see whether, after my encouragement during our focus group meetings, the pre-service teachers were able and willing to take on the challenge of including HIV/AIDS education into mathematics lessons as the purpose of this self- study was to understand and improve my own praxis at a Higher Education Institution. This exploration with seven volunteer pre-service teachers served as a starting point to make a difference count in a discipline.

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Assessment 'of and for learning' in the context of addressing HIV/AIDS in teacher education

INTRODUCTION

Innovative assessment is "about what Heron (1981) called *'the redistribution of educational power'* when assessment becomes not just something which is 'done to' learners but also 'done with' and 'done by' learners". (cited in Mowl, G. 1996, n.p.) In this section of *Curriculum-in-the-Making* on assessment, why assessment is important in the context of the age of AIDS will be discussed; various considerations when one is assessing student work will be touched upon; different ways of assessment will be highlighted; and some assessment examples will be offered. This piece is meant to stimulate debate about assessment, encourage innovation in assessment, whilst simultaneously trying to raise awareness of individual vulnerability – of staff member, student and learner. Ewell's words above highlight the illusion that accurate and precise assessment exists – a reminder of the illusion that we can design assessment instruments which can really 'measure' the learning that has occurred. However, it does open up the space for trying out 'innovative' assessment techniques. The HIV/AIDS module and its content are suited to alternative, innovative, authentic assessment, in line with the current trends in assessment.

WHY THE ISSUE OF ASSESSMENT IS CRITICAL IN ADDRESSING HIV/AIDS IN TEACHER EDUCATION

As in any work, assessment forms a critical part of teaching and learning, and offers an opportunity to determine to what extent the set outcomes of the teaching have been achieved, i.e. whether the knowledge, attitudes and skills have been acquired and whether this can be demonstrated, but the assessment in itself can also assist in achieving those set outcomes. This refers to the commonly used concepts of *formative* and *summative* assessment, which form a specialised body of knowledge in itself. However, in short, formative assessment (also called assessment for learning) is intended to deepen or extend the learning and could include feedback provided by the lecturer, tutor or peer. The feedback can also fulfil a 'diagnostic purpose' and a 'scaffolding' purpose, allowing the progress of learning. On-line feedback in a blended

learning environment, for example, is often more in-depth and detailed, thus providing a greater engagement with the work of the student, but leading also to more interaction between the lecturer and student. The type of questions the lecturer asks in this on-line feedback can support the learning process and develop a reflective disposition. For example, is there relevant formal theory that supports your argument? (Dunbar-Krige 2007) Summative assessment (also called assessment of learning) is intended to determine the extent of the acquisition of engagement with the knowledge, attitudes and skills, and to allow for a final grade mark. It is also used to inform the reworking or restructuring of the teaching programme in order to improve teaching and learning. Of course, both of these are equally important when we are teaching an HIV/AIDS module.

This section of *Curriculum-in-the-making* provides an opportunity for us to reflect on assessment in order to improve learning. Graham Mowl touches on the importance of assessment by stating possible outcomes for the students: deep rather than surface learners; highly motivated and committed; enterprising; equipped with a range of transferable skills; capable of self-criticism and evaluation; active and reactive participants in the learning process, capable of 'creative dissent' rather than simply passive, uncritical recipients of other people's knowledge. This could create a "more fertile learning environment and a more rewarding learning experience for all teachers and students". From the above it can be concluded that assessment is of equal importance for the teacher-educator teaching the module, and for the student in the class. (Mowl, G. 1996, n.p.)

KEY THEMES

Considerations around assessment

It is key that the assessment is aligned to the epistemology that informs the programme and module design, the outcomes of the module, as well as the teaching and learning activities, i.e. the pedagogy.

The challenge of assessment around HIV/AIDS is to create *contexts* for assessment which are in themselves opportunities to acquire knowledge and skills, and also to promote critical awareness of one's values and beliefs, both as a learner and a teacher. Assessment then contains the possibility of reflecting on one's own position, underpinned by a developmental approach, allowing the silence around HIV/AIDS to be broken, but also to shift mindsets (for example from one of apathy to engagement, from invincibility to vulnerability). It is necessary to keep in mind that the position of the teacher (in engaging with HIV/AIDS) is also constantly challenged when she or he is teaching and assessing, and reflecting.

HIV/AIDS, with its social determinants, requires that the assessment *not be limited* to medical aspects of the disease, but that it also focus on the social, economic and cultural components. Research indicates that not many programmes try to

contextualise messages about HIV/AIDS within the cultural discourse of traditional ideas, and therefore do not build on the understanding and beliefs of the people they want to influence. (Mannah 2000) A similar concern is found with service delivery, as is highlighted by statements like, "I was not comfortable with the agency staff, they didn't speak my language or support my cultural beliefs". (Houston EMA/HSDA 2005)

Similarly, we argue that assessment should also be *contextualized within the cultural discourses* and should be executed within a framework suited to those who are being assessed. (See also Broadfoot 1996.) Setting up and facilitating culturally sensitive assessment is challenging, considering the diversity amongst students. This, though, does mean that different 'ways' of assessment are required to tap into the understanding of the diverse participants, which in itself could push the boundaries of what counts as assessment. HIV/AIDS being a sensitive topic to teach and talk about also requires that the assessment in itself should be *ethically sound*.

About assessment

Taking the above into consideration, the purpose of the assessment will determine *how the assessment* will be done – individually, in pairs, or in small groups. Similarly, it could inform the choice of which conventional assessment strategies should be used – tests, examinations, "done to" a student, or alternative or performance assessment such as performances, projects, portfolios "done by" a student. The underlying philosophy of performance-based assessment is that it provides teacher-educators with information that can help improve achievement, demonstrate exactly what a student does or does not understand, relate learning experiences to instruction, and combine assessment with teaching. (http://www.emtech.net/Alternative_Assessment.html; Wiggins 1990) Scoring rubrics are carefully developed for such assessments. This in itself contains the possibility of 'power sharing' by engaging the students in the process of developing suitable assessment criteria and thus creating a sense of ownership. The modelling of such a participatory process deepens their understanding of assessment, and also provides an opportunity for the lecturer to understand how learners think about assessment. (See also Shepard 2000.)

Assessment could also be done in the lecture room, online or at home. In today's technological society it is also important to consider the use of multi-modal assessments, derived from advances in technology, which in themselves could support higher levels of engagement and attention.

Assessment could also be informal (checking for understanding, self-assessment and getting feedback), or formal (testing and analysing outcomes). (Sattler and Armmer 2006) It could also be criterion-referenced (assessed against defined objective criteria to determine whether, for example, the outcomes have been achieved) or norm-referenced assessment (for comparing the students).

Assessment can also be objective or subjective. The choice of either objective or subjective assessment is linked to what Brown, Gibbs and Glover (2002) refer to as fitness for purpose. Objective assessment, or assessing knowledge as information, would contain questions which require one correct answer (multiple choice, true/ false, matching responses, and so on) and would pertain to, for example, the biomedical outcomes of the HIV/AIDS module. Subjective assessment, or assessing knowledge for understanding is built around open-ended tasks (performance-based), and it requires drawing on a wider variety of knowledge, attitudes and skills. It would pertain to the outcomes around socio-economic determinants such as teaching, care and support of the HIV/AIDS module.

It is quite clear that feedback about the assessment is of great importance to students and teachers, since it underpins successful learning. The Great NUS Feedback Amnesty (http://www.heacademy.ac.uk/ourwork/learning/assessment/students) actually argues for "constructive and consistent methods of feedback" to students, which supports learning. (See Wiggins 2007, about feedback and its importance.) The feedback in itself provides opportunity not only for 'deep' learning to take place (for example through 'scaffolding' in formative assessment) but also for further engagement and debate, and critical self-evaluation around HIV/AIDS. The feedback should therefore open up a space where the student can feel safe and critically engage with the lecturer and other students about their own understanding of issues pertaining to HIV/AIDS.

Just as the teaching of HIV/AIDS requires moving beyond 'talking' about it to active participatory pedagogies, assessment should also shift boundaries in terms of the usual 'what' and 'how' of assessment to include authentic assessment. The boundaries between teaching, assessment and research therefore also become blurred.

Suggestions or guidelines are offered in the next section but the situation you as teacher-educator are in, and the situation of the group of students you work with, could require you to modify the approaches.

Some examples of assessment specific to addressing HIV/AIDS

As referred to above, the importance of determining exactly what the assessment task intends to assess, cannot be overemphasised. A clear set of assessment criteria (criterion referenced assessment) is helpful in thinking through an assessment task. In the *Being a Teacher in the Context of the HIV/AIDS Pandemic Learning Guide* (HESA 2008) for example, each unit concludes with an assessment task matching the outcomes of the unit. (See pp 23-24; 38; 54-55; 77-78.)

- Relying on a *test or examination*, in the form of *multiple-choice* questions, requires thought and planning in terms of generating appropriate questions. This is a field of expertise in itself and should not be seen as an easy way out when one is assessing. The assessment will be useful (and the marking easy) only if the questions are formulated appropriately. When you are identifying the issues

to be assessed and formulating questions, consideration should be given to the phase (early childhood, foundation, intermediate, general education and training, and so on) the students are being trained in or working in, and the sensitivity of the question.

- The need to encourage critical thinking could be combined with *research* by providing a provocative quotation to be critiqued and supported by further research.

- "Many communications and health promotion programmes proceed on the assumption that behaviour alone needs to be changed, when in reality, such change in unlikely to be sustainable without some minimum of social change." (UNAIDS 1999, p. 23)

- The student is then required to write an essay arguing the importance of community engagement and change in addressing HIV/AIDS, and present it to the class.

- "'E-health communication', health promotion efforts that are mediated by computers and other digital technologies, may have great potential to promote desired behavior changes through unique features such as mass customization, interactivity and convenience. There is growing initial evidence that e-health communication can improve behavioral outcomes." (Neuhauser and Kreps 2003, p.7)

- The student is required to write an argument relating to the potential of e-health communication to bring about behavioural change, supported by literature.

- It is important to understand theories and their assumptions used in the prevention and intervention strategies that address HIV/AIDS according to *A communications framework for HIV/AIDS.* (UNAIDS 1999) Read the document to identify some of the theories, select one of the theories discussed, and critically assess the theory in terms of its potential to increase knowledge, help acquire skills, change attitudes, change behaviour, and its cultural sensitivity.

- The student is required to write an essay and present it to the class.

- A further example of assessment aimed at developing critical thinking skills, is to provide the students with website URLs, such as http://www.unaids.org/en/ and require a critique, according to a set of criteria, of the value of these for teaching and learning.

- Similarly, it is important to understand the messages coming from the media such as newspapers, for example, so having students collect HIV/AIDS related newspaper articles and critique them could facilitate a deeper understanding of the HIV/AIDS issues.

Using an *inquiry-based approach* to assessment fully engages the student to respond to/resolve/address real life issues (authentic assessment), through applying their newly acquired knowledge and skills in the context of HIV/AIDS. Resolving issues such as dealing with lack of information, stigma, gender-based violence, orphaned and vulnerable children, child-headed households, and so on, could enable the students to be better equipped to fulfil their role as teacher. An example is found in the *Being a Teacher in the context of the HIV/AIDS pandemic Learning Guide* (HESA 2008), in which the student is required to develop a plan of action to help others understand and avoid stigmatising those living with HIV/AIDS. A further example requires students

to analyse an audit of vulnerable children, and to use the analysis to develop a school and classroom plan to support vulnerable children. (p. 77) This example is closely linked to *field-based inquiry/research*, which has the potential to allow the student to determine the focus and direction of the research and gain maximum benefit from the effort.

- Participatory approaches such as photo voice and video documentary could be used, requiring the students to explore 'issues and solutions' around addressing HIV/AIDS, or stigma for example. (See also Chapter 5 in this volume, *Participatory approaches to teaching.*) An example of field-based inquiry is found on page 23 of the*, Being a Teacher in the context of the HIV/AIDS pandemic Learning Guide* (HESA 2008) requires the student to explore how much learners know about the basic HIV/AIDS facts, what their attitudes to people who are HIV positive are and what this means for teaching them about HIV/ AIDS. A further example, found on page 54 of the *Learning Guide* (HESA 2008), requires the student to test some of the statistics in the National Household HIV Prevalence and Risk Survey of South African Children in their own situation, by drawing up, administering and analysing a School Safety survey and then writing a report about it.
- Various *arts-based assessments* position the students as producers of knowledge which is real and relevant. Supported by clear assessment criteria, such assessments can not only be formative, but summative as well. Drawing on 'Scenarios from Africa' (http://www.allAfrica.com) for example, students take part in a contest to develop a script to make visible the real issues of HIV/AIDS in Africa. A panel judges the scripts, and the winning script, is made into a film by an experienced director (and of course then has the potential for further use.) Such scripts by the learners can be used as data for analysing their understanding of HIV/AIDS. This assessment can be adapted to allow the students to write such scripts (thereby becoming knowledge producers) which can be used for analysis. While working on the task, opportunity for dialogue is opened up, and access to, and sharing of, knowledge is increased (Scenarios from Africa, http://www.allAfrica.com)
- Similarly, at the end of a unit students can express through art what they have learned and present it to the class along with a description of the feelings that it generated. (Winter-Green and White 1998)

Considering the nature of engaging with HIV/AIDS, the importance of reflective tasks should not be ignored. Here one requires the students to think about the way they do things, see things and how they feel about things. The students should explore the reasons behind their thinking and try to make meaning of these. This will sensitise them to real vulnerability and the assessment tries to ascertain the depth of their thinking.

- Write a reflection of your attending the contact session in which a medical doctor engaged the students in a discussion around HIV/AIDS. (The structuring of such a task as well as the assessment of it can be quite problematic but see Moon (2004), who suggests how to plan and evaluate levels of reflection to ensure richness and depth.)

Box 1 An example of a field-based inquiry

As a pre-service teacher/teacher in training, and a candidate in a module on *Being an HIV/AIDS teacher in the context of the HIV/AIDS pandemic*, you are required to explore what support (drawing on all available assets) is available in and around your area to learners infected and affected by HIV/AIDS and also to explore problems in accessing such support. This assessment task requires you to use a visual methodology, called photovoice. Your work needs to be written up as a report of 2000 words and you will have to present your report to the class.

Problem statement: What current support is available in and around your area and what are the problems associated with access?

To facilitate your reflection on this question, you are required to take photographs with a simple point and shoot camera (or digital camera or cell phone) using the following prompt:

"What current support is available in and around your area to infected and affected learners and what are the problems associated with access?"

First explore such available support and access related problems and then try to present it visually through using photographs. Some suggestions:

■ You can stage the photographs to present your response
■ Try to take some photographs which are abstract
■ If you have to take photographs of persons, take them in such a way that the people are NOT recognisable. For example, take photographs of their silhouettes, take the photographs from behind or from above the person, and so on.

Read up about visual methodologies (journals, internet articles and websites (http://www.ivmproject.ca and http://www.cvm.za.org) to help you do it and to write about it.

Once you have taken the photographs, have the film developed (or transfer the digital images to your computer). Look carefully at, and reflect on, your collection of photographs. Choose the ones that best depict your responses to the prompt. Paste each on an A4 sheet and write about why you took the photograph, what it depicts and how it explains support and access difficulties, or create a word document with your photographs appropriately inserted.

Now do a literature review. Search the internet, journals, newspapers, and so on to re-contextualise the support of HIV/AIDS infected and affected learners, and use this information to write approximately 2000 words on the issue of support and access to support.

You may frame your 'findings' within a framework, such as Bronfenbrenner's ecosystemic framework (Donald, Lazarus and Lolwana 2002) or an asset-based framework. (Kretzmann and McKnight 1993)

Generate a section around the implications that your field-based research has for teaching in the context of HIV/AIDS and your pastoral role as teacher.

Present your assignment to the class, get feedback from everyone, re-work it if necessary, and submit the written piece to your lecturer.

Finally, create a photo exhibition of the photographs you have taken, write a curatorial statement, and exhibit this in your faculty foyer. Invite response from the viewers.

Challenges in assessment

The above discussion around assessment raises various challenges such as:

■ the difficulties around producing assessment tasks which really raise the critical awareness of the student

- the complexity of assessing in such a way as not to overburden the lecturer
- trying to remain within faculty rules to quantify precisely what learning has taken place
- generating assessment criteria in a participatory way so that students take ownership of the assessment
- creating a safe space where engagement with the feedback from the assessment tasks can take place
- designing tasks which are culturally sensitive and ethically sound.

Assessing our assessment

Just as the HEAIDS team evaluated whether the HEAIDS project of piloting a module achieved its set outcomes, we as teacher-educators need to evaluate whether our assessment is assessing what it intends to assess, whether it is shifting the boundaries of what counts as assessment, and whether in itself it is also developing the students to be effective teachers in the age of AIDS. This includes being aware of their own vulnerability and of vulnerabilities within the school and community. This clearly implies that the assessment ought not to be separated or distanced from the reality of living and teaching in the age of HIV and AIDS.

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Evaluation, self-study and making our teaching our research

INTRODUCTION

All teachers, experienced and inexperienced, effective and less effective, need to, and have the potential to, improve their teaching (and their students' learning) over time. (*honolulu.hawaii.edu/intranet/committees/FacDevCom/guidebk/teachtip/evaluate.htm,* Retrieved September 15, 2008) To achieve this, they need to be constantly alert to which aspects of their practice work, and which do not, and from this understanding, to find ways of addressing and improving the areas that present challenges. In essence, they need to continually evaluate their own teaching, find innovative strategies for addressing the challenging aspects of their work and evaluate these so as to ensure that their teaching is enhanced and their students' learning is improved. This section of *Curriculum-in-the-Making* aims to stimulate debate in response to the question: What difference does our teaching about HIV/AIDS in teacher education make? This section explores the value of evaluating our own practice as teacher educators. It is informed by the notion that, by researching our own practice (making our teaching our research) we not only stand to improve our teaching, but to enhance students' learning as well. As teacher-educators, finding out whether our teaching is achieving the identified outcomes is essential. In the age of AIDS in particular, such inquiry must involve re-visioning of teaching and learning outcomes, as well as re-visiting and moving the boundaries of what counts as effective teaching and developing/preparing effective future teachers.

Why Evaluation is such a Critical Issue in Addressing HIV/AIDS

> When research into teaching effectiveness is instigated by practitioners and addresses questions that are of immediate relevance and significance to them, it has the capacity to…inform and enhance the reflective processes that teachers are engaged with [and]…provide a range of insights into the improvement of practice. (Little and Hefferan 2002, p. 41)

As in any work, evaluation forms a critical part of teaching and learning. The most obvious reason for evaluating our work and the reason why most higher education

institutions insist on students evaluating modules they register for at the end of each term, semester or year, is quality assurance. As our most important clients, students have to be satisfied with the quality of what they pay for. But beyond quality assurance, three distinct reasons emerge for why, as teacher educators (and other educators) we need to evaluate our practice.

First, like any research data, we can use evaluation to document our teaching strategies and resources and their effectiveness for other teacher educators and professional development practitioners so that they can learn from the strategies we use to teach as well as those we use to evaluate and improve our practice. *(honolulu. hawaii.edu/intranet/committees/FacDevCom/guidebk/teachtip/evaluate.htm, retrieved September 15, 2008) Unless we see real case studies of successful and effective teaching of HIV/AIDS in teacher education and other contexts, it is likely to be difficult to imagine* ways of approaching the subject and delivering it effectively to our learners.

Second, we evaluate our work for our own personal purpose and to address the questions: *Is what I am doing working? Among the strategies I use in my teaching, what is working and what is not working? How can I address the weaknesses so as to improve my practice and enhance my students' learning*? This implies then, that evaluation is necessarily a continual and cyclical process, occurring throughout the teaching programme so as to inform subsequent activities and choice of resources.

Third, in any teaching and learning situation, not only is evaluation targeted at improving teaching practice, it is also targeted at enhancing the quality of students' learning. *(www.admin.ex.ac.uk/academic/tls/tqa/evaluat.htm retrieved September 15, 2008) Just as assessment* is inextricably linked to students' learning (Angelo 1995; Harris and Bell 1990) so is evaluation. The purpose of evaluation is to make our practice better so that students' learning increases and/or improves.

Thus, evaluation addresses the need to establish and communicate the value of our intervention, more specifically, our teaching, and to establish its effectiveness, efficiency, and output. (Mhlanga and Madziyire n.d.)

Key Themes

What is evaluation, anyway?

On the one hand, assessment (formative or summative) focuses on students' learning, the former aiming to identify challenges so that they can be addressed during the course of the programme, and the latter aiming to make final judgements about how well the students have achieved the identified outcomes. On the other hand, evaluation – also involving formative and summative – focuses on how well our teaching has addressed the identified outcomes and helped our students learn the HIV/AIDS content. However, like any concept, evaluation is defined differently by different scholars and practitioners. The most formal definition conceptualises

evaluation as the "systematic application of social research procedures for assessing the conceptualisation, design, implementation and utility of social intervention programmes. (Mhlanga and Madziyire, n.d. p. 6) One that is less formal and focuses on the evaluation of teaching in particular views evaluation as aiming to provide a global assessment, as well as an analytical and diagnostic assessment of one's teaching and its impact on students' learning. As such, evaluation aims to address the questions: "*How well am I teaching? Which aspects of the module and my teaching are good and which need to be improved?*" (honolulu.hawaii.edu/intranet/committees/FacDevCom/guidebk/teachtip/evaluate.htm*, retrieved September 15, 2008) In particular, in this project, we ask: How well am I teaching the HIV/AIDS content to my teacher education students, and how effective is my teaching in preparing them to be good and effective teachers in their own future classrooms in the age of AIDS? As suggested earlier, this, in essence, involves conducting research on our own practice as teacher educators – making our teaching our research.*

 What strategies might we use to make our teaching of HIV/AIDS our research? The next section examines a few case studies of these.

Making decisions about evaluation strategies

The *Evaluation model for the monitoring and evaluation of project procedures and outcomes* outlines some examples of evaluation strategies and instruments the HEAIDS project team, together with institutions, will be using to evaluate the pilot project. Some of these can also be used to evaluate teaching in institutions and individual classrooms. As the model illustrates, as with any research, it is good practice to correlate or triangulate findings of your evaluation of your teaching from different viewpoints wherever possible. So, in considering what strategies to use to evaluate your teaching, a combination of the following can be used.

Students' assessment results: Students' performance on assessment tasks in modules can tell us how good our teaching is and how well they are learning and assimilating the content. In the case of HIV/AIDS content and the pilot undertaken in our institutions, many programmes use continuous assessment strategies (including case studies, projects, etc) to assess students (with a few using examinations). In some institutions, assessment is informal (not part of an examined module). In all these forms of assessment (see Section 6 of this Curriculum-in-the-making for a detailed discussion on assessment), students' responses and their performance constitute valuable data that address the research questions that form part of our evaluation *("How well am I teaching? Which aspects of the module and my teaching are effective and which need to be improved?"*).

Students' questionnaires: Most higher education institutions require (or at least encourage) staff to have students evaluate modules at the end of each term/semester/year. Most use structured questionnaires to collect students' experiences of, and evaluation of, the module and their teaching. These can be analysed quantitatively, using rating scales (e.g., on a scale of 1-5, how would you rate the quality of the

module?) as well as qualitatively for students' experiences and evaluation of the module, as well as their suggestions regarding what aspects might be improved or changed. These can be analysed either by the lecturer himself or herself, or by staff of the university's quality assurance structures. In the case of HIV/AIDS, where students might need to speak freely (and sometimes anonymously), it might be good practice for these to be analysed by the latter.

Structured focus group interview with students: An additional method that can be used to evaluate one's teaching is structured interviews with selected students groups. In these small groups, students may be asked to give their views about the module or aspects of it. The interview "must be structured with care to generate constructive debate, and so that students feel free to express their views without personal risk. Typically, students are asked to work in small groups to reflect upon good and bad features of the [module], its delivery, and their own performance and experience" in it. (www.admin.ex.ac.uk/academic/tls/tqa/evaluat.htm *, retrieved September 15, 2008)*

Participatory methodologies: As described in more detail in Section 7 of *Curriculum-in-the- Making*, participatory approaches can also play a critical role in evaluation. These can range from focus group discussions and other more conventional forms of group work, through to the use of arts based methods such as photovoice, role play and other forms of drama in which participants can represent visually what their learning.

Peer evaluation: Another useful strategy for evaluating our own teaching involves peer observations and evaluation. Inviting a knowledgeable colleague to observe our teaching and comment on aspects that are effective as well as those that need work is a strategy that can be used to gather data about the effectiveness of our teaching.

Formal evaluation by university structures: By now, informed by the recent Council for Higher Education (CHE) reviews of programmes in higher education institutions, most universities have established quality promotion and assurance offices. These are staffed by people who have specialised in quality promotion and assurance, including assessment and evaluation. These structures offer opportunities for individual staff members or departments to evaluate programmes and modules, as well as individual teaching. While this might come in handy for promotion purposes, it is also a useful strategy for evaluating our teaching, either formatively while there is still time to improve practice or summatively so as to inform us about the effectiveness and value of our teaching as well as about future efforts. Staff from these structures might also help to demystify the results of the various evaluation instruments, commenting on the outcomes of evaluations, their validity and reliability. (www.admin.ex.ac.uk/academic/tls/tqa/evaluat.htm*, retrieved September 15, 2008)*

Self-evaluation, self-study and action research: Most critically there is the opportunity to study ourselves and our own teaching and to take action for change

through action research. (See also the chapter Reflective Practice.) In an era where we are increasingly interested in, and called on to "teach for social justice" , it becomes more important than ever for self-study, as a field, to take on the challenge of examining our own practices as teacher educators in the context of social issues. Every teacher or teacher educator, before, during and after teaching a particular class should always engage in self-evaluation or self-monitoring. These activities involve semi-automatic and semi-conscious reflections on such questions as *"How is it going?" "Are they with me?" "Am I losing them?" "Are they interested or bored?"* (www.honolulu.hawaii.edu/intranet/committees/FacDevCom/guidebk/teachtip/ evaluate.htm, retrieved September 15, 2008) While these are mental activities (not documented) a possibility exists for them to be complemented by the use of journals in which they are documented, to be reflected upon when time becomes available (for example, after the lecture, or when we are preparing for the next one). This is particularly important in the teaching of sensitive or controversial topics such as HIV/AIDS, sexuality and so on, in which silence about issues pertinent to addressing is likely. The advantage is that when this is done consciously, systematically and continually, strategies for addressing such challenging areas of the curriculum can be identified and developed during the course of the term/semester.

Creative and participatory approaches to self-study in teaching and teacher development

> "You can't learn about yourself in isolation. Working with and caring for others helps because as you reflect on your experiences, you also take into consideration other people's views and feelings." (Ms N, teacher, South Africa)

In this final part of this chapter we take up the challenge of self-study and taking action, drawing in particular on a full length article published in *Educational Action Research* on creative and participatory approaches to self-study. (Pithouse, Mitchell and Weber 2009) As we highlight in that article, in exploring how self-study might be or become a call to social action, there are a number of participatory and creative approaches to self-study. Much of this work is located within arts-based approaches to self-study. As the various chapters in *Just who do we think we are? Methodologies for autobiography and self-study in teaching* (Mitchell,Weber and O'Reilly-Scanlon 2005) demonstrate, and as is highlighted in an extensive essay on visual and arts-based approaches to self-study (Weber and Mitchell 2004) in the *International handbook of self-study of teaching and teacher education practices*, these approaches have at their center processes of personal engagement, reflexivity, creativity, and making public. In our work with teachers in graduate courses and research projects, self-study uses such approaches as drawing (Weber and Mitchell 1995; Mitchell and Weber 1999), video documentary (Mitchell et al. 2004), school photographs (Mitchell and Weber 1999), photo-voice (Mitchell et al. 2005a), curating photo albums (Mitchell, Weber, and Pithouse, 2009), performance (Weber 2005), dress (Weber and Mitchell 2004; Mitchell and Weber 1999), collage (Pithouse 2007), personal narrative/autobiography (Pithouse 2007; Pithouse et al. forthcoming), and collective memory work. (Mitchell and Weber 1999)

Clearly, self-study is not one method per se; it involves a community of inquiry and approaches to investigating practice that can draw on a wide-range of methodologies and lend itself to a variety of situations (see Hamilton and Pinnegar 1998; Loughran 2005; Russell 2004; Zeichner and Noffke 2001. As we highlight in *Making Connections* (Pithouse, Mitchell and Moletsane, in press), self-study is becoming increasingly interdisciplinary, and taking on broader and more complex issues. It is perhaps the purpose and general stance of the inquiry rather than a specific method that characterises research as self-study. (Loughran et al. 2004) Cochran-Smith (2003) uses the phrase "inquiry as stance" to describe the positions teachers and others who work together in communities of inquiry take toward knowledge and its relationships to practice:

> Teaching is a complex activity that occurs within webs of social, historical, cultural and political significance….Inquiry as stance is distinct from the more common notion of inquiry as time-bounded project or activity .… Fundamental to this notion is the idea that the work of inquiry communities is both social and political – that is, it involves making problematic the current arrangements of schooling; the ways knowledge is constructed, evaluated, and used; and teachers' individual and collective roles in bringing about change. (p.10)

Although Cochran-Smith was not referring specifically to the community of self-study or working specifically in the area of HIV/AIDS, the positions she describes towards knowledge and its relationship to practice fit many self-studies very well.

As teacher educator-researchers, we have become increasingly interested in how reflexivity and self-study in teaching and teacher development can illuminate social and educational challenges that have resonance *beyond the self* and that can inspire context-specific, practitioner-led responses to those challenges (Mitchell et al. forthcoming; Pithouse 2007; Pithouse et al. forthcoming). Indeed, we are concerned to find tools and methods which easily lend themselves to addressing not only the personal but also the social. Here we equate 'social' with terms such as 'social action' and 'taking action'. We also include in the term 'social' the idea of participatory process and the ways that our colleagues, students, parents, and other community members might also become engaged in taking action. (See for example, Olivier et al. 2007.) Here we elaborate on approaches that draw on reflexivity through personal creative processes, and through group work and collectivity.

The personal is social: Personal narrative writing
Personal narrative writing is one of the creative approaches to self-study that we have used to engage groups of pre-service and practising teachers in a process of reviewing their educational experiences and practices and imagining new possibilities for their authoring their own professional development (see Mitchell and Weber 1999; Pithouse 2007; Pithouse et al. forthcoming). Personal narrative writing requires teachers to insert themselves directly into the texts they are creating (Nash 2004; Richardson 2003) and to write about

happenings, contexts, and issues that are personally meaningful to them and about which they might have "powerful reasons for writing". (Ivanič 1998, p. 341)

This approach to personal narrative writing is informed by an understanding that many teachers' formative experiences of 'creative writing' occurred during their own schooling, when they were given a predetermined topic and then expected to produce an original, carefully planned piece of writing within a fixed period of time. (see Pithouse 2003, 2004) In the awareness that this kind of prior learning can undermine adults' confidence in themselves as writers and as subjects for writing, we have developed some support strategies for personal narrative writing. One of these strategies is journal writing. We encourage teachers to use journals as informal, unthreatening spaces in which to mull over their ideas for writing and to experiment with writing (see Richardson 2003), without anxiety about being judged, and without "the tyranny of the academic expectation that we always 'make sense.'" (Elbaz-Luwisch 2002, p. 415) Another way in which we support teachers' personal narrative writing is to provide opportunities for teachers to share pieces of writing (in various stages of completion) with each oxther and to give each other constructive advice and support. Through this sharing and discussion, these pieces of writing also become learning resources through which the teachers can interact with the experiences and viewpoints of others in their group. A third support strategy involves adopting a writing process approach. We have found that encouraging teachers to focus on one part of the writing process at a time can alleviate some of the often-paralysing anxiety that can come with facing a blank page or computer screen and can help teachers to feel more in control of their own writing. Additionally, the use of a writing process approach promotes the development of what van Manen (1990) refers to as "depthful writing":

> ...depthful writing cannot be accomplished in one straightforward session. Rather, the process of writing and rewriting (including revising or editing) is more reminiscent of the artistic activity of creating an art object that has to be approached again and again, and now here and then there, going back and forth between the parts and the whole in order to arrive at a finely crafted piece that often reflects the personal "signature" of the author. (pp.131-132)

Collectivity: Community video-making

Schratz and Walker (1995) argue that a critical feature of various interventions that lend themselves to social action and social change is that they are in fact social in nature in the first place. Such interventions involve the group and cannot be managed "individually and in isolation". (p.172) They go on to write:

> It (motivation) requires a collaborative effort and a reassessment of the nature of self in relation to social context, not a submerging of the individual within the collective, but a recognition that the person only exists in the light of significant others. (p.172)

While we have used drawings, photovoice work, and community video-making as collective self-study strategies in our work with teachers (for example, Mitchell et al. 2005a; Mitchell, de Lange, and Nguyen forthcoming), here we highlight the ways in which collectivity in community video-making can be critical to self-study and social action.

As part of our ongoing focus on participatory process with community members in several different contexts in South Africa, we have embarked upon video-making initiatives involving teachers. (Mitchell, de Lange, and Nuguyen 2008) The idea of teachers constructing their own cinematic representations of challenges and solutions is grounded in the fact that too often the voices of teachers are absent from policy making dialogues. While this is an issue in many different contexts (see for example Mitchell and Weber 1999), in the case of South Africa where the effects of poverty and HIV and AIDS are central to the everyday lives of teachers and students, it becomes critical that teachers' voices are both seen and heard. In the video-making process, teachers come to 'see for themselves' the impact of poverty and HIV and AIDS within their communities, but also they see for themselves how they can be part of the solution.

The actual video-making workshops have been organised as one-day events, sometimes made up solely of teachers and sometimes made up of teachers, community health care workers, young people and parents. We offer the seemingly simple prompt to small groups (of learners, teachers, community health care workers and parents): "*What are some of the issues that are important to you as a teacher?*" and then, "*Out of the issues that your group has identified as significant, which one would you like to develop into a video script?*" Typically, each small group of five to six participants is facilitated by one member of our research team. From brainstorming and storyboarding through to learning about video cameras, tripods and shot lengths, the groups embark upon a short intensive workshop on using the video camera to explore and express issues of concern in their everyday lives. Ultimately each group produces a two to three minute video documentary.

Working with video production as a group process (from initial concept through to preliminary screening and post screening discussion) offers participants an opportunity to engage actively in the social construction of knowledge. The group chooses the themes, decides on the images, 'constructs' the stage and so on. In the case of video (versus live performance), there is a whole array of techniques that expand the possibilities for constructedness – from shot angles to dialogue to theme music. Participants can stop the process, view and re-view the work and, significantly, can easily see themselves in action. Each frame is considered and reconsidered. Nothing is accidental. The types of follow-up interventions that draw on reflexivity are extensive. How, for example, could the group 're-vision' their original documentary as a text which explicitly contests traditional power dimensions – and how does video lend itself to this kind of critical awareness? In video production that is participatory, there is the possibility of creating a strong sense of a collective response, one that includes both producers and viewers, directors, actors, technicians and so on.

The actual titles that the teachers choose for their videos say a great deal about their own sense of the issues: *It all began with poverty, Poverty,* and *Needy learners.* Here we consider the video entitled *Needy learners.* As we describe in more detail elsewhere (Mitchell, de Lange, and Nguyen forthcoming), the video opens with a teacher taking the roll call and hearing of the absences and the pressing needs of so many of her learners. We hear of the dilemmas, one by one: Zethu is looking after a young sibling after the death of her mother; Siza is hungry; Onile is hungry and reports how she and her siblings are all living off their granny's meagre pension:

Teacher: A very good morning class, how are you? Where is Zethu? This desk is always empty, where is Zethu?

Bongani: She's absent Miss.

Teacher: She's absent?

Bongani: Yes.

Teacher: She's always absent. Why?

Bongani: She's looking after her mother's child. Her mother has just passed away, few months ago.

Teacher: Oh that's sad, very sad. Siza, you always sleeping in class, why?

Siza: I'm hungry.

Teacher: This one is hungry, you are yawning, what is it?

Onile: I'm hungry.

Teacher: You are hungry too. Seems we have a very big problem here.

Teacher: Hallo child, who do you live with at home?

Onile: We live with granny.

Teacher: Are your father and mother there?

Onile: They died.

Teacher: How many are you?

Onile: We are eight.

Teacher: Do you all survive on your granny's pension?

Onile: Yes, we survive on it and soon run out of food.

Teacher: Ok, we will speak again, and see what we can do.

Later that day, the teacher describes the situation to her colleagues in the staff room. Other teachers refer to the concerns of the orphans in their classes, and the fact that there is often no one to advocate for them. It is clear to these teachers that the only answer is for them to do something. Many of the children they teach are too young to be living on their own. They decide to work with their head of department to contact social workers. *"Let us try. Let's not leave this problem,"* they say. Their video ends with the teachers banding together in song, committed to doing something as a group.

What follows from this work, though, is not 'just the video-making' as an end in itself, but the engagement of the video producers in the post-screening process in reflecting on how the video could be used. Indeed, visual images are particularly appropriate to drawing in the participants themselves as central to the interpretive

self-study process. In work with video documentaries produced as part of community video, participants can be engaged in a reflective process, which also becomes an analytic process:

- "What did you like best about the video?"
- "What would you change if you could?"
- "Who should see this video?"

And in work with photo-voice, participants can be engaged in working with their own analytic procedures with the photos they have taken:

- "Which ones are the most compelling?"
- "How are your photos the same or different from others in your group?"
- "What narrative do your photos evoke?" (See de Lange et al. 2006.)

TAKING UP THE CALL TO ACTION IN CHALLENGING EDUCATIONAL CONTEXTS

In this section, we reflect on our experience of exploring participatory and creative approaches to self-study with practising teachers, and in so doing, highlight the process itself. These teachers work within an educational context that is – as with many others worldwide – characterised by increasingly complex and frequent changes in curriculum policy. Furthermore, despite their government's commitment to combating the legacy of the unjust and mis-educative apartheid education system (1948-1994), South African teachers face multiple challenges brought about by a combination of factors, including pervasive social and economic inequities, the HIV epidemic and high levels of violence in schools and communities. (See, among others, Chisholm 2005; Chisholm et al. 2005; Department of Education 2007; Fiske and Ladd 2005; Nelson Mandela Foundation 2005; Phurutse 2005; Shisana et al. 2005; South African Human Rights Commission 2006, 2008a, 2008b.)

The process of taking up the call to action

Through our work with teachers, we have come to see how teachers' involvement in self-study can inspire and generate social action in challenging educational contexts. From the teachers' responses and our own observations, we have identified five distinctive features of the process of taking up the call to action through self-study.

Valuing self-awareness and self-reflexivity

Many of the teachers we have worked with have commented that they have rarely been encouraged to engage in any kind of self-reflexivity as part of academic study or research. Indeed, most have brought with them an understanding that 'I' has no

place in academic endeavours. We have found that making awareness of self a central focus of graduate courses and participatory research projects provides openings for teachers to interrogate and deepen their understanding of how they are moved to act in their daily activities, and of the possible impact of these actions. As one teacher remarked:

> "Through this self-study, I've come to see myself in a different view. I've started to be more observant and careful of the way I deal with my learners and the manner in which I relate to other educators in my school."

A focus on the self also challenges teachers to become more conscious of, and thoughtful about, aspects of their teaching practice they have previously not noticed or perhaps avoided thinking about. Such awareness can be disquieting:

> "With self-study, you've got to acknowledge what's wrong with yourself as well. And doing that is hard. Looking at yourself, thinking, "Gee, I'm not the best teacher in the world, perhaps, because I do do certain things wrong." It means looking at things that you don't necessarily like, as well—looking at things that you don't really want to acknowledge that you do. It's easier to put on rose-colored glasses and look at yourself."

> "What makes it more painful is to think how much you've missed out by the way you've been doing things. You actually feel the pain about the time lost when you were practising something differently and thinking that you, that it was fine."

Nevertheless, in their responses, the teachers have highlighted the personal and professional worth of developing what Maxine Greene (1994) calls "wide-awakeness", which "opens us to visions of the possible rather than the predictable". (p.494) Many teachers have also stressed that, as well as becoming more mindful of misgivings they have about certain aspects of their practice, they have also begun to recognise and cultivate their areas of strength.

Connecting learning and research to real life

Another frequent observation that the teachers have made is that their prior experiences of academic learning and research have generally been far removed from the everyday realities of their personal and professional lives. By contrast, in our courses and research projects, we have aimed to position teachers' lives at the centre of learning and research and to call attention to the value of "personal experience… as a source of new knowledge and understanding". (Loughran and Northfield 1998, p.17) And we have found that the teachers' interaction with their own and each other's lived experience has indeed engendered new knowledge and understanding that is directly relevant to their professional practice. As one of the teachers commented, *"Because we discussed things that are related to our experience, it helped me with guidelines of how to cope with the real situation."*

In addition to focusing on personal experience, the self-study activities have also involved the teachers in thinking about how an awareness of social context can aid educational inquiry and practice. The teachers we have worked with have brought with them a wide range of lived experience that is "dynamically constructed through and reciprocally influences social life" (Brown 2004, p.529) in schools and communities. Participation in self-study activities has allowed the teachers to explore this dynamic interaction between their social contexts and their day-to-day lives:

> "Throughout this self-study project, I've had to reflect on my upbringing and the environment in which I live, work and socialise. What I've been able to see is that we are definitely products of our race, class, and socio-economic environments."

An emphasis on the ongoing interplay of what sociologist C. Wright Mills (1959) explains as "personal troubles" and "public issues" (p.8) has also prompted teachers to reconsider how they view and respond to the learners in their care:

> "We as teachers tend to look at learners through a lens of what we think people should be like and how they should behave. However, we need to look at learners through a wide lens; we need to take into account their socio-economic status, their intellectual capacity, and the environment that they may come from, etc."

Furthermore, many of the teachers have remarked on how the focus on their lived experience and social contexts has motivated them to be authentically engaged in the learning and research processes: *"Because the content was about what affects us in our lives and occupation we were inspired to be involved."*

Breaking silences

Much of the work in self-study that we have explored is about 'making public' and giving a public face to the issues (see also Mitchell, Weber, and Pithouse 2009; Mitchell and de Lange forthcoming), and in so doing ensuring that the things that need to be seen and heard in a community really are. As one of the teachers in the community video projects commented:

> "What I like the most is that…this [gender-based violence] is now being spoken about. It even appears on video and yet it was not spoken about. It was hidden. If you spoke about it, you would close everything you were doing."

Opening up the story allows for engagement and healing, and improving the well-being of the individual and community. The importance of the video work is therefore in allowing the hidden issues to be discussed and to be viewed from different perspectives, allowing communities to open up the possibilities of addressing gender-based violence and to shift towards taking action. As one participant expressed this: *"If we hide it…it doesn't exist, when it actually does."*

Building a sense of community and shared responsibility

The teachers we have worked with have drawn attention to the supportive, open relationships they have formed with fellow teachers and with us as teacher educator-researchers, during the self-study courses and research projects. The general feeling has been that a unique feature of these classes and projects has been how well the teachers have got to know each other and us through participatory and creative self-study activities. Some teachers have noted how the friendships they formed with fellow teachers and with us have lasted beyond the duration of the course or project and that these friendships have evolved into an informal support network.

The collaborative and communicative nature of the self-study activities, as well as the close relationships that have developed between the teachers, have enabled them to look through each other's eyes to gain new perspectives on, and understandings of, their own lives and work. Teachers from diverse schools and communities have also remarked on how they much they have learnt about each other's lives and contexts. This kind of learning is particularly significant in the light of South Africa's history of separateness. As writer and teacher Dorian Haarhoff points out, "the strategies of the apartheid state...locked doors between people and denied them access to each other's experience". (1998, p.10) Learning with and about each other has also encouraged teachers from diverse contexts to view the challenge of teaching in South Africa as a shared responsibility. Teachers' comments such as, *"It helped me as a teacher to know that we're all in this together, we're all learning"* and *"It's a challenge or a calling to everybody. Nobody has to neglect that call. Everybody has to respond positively"* have highlighted the psychological benefits of this sense of being involved in a collective undertaking.

Indeed, the growth of a sense of shared endeavour does not have to be limited to the teachers. Communities themselves may also become involved in teachers' self-study processes. Because visual texts produced through self-study, such as photos, videos and drawings, are very accessible, the possibilities for inviting others to engage with these texts and the issues they raise are critical. (See for example, Mitchell 2006; Mitchell forthcoming.) Commenting on participatory video work, for example, one teacher offered: *"I think it would encourage the community, if [our video] was to be seen by the community."* Another observed, *"In my opinion, there should be groups that are there, that go around visiting families, teaching them about this thing."* Reflecting on the range of possibilities for community outreach, another observes *"even the owner of the tavern...[can] show the cassette in order for the community to listen intently about this thing that is here"*.

Gaining hope and taking action

Many of the teachers have acknowledged that the manifold personal and professional challenges they face can make them feel hopeless and powerless. For instance, one of the teachers spoke about feeling like an *"ant"* in the face of the overwhelming

impact of the HIV epidemic. However, the teachers' participation in the self-study courses and projects has encouraged them to envisage how things could be different. As one teacher explained, *"My self-study inquiry helped me to reflect on my teaching and to look at ways that I could improve my teaching.... This was a life-changing or should I say, career-changing, experience for me."* And another reflected, *"It doesn't have to be like this. This state of affairs can be changed for the better."*

Through self-study, the teachers have been able to discover and explore educational issues that they genuinely care about and to identify some practicable ways in which they might translate this concern into action within their own school and community settings. For example: a number of teachers committed themselves to promoting inclusive education by fostering more participatory, learner-centred environments in their own classrooms; a deputy principal decided to combat violence by trying to bring to an end to the illegal use of corporal punishment by teachers in his school; and a principal came up with strategies to help school managers cope with the emotional stress of managing additional HIV and AIDS-related pastoral responsibilities. Through our ongoing interaction with several of the teachers we have worked with, we have been able see their actions plans bear fruit. For instance: one of the teachers set up a small care centre in his school that serves the needs of children who have been orphaned as a result of AIDS (see Mitchell, Weber, and Pithouse 2009); another teacher developed and studied a participatory, across-the-curriculum approach to sexuality education with her grade six class (see Masinga 2007); and a school principal created a photographic exhibition at her school to motivate the staff and students to work together to counteract gender violence in the school. (See Mitchell, Weber, and Pithouse 2009.)

It is important to note that our work with teachers in South Africa has made us aware that the contextual constraints and deep-rooted patterns of school life might prevent them from taking direct action or making sweeping changes as a result of their self-study. We are also conscious that self-study could actually make a teacher's life more difficult as other people might feel threatened by new ideas or ways of working. While we value social action, we also believe that for teachers who work in challenging contexts to come away from a course or research project with renewed hope and new friendships is in itself a significant gain.

The emotional nature of the self-study process

Our work with teachers in South Africa has highlighted for us the emotional complexity of teachers' self-study in challenging educational contexts. (See Khau et al. forthcoming; Pithouse 2007; Pithouse et al. Forthcoming.) As one teacher pointed out, *"It's easier to deal with a topic from far. But when it's closer to you, it touches your emotions and all those things you want to hide."* We have found that teachers who work in challenging contexts frequently have painful memories of their own schooldays and are also often dealing with traumatic events on a daily basis. Thus, as teacher educator-researchers, we take on a significant emotional responsibility when we encourage these teachers to examine and expose their personal

and professional selves. We have also found that we, too, have been affected by the emotional intensity of much of the self-study we have facilitated.

Our discussions with the teachers have revealed that even though they have found it emotionally painful to re-live and hear about certain experiences, they believe that it has been beneficial to work together to engage with the emotional weight of teaching in challenging educational contexts. The teachers have also highlighted the value of acknowledging the often ignored emotional dimensions of teaching and researching and of having an opportunity to express and explore their own emotions. Many of the teachers have commented that the close relationships they have developed with each other and with us have assisted them in this process.

CONCLUSION: WHAT'S THE POINT OF SELF-STUDY ANYWAY? CHANGING MYSELF, CHANGING THE WORLD

"What's the point of self-study? So, you know yourself, so what?" (Mr D, deputy principal, South Africa)

The examples and processes noted above demonstrate that there are answers to Mr D's questions. Part of the strength of many self-studies is a holistic approach that acknowledges that intersection of the personal and the professional. Perhaps because studying the self almost inevitably leads to reflective critique, there is a certain dissatisfaction with the status quo and a concern about change, social justice, professional action. Like action research (some of which may also be self-study) and critical pedagogy, there is inherent in self-study a movement outward to the institutions or social context in which the personal is embedded. Increasingly, as concerns for social justice are voiced and activist stances become more respectable, self-study becomes a call to action, not only for teacher educators, but, as the examples above reveal, for teachers at all levels who become involved in self-study projects. Significantly, funding agencies, community groups, ministries of education, health care professionals, the general public and researchers ourselves would like to see more academic research tackle pressing social concerns related to everyday life, and there is a growing call for research that matters and that 'makes a difference'. It is difficult to imagine a more worthwhile project within the various mechanisms for teacher support within a Ministry of Education or a Faculty of Education than investing in self-study initiatives that are located within possibilities for social action and community change – particularly in the age of AIDS.

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STAYING UP-TO-DATE
References and Resources

There is probably no aspect of working in the area of HIV/AIDS that remains a bigger challenge for professionals than staying up to date. The reference list below contains all the references included in the various chapters plus other references that might be helpful. This reference list provides a useful starting point but it, too, will quickly be out of date. It is up to each of us to keep up with what's out there – newspapers, website, books, articles, conferences and so on.

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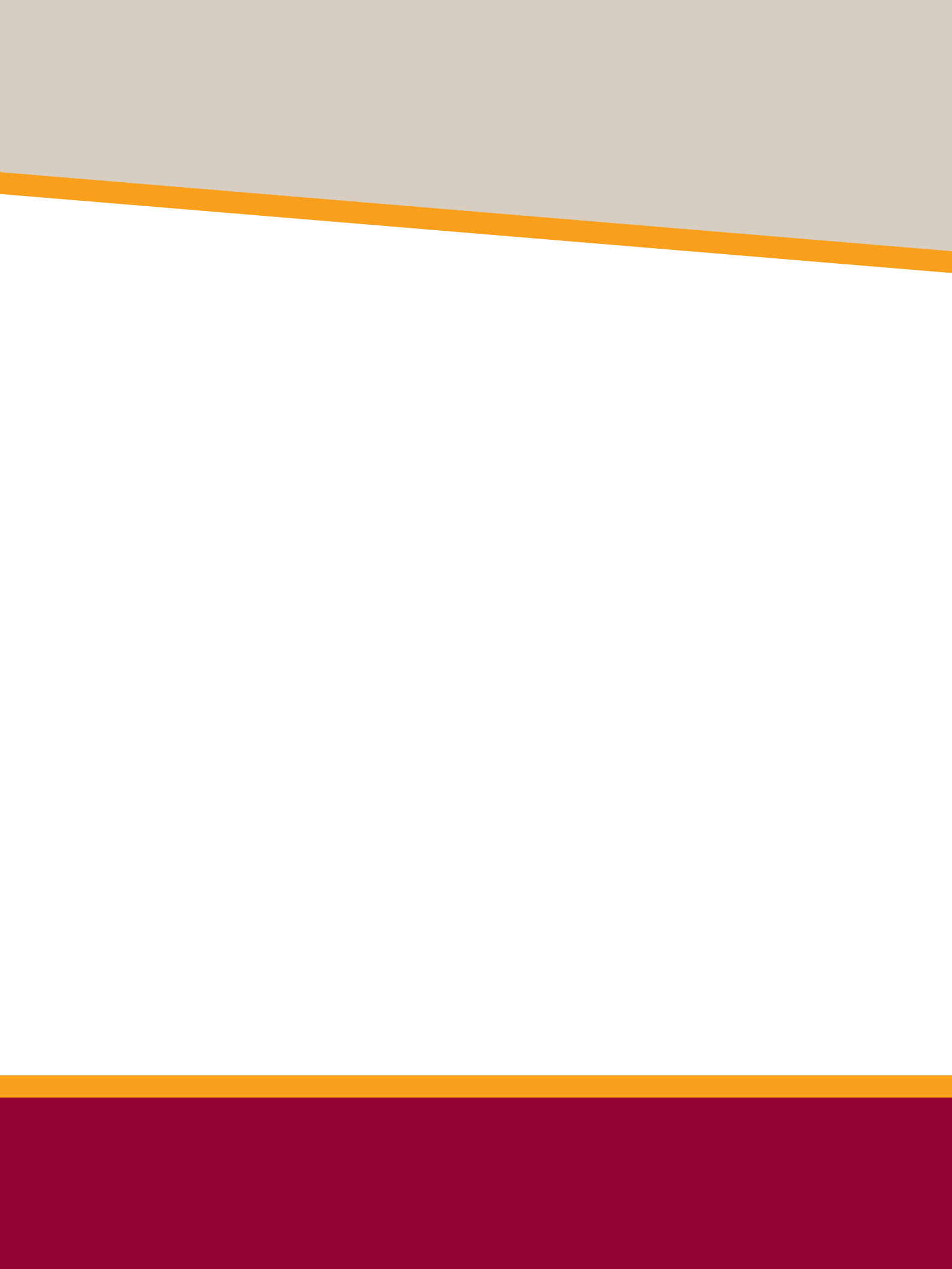
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