Full Report

The Roles of Educators in Mitigating the Impact of the HIV/AIDS Pandemic on the Education System in South Africa

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Contents

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List of Tables and Figures

TABLES

FIGURES

List of Acronyms

ACE	Advanced Certificate in Education
AIDS	Acquired immune deficiency syndrome
ARV	Anti-retroviral
B.Ed.	Bachelor of Education
CA	Correspondence analysis
CBO	Community-based organisation
CD4	Cluster of differentiation 4
CEO	Chief Executive Officer
DoE	Department of Education
DVC	Deputy Vice-Chancellor
EFA	Education for All
EMIS	Education management information system
FET	Further education and training
FETC	Further education and training college
GET	General education and training
HE	Higher education
HEAIDS	Higher Education HIV and AIDS Programme
HEI	Higher education institution
HICC	HIV and AIDS Coordinating Committee
HIV	Human immunodeficiency virus
HOD	Head of Department
HSSS	Head of Student Support Services

ICT	Information and communication technologies
KAP	Knowledge, attitudes and practices
LO	Life Orientation
NGO	Non-government organisation
NPDE	National Professional Diploma in Education
PGCE	Postgraduate Certificate in Education
SESD	Support to Education and Skills Development
SGB	School Governing Body
SRC	Students' Representative Council
SSO	Student Support Officer
STD	Sexually transmitted disease
TAC	Treatment Action Campaign
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
URL	Uniform resource locator
VCT	Voluntary counselling and testing

Executive Summary

INTRODUCTION

In May 2009 an exploratory study investigating the roles of educators in mitigating the impact of the HIV/AIDS pandemic on the education system in South Africa was completed. The study was a component of phase 2 of the Higher Education HIV and AIDS Programme, a joint initiative of the Department of Higher Education and Training (formerly part of the DoE) and Higher Education South Africa, which is funded by the European Union. It was one of a range of related projects, information on which can be found on the HEAIDS website: www.heaids.ac.za. The overall purpose of the HEAIDS Programme is to reduce the threat of the spread of HIV/AIDS in the higher education subsector, to mitigate its impact through planning and capacity development and to manage the impact of the pandemic in a way that reflects the ethical, social, knowledge transmission and production responsibilities that are the mission of higher education institutions in society and South Africa.

The purpose of the study summarised in this document was to determine the roles of educators in mitigating the impact of the HIV/AIDS pandemic, and to ascertain the skills and knowledge required by them to play such roles effectively. Recognising that educators have a crucial role to play in all education subsectors, the study investigated the current and possible future roles of educators in schools and further education and training (FET) colleges as well as those of educators working in the higher education (HE) subsector.

The research report is presented in four sections, as summarised below.

SECTION ONE: SETTING THE SCENE

The chapters in Section One provide a broad background and context to the detailed analyses and findings presented in subsequent sections. .

Chapter 1 introduces the study and provides an overall rationale for the research approach. A key aspect of the study is that it was driven by the need to allow grounded theory to be developed, rather than formulating hypotheses that would be tested in the course of the research. This aspect of the study is at the heart of the exploratory goal of the research and of the concomitant choice and sequencing of research methods, as the following chapter overviews illustrate.

Chapter 2 outlines the research methods and the logic that underpins them, explains grounded theory and the mixed-methods approach of the data gathering phase, and explains the strong links between the two phases of the research. The research methods presented in this chapter constitute a ‘mixed-methods’ approach that has enabled a powerful analysis of two large datasets – the qualitative and quantitative data – and triangulation of the two datasets to generate the synthesised findings presnted in the final section of

the report. Innovative features of the research design are presented in this chapter.

Chapter 3 offers the reader a review of international and South African literature that is relevant to the study, but which is also useful in its own right for a reader involved in work related to the mitigation of the impact of the HIV/AIDS pandemic.

SECTION TWO: ANALYSIS OF THE QUALITATIVE DATASET

The chapters in Section Two of the report bring together the large amount of complex data collected in the qualitative fieldwork. The context and the content of the interviews are considered, and the resulting analysis provides a textured account of educators' situations in institutions across all three subsectors and across the country.

Chapter 4 outlines the fieldworkers' experiences of the interview process and their insights into context, organisational effectiveness, culture and levels of commitment evident in the various subsector education institutions to addressing HIV/AIDS. Focusing on the dynamics of the research encounters described in the reflective accounts of the researchers, this chapter provides important illustrative examples of the interactions between researchers and respondents as well as generating important themes that prefigure the substantive analysis presented in subsequent chapters.

Chapter 5 brings together in thematic ways the substance of the interview and focus group processes. The categories proposed prior to conducting the research provided a framework but the interviews themselves elicited an additional range of very important thematic areas, which were added to the research analysis. The qualitative research events were structured around a set of core questions related to understandings of the roles of educators in mitigating the impact of HIV/AIDS, views about the support needed, and recommendations to facilitate such roles; however, much of the data presented in this chapter was presented spontaneously by our participants. This exploratory approach enabled the 'mapping' of the field in terms of key issues, which subsequently formed the basis for the survey questions.

Chapter 6 builds on the analysis presented in Chapter 5. The analysis in both chapters is grounded in the data which emerge from the research encounters while attempting to faithfully report participants' understandings and meanings. Chapter 6 presents an in-depth analysis of the beliefs, values, identifications and experiences which may influence educators' understandings of how they should be mitigating the impact of HIV/AIDS, as well how their understandings may affect the approaches they adopt or advocate. The analysis distills the distinguishing features of different approaches to the pandemic, comparing the kinds of core assumptions made about learners, students and educators, and relating these to the broad concerns raised and interventions proposed by supporters of the different approaches.

SECTION THREE: ANALYSIS OF THE SURVEY DATA

The two chapters in Section Three present and interpret the data gathered in the second major phase of the study from 3,678 survey respondents across all three subsectors. Chapter 7 presents a descriptive analysis of the quantitative dataset, and Chapter 8 analyses the data in greater depth, providing for example the profiles of key subsets of respondents in relation to strongly associated clusters of responses identified through correspondence analysis.

The main catogories of survey questions were closely related to the main aspects of the research:

- questions to establish the respondent's biographical data of the respondents (such as gender, age band, 'race' and discipline);
- information about the respondent's institution and institutional climate (such as whether there is open discussion of issues related to HIV/AIDS);
- questions about the respondent's personal and professional responses to the pandemic (such as

whether the respondent currently plays a role in reducing the impact of HIV/AIDS, and if so, what kinds of role she or he plays);
- questions about possible future roles in mitigating the impact of the pandemic; and
- questions about HIV/AIDS and the curriculum.

The questionnaire items under each main category (such as questions related to current roles in mitigating the impact of the pandemic) were derived from the qualitative dataset to ensure a strong link between the two phases of the study. This greatly facilitated the triangulation of the two types of analysis, which is presented in Section Four (Chapter 9).

The quantitative analysis presented in Section Three is not limited to a simple quantification of the findings. In the descriptive quantitative analysis (Chapter 7), the survey results that are statistically significant are presented. The descriptive analysis shows that many educators are reporting contributions to mitigating the impact of the HIV/AIDS pandemic, and many more have expressed a desire to make further contributions. The survey shows that in the HE subsector in particular many educators who do not currently play a role express a desire to do so in the future. Universities differ in many important respects from schools and colleges – for example, formal support (such as counselling or social welfare support for people affected by HIV/AIDS) is much more common at universities than at schools and colleges, and fewer respondents at universities indicated that they play a role in mitigating the impact of HIV/AIDS at their institutions. Time to refer to HIV/AIDS-related issues in their teaching and/or to teach HIV/AIDS-related courses is in much greater supply at universities than elsewhere, and research on HIV/AIDS-related issues is more supported at universities, although the other more specialised roles are less supported at universities. Resources to facilitate the roles played by staff members are generally in extremely short supply at schools and colleges, and good or excellent resources or support have been received by role-players more at universities than elsewhere. Adequate training was also reported more frequently by university respondents. A major concern is that amongst those who play a role in mitigating the impact of the HIV/AIDS pandemic, approximately two-thirds of respondents report, with certain exceptions, that they have not received good or excellent HIV/AIDS-related training. Despite these and other differences between the HE subsector and the school and college subsectors (including differences regarding the extent to which HIV/AIDS-related issues should be included in curricula), it is important to note that substantial proportions of respondents (but lower proportions at universities) report that they want to play a role in reducing the impact of HIV/AIDS on their institutions, and that there was almost complete unanimity among respondents across subsectors on wanting to be able to provide or to continue to provide advice and support to learners or students.

In Chapter 8 a more in-depth analysis of the quantitative dataset presents the profiles of key subsets of respondents. Disaggregating the survey data it was possible to identify and profile three subsets of respondents in the HE subsector, who have been tentatively described as ‘active’, ‘undecided’ and ‘passive’ in their predisposition towards mitigating the impact of the pandemic. For example, educators aged 40 to 59, female educators, and African and Indian educators teaching Health Sciences and Education are over-represented in the ‘active’ subset of respondents in the HE subsector. Educators in the ‘active’ subset are more willing to give their learners advice and support that is related to HIV/AIDS and more likely to conduct research into issues that are relevant to HIV/AIDS and participate in community development initiatives that are relevant to HIV/AIDS. They are also far more likely than others to be concerned or very concerned about the impact of HIV/AIDS on their universities, to say that they and their universities have an ethical responsibility to help reduce this impact, to say that all teaching staff should play a role in this, to listen to students sharing their personal problems and to be confident that they can play a role in reducing the impact of HIV/AIDS. Educators in the ‘active’ subset are also more likely than others to agree that all staff (including their own) and managerial performance assessments should include the extent of their efforts to reduce the impact of HIV/AIDS, even though this is a much less prevalent attitude among university respondents generally than in schools and colleges, and they are far more likely to support

the integration of HIV/AIDS education into the curriculum of all students at their universities. Important examples of clusters of respondents identified through correspondence analysis are also presented in Chapter 6, including, for example, disproportionate numbers of school-based educators aged 40-49 and African educators who want to provide advice and support to learners and want to play more specialised roles in mitigating the impact of the pandemic such as teaching HIV/AIDS-related courses, referring to HIV/AIDS in their teaching, conducting related research and participating in related community development.

SECTION FOUR: SYNTHESIS, FINDINGS AND RECOMMENDATIONS

Chapters 9 and 10 draw together the analyses and insights set out in the previous chapters. This exploratory study – designed using a grounded theory approach – was characterised by a relatively small number of core framework questions derived from the research objectives and a potentially infinite number of questions and concerns raised by the respondents.

Analysis of the data has revealed common themes in terms of respondents' beliefs, concerns and practices that had not been predicted when the core research questions were formulated. The study's robust research design allowed both expected and unexpected themes to emerge in the qualitative phase of the study and inform the design of the subsequent quantitative phase.

The synthesis and conclusions presented in this section contain findings that are qualitatively convincing and statistically significant. Although this was an exploratory study, the findings and recommendations have important implications for policy makers at all levels of the South African education system, including education institutions.

The findings of the study (presented in Chapter 10) are summarised below:

- The qualitative fieldwork showed that levels of concern among educators across the three subsectors are polarised with respect to the HIV/AIDS pandemic, ranging from lack of concern and denial of its importance to extreme concern and a strong sense of ethical responsibility to mitigate its impact. However, the majority of survey respondents displayed a very high level of concern regarding the pandemic. Survey respondents in the higher education subsector displayed lower levels of concern than their counterparts in the FET and schooling subsectors.
- Although a small number of respondents in both the qualitative and quantitative phases of the study were critical of the national HIV/AIDS message, there was a high level of agreement among survey respondents with regard to the importance of faithful relationships, condom use and sexual abstinence.
- Although the institutional climates reported by interviewees varied as greatly as their professional and personal responses, the analysis of the survey data shows that institutional climates across all three subsectors in relation to the HIV/AIDS pandemic are generally favourable with respect to efforts to mitigate the impact of the pandemic.
- Reported roles currently played by educators in mitigating the impact of HIV/AIDS were much more prevalent among survey respondents at schools and FET colleges than at universities.
- The survey responses show that the predisposition towards playing a future role in mitigating the impact of the pandemic is very prevalent among educators in the schooling and FET subsectors. In the HE subsector, although only 33% of HE respondents reported that they currently play a role, 70% of HE respondents expressed a desire to play a role in the future.
- A continuum of approaches from possibly 'enabling' to possibly 'inhibiting' (in terms of the extent to which they may contribute to mitigating the impact of the pandemic) was identified in the qualitative phase of the study. Certain approaches that go beyond the 'core business' of teaching and learning were particularly but not only evident in the FET and schooling subsectors, where the impact of the HIV/AIDS pandemic appears to be more immediate.

- There may be discrepancies between the roles of educators that are prescribed in policy and those actually practised. In the HE subsector no HIV/AIDS-specific educator roles are prescribed in policy; in the FET subsector there are implicit roles specified in policy for which the study found no evidence; the roles reported by school-based educators fall short in some respects of the HIV/AIDS-specific roles that are explicitly specified in national guidelines.
- In-depth analysis of the survey data showed significant differences between an 'active' subset of HE educators (14,1% of HE survey respondents, predominantly older, female and African or Indian from Health Sciences and Education) and a 'passive' subset (10,3% of HE survey respondents, predominantly younger, male and white from Commerce, Economics and Management, Engineering, Mathematical Sciences and Physical Sciences). The former are, for example, more likely to play a variety of roles in relation to the pandemic, including listening to their students' personal problems and giving them relevant advice and support, conducting relevant research and participating in relevant community development initiatives.
- Although the qualitative fieldwork showed that opinions about HIV/AIDS and the curriculum are quite polarised, survey respondents expressed a very positive attitude to the inclusion of HIV/AIDS-related issues in the curriculum – particularly in the schooling subsector – ranging from approaches that favour the inclusion of compulsory courses and modules to those that support the development of critical decision-making skills.
- The analysis of the qualitative data shows that the different, more positive survey responses to curriculum-related questions in the FET and schooling subsectors are likely to be a result of the greater immediacy of the impact of the pandemic in these two subsectors. However, interviewees in these subsectors reported that they often found it difficult to talk about sexuality with their learners, and this clearly inhibited effective curriculum approaches.
- Most respondents who reported playing roles in mitigating the impact of the pandemic indicated that they do not have enough time to do so. Sufficient support seems to be generally more available at universities than at colleges or schools, and resources to facilitate the roles played by respondents are generally in extremely short supply in the schooling and FET subsectors.
- With the exception of certain types of training, approximately two-thirds of respondents across the subsectors have not received good or excellent training for the roles that they play. At schools and colleges, one-third or less of the staff who play roles in reducing the impact of HIV/AIDS at their institutions reported having received adequate training of any kind.
- High levels of need for training and resources for future roles were expressed by respondents in all three subsectors. The reported needs were especially intense at colleges and schools, where none of the resources or forms of support received an importance rating of less than 94%. The only 'adequately supported' subsets of respondents identified in the analysis of the survey data were found in the higher education subsector.
- The definition of distinct approaches is complicated by the fact that some interviewees in the qualitative phase of the study seemed to advocate different and even contradictory positions and approaches to the HIV/AIDS pandemic. Moreover, in the course of many of the interviews respondents shifted their position, sometimes as a result of interaction with colleagues and the interviewer, and sometimes, it appeared, as a result of their own reflections. This indicates that positions on approaches to mitigating the impact of the pandemic may not be static for many educators.
- A strategic dilemma was explicitly presented in the qualitative fieldwork, especially by HE respondents, who reported institutional strategies of allowing individuals to develop their own responses to the HIV/AIDS pandemic – in contrast to the notion that they should be obliged to undertake specific actions. The latitude that should be given to educators to develop their own responses to the pandemic may be a general strategic dilemma across the subsectors.

The findings of the study summarised above have given rise to four sets of recommendations regarding future efforts to mitigate the impact of the HIV/AIDS pandemic on South African education institutions. These recommendations relate to:

- the need to resolve a strategic dilemma – at both national and institutional levels, whether to prescribe approaches to mitigating the impact of the HIV/AIDS pandemic or allow individuals and institutions to develop their own responses to the pandemic;
- curriculum interventions that meet the challenges of the pandemic;
- differentiated interventions that enable educators to meet the challenges of the pandemic; and
- the need to allocate time and appropriate resources and support, including training, for educators' roles in mitigating the impact of HIV/AIDS.

SECTION 1

The Background and Context

Section Summary

The chapters in this section provide a broad background and context to the detailed analyses and findings presented in subsequent sections.

Chapter 1 introduces the study and provides an overall rationale for the research approach. Chapter 2 outlines the research methods and the logic that underpins them, explains grounded theory and the mixed-methods approach of the data gathering phase, and explains the strong links between the two phases that enable the triangulation and synthesis presented in the final section of the report.

Chapter 3 offers the reader a review of international and South African literature that is relevant to the study, but which is also useful in its own right for a reader involved in work related to the mitigation of the impact of the HIV/AIDS pandemic.

CHAPTER 1

Introduction

This report presents a detailed picture of an exploratory study that investigated the roles of educators in mitigating the impact of the HIV/AIDS pandemic on the education system in South Africa. The study was a component of phase 2 of the Higher Education HIV and AIDS Programme, a joint initiative of the Department of Higher Education and Training (formerly part of the DoE) and Higher Education South Africa, which is funded by the European Union. It was one of a range of related projects, information on which can be found on the HEAIDS website: www.heaids.org.za. The overall purpose of the HEAIDS Programme is to reduce the threat of the spread of HIV/AIDS in the higher education subsector, to mitigate its impact through planning and capacity development and to manage the impact of the pandemic in a way that reflects the ethical, social, knowledge transmission and production responsibilities that are the mission of higher education institutions (HEIs) in society and South Africa.

The purpose of this study is to determine the role or roles of educators, including academic teaching staff, in mitigating and addressing the impact of the HIV/AIDS pandemic in schools, further education and training (FET) colleges and HEIs, and to ascertain the skills and knowledge required by them to fulfil such roles. The results of the study are intended to inform and guide the HEAIDS Programme and the three subsectors of the South African education system in developing and implementing appropriate responses within the area of teacher education and academic and educator professional development.

BACKGROUND

Given the high prevalence globally of people with HIV-positive status, the HIV/AIDS pandemic is often described as one of the greatest humanitarian crises in our history and one that has begun to unravel nations in terms of their development and stability. Research has revealed the particular vulnerability of the developing world; with its high levels of poverty, illiteracy and socioeconomic marginalisation fuelling the pandemic. The UNAIDS 2006 Report on the Global AIDS Epidemic, with 2005 statistics, confirms that of the 38.6 million people currently living with HIV, about 24.5 million reside within the borders of Sub-Saharan Africa, with a further 3.2 million that are newly HIV-positive. The region only accounts for just over 10% of the world's population, but is home to over 60% of all people living with HIV. It is conservatively estimated that 5.5 million South Africans are currently HIV-positive, with an estimated prevalence of 18-20%, particularly in the 15-49 age bracket. Pembrey (2008) reports that at the end of 2007 approximately 5.7 million people in the region were HIV-positive and about 1,000 deaths as a result of AIDS occurred every day. The HIV prevalence rate is 16% among adults aged 15 – 49 years (Simbayi, 2008) and AIDS is the leading cause of death (71%) in this age group (Pembrey, 2008).

The disease has also moved beyond a health crisis to one that pervades all social systems, leaving no sector unaffected. It has firmly entrenched itself as a psychosocial as well as a socioeconomic and developmental crisis, and now more than ever it has become necessary to respond in a manner that is comprehensive, multi-faceted and strategic in the face of the many competing priorities within the world's resource distribution system and South Africa's in particular. It is against this backdrop that the vulnerability of South Africa's education system must be considered.

The role of the higher education (HE) subsector, as reflected in the relevant White Paper (*Education White Paper 3: A Programme for the Transformation of Higher Education, 1997*) and the *National Plan for Higher Education (2001),* speaks to human resource development and the mobilisation of human talent and potential through lifelong learning. Further, it suggests the need for high level skills training which provides for the development of professional and knowledge workers with globally equivalent skills. In line with this thinking, the White Paper makes specific reference to the development of professionals who are socially responsible and conscious of their role in contributing to the national development needs of the country and its subsequent social transformation. This responsibility is particularly relevant when it comes to mitigating the impact of the HIV/AIDS pandemic.

The linkages between all three subsectors of the education system in South Africa are strong. In particular, the further education and training (FET) and schooling subsectors depend heavily on the HE subsector in terms of their ability to contribute to broad development goals and specifically to mitigate the impact of the HIV/AIDS pandemic. For this reason, the study straddled all three subsectors, critically exploring the current and emerging roles of all educators in mitigating the impact of the pandemic.

This approach is rooted in the broad recognition of the importance of the education system in the context of the HIV/AIDS pandemic, both because equity and quality in education are threatened by the pandemic and because education is a powerful tool in mitigating its impact.

At the 2002 DoE *Conference on HIV and AIDS*, the Declaration of Intent recognised the widespread negative impact that the pandemic could have on the sector and the complex challenges that it would pose to individuals and their communities. The fact that the education sector was uniquely placed to confront the pandemic was also acknowledged for the following reasons:

- educators make up the country's largest workforce and are at the coal face of the pandemic;
- they have access to millions of children and young people and are often the first port of call when confronted with the disease; and
- education employees were seen as a vital national resource in responding to the disease.

This must be appreciated against the backdrop of the large numbers of learners and educators in the South African education system. In 2007 there were 14,167,086 learners and students in the education system, attending 35,231 education institutions and served by 452,971 educators in all three subsectors. In terms of numbers alone, this is an extremely important social sector to examine in the context of the HIV/AIDS pandemic. Interested readers will find more information in the seven recent reports produced by the Human Sciences Research Council and the Medical Research Council (commissioned by the Education Labour Relations Council) that explore educator attrition, including the impact of HIV/AIDS (available at www.hsrc.ac.za or www.education.gov.za).

Because of the size and importance of the South African education system, the issue of educator development has been specifically identified as a policy priority in relation to the HIV/AIDS pandemic. The 2003 guide entitled '*Manage HIV and AIDS in Your Province*', produced by the Department of Education, suggested that educators would need 'systematic training and support' to deal with HIV prevention, as well as training in effective ways to respond to the burden of the pandemic in classrooms throughout the education system. The aims of the research therefore included establishing how educators across the three education subsectors – higher education (HE), further education and training (FET) and schooling – understand and

accept their roles in mitigating the impact of the HIV/AIDS pandemic and determining the support they need, including the kinds of professional development that would enable them to play meaningful roles.

TIMING OF THE KEY PHASES OF THE STUDY

Qualitative fieldwork in all three subsectors (HE institutions, FET colleges and public schools) was carried out from August to October 2008. The fieldwork entailed just under 300 interviews and focus group discussions in the course of:

- two-day visits to 16 HEIs;
- one-day visits to 16 FET colleges; and
- one-day visits to 32 schools.

The qualitative phase of the study (which also entailed interviews with key stakeholders in the South African education system) was complemented by a national survey in which almost 5000 respondents participated in all three subsectors. The questionnaires were designed on the basis of the salient features of the qualitative dataset in order to facilitate triangulation of the qualitative and quantitative datasets. The HE questionnaire was made available on the internet from January 2009; the schooling subsector and FET subsector questionnaires were administered on site at sampled institutions from January to March 2009.

OVERVIEW OF THE RESEARCH REPORT

This introductory chapter has explained the broad purpose of the study and presented background information that explains its importance as a contribution to mitigating the impact of the HIV/AIDS pandemic. Importantly, the study was exploratory because it was driven by questions that had not been comprehensively investigated before. It also required, to maximise its effectiveness, the application of both qualitative and quantitative research approaches. The research outputs therefore included:

- a qualitative dataset obtained through individual and group interviews with educators at 16 HEIs, 16 FET colleges and 32 schools; and
- a quantitative dataset obtained through a national survey of educators in all three subsectors.

A key aspect of the study is that it was driven by the need to allow grounded theory to be developed, rather than formulating hypotheses that would be tested in the course of the research. This aspect of the study is important to understand, as it is at the heart of the exploratory goal of the research and of the concomitant choice and sequencing of research methods, as the following chapter overviews illustrate.

Section 1: Introduction, Research Methods, Literature Review (Chapters 1-3)

Chapter 1 has presented the background to the research purpose and aims. Chapter 2 will present the research methods and the logic that underpins them. It will describe in detail what we mean by exploratory research, and the rationale for this research approach. Moreover, the chapter justifies the sequencing of the qualitative phase (see Chapters 4 to 6) and the quantitative phase (see Chapters 7 and 8) of the study, and explains the strong links between the two phases that enable the triangulation and synthesis that is presented in Chapter 9, as well as the Chapter 10 conclusions.

Chapter 3 offers the reader a review of relevant literature (international and South African) and provides both a backdrop to the study and an overview of key research that is useful in its own right for a reader engaged in research into the mitigation of the impact of the HIV/AIDS pandemic.

Section 2: The Qualitative Phase of the Study (Chapters 4-6)

Chapters 4 to 6 present the outcomes of the qualitative phase of the study in different dimensions and levels of analysis. Chapter 4 sets the scene for the qualitative analysis by providing a description of our interviewers' reflections on the qualitative research process. Because many of the individual and group interviews

were characterised by spontaneous expressions of emotion, because our respondents often noted that they had not previously had an opportunity to discuss the issues we raised, and (importantly, from a research design perspective) because the research team had requested that the interviewers be open to issues and concerns raised by the respondents themselves, this chapter (encapsulating the reflections of the interviewers) is also important in its own right because it:

- helps immediately to get a sense of the importance of the HIV/AIDS pandemic in the personal and professional space of educators; and
- illustrates why the grounded theory approach that we adopted was a key feature of the research design choices, and begins to suggest how this approach allowed the research team to integrate the two phases of the study (qualitative and quantitative) in the process of analysis that led to our conclusions and recommendations.

Chapter 5 presents the descriptive qualitative analysis, including the themes that emerged as a result of respondents' freedom to shape the agenda of the interviews in addition to responding to our core predetermined questions. Chapter 6 presents an in-depth analysis of the qualitative data by theme across subsectors, and includes references to the literature reviewed in Chapter 3 in order to locate this study in its broader context and help to explain some of its findings, many of which arose as a result of interventions by respondents that were not predicted when the interview schedules were designed.

Section 2 of the report highlights the fact that in exploratory research of this nature the development and testing of hypotheses would have been inappropriate; rather, we set out to create a research environment in which respondents can express their own concerns (in this study, for example, about sexuality and violence) that complement the initial questions of the researchers.

Section 3: The Quantitative Phase of the Study (Chapters 7-8)

The analysis of the quantitative dataset is presented in Chapter 7 (the descriptive analysis of the survey data) and Chapter 8 (the in-depth analysis of the same quantitative dataset). In this overview it is already important to note the strong linkages between the two phases of the study – for example, the survey questions were to a large degree derived from the qualitative dataset, and therefore reflected the concerns expressed by the respondents in the qualitative phase and enabled the research team to test (on a larger scale) the qualitative findings and generate, through triangulation, a synthesis of the qualitative and quantitative results.

It is also important to note that in the quantitative analysis we have not limited ourselves to presenting, in a superficial manner, the results of the national survey. In the descriptive quantitative analysis (Chapter 7) we already present insights into the possible meanings of the survey results that are statistically significant. In Chapter 8 we go further, and present the profiles of the key subsets of respondents who, for example, reported what we refer to as 'active' and 'passive' predispositions to playing a role in the mitigation of the impact of the HIV/AIDS pandemic, and importantly, of those who are undecided as to how to react to its devastating consequences.

Section 4: Synthesis of Findings and Conclusions (Chapters 9-10)

We believe that a strength of this study is that its exploratory nature was supported by an appropriate research design. Given the relatively uncharted terrain that needed to be explored, the development and testing of hypotheses was not a feasible option. The development of grounded theory was both justified by prior experience in other studies that have used such an approach and appropriate in a study characterised by a relatively small number of core framework questions derived from the research objectives and a potentially infinite number of questions and concerns raised by our respondents.

Our analysis shows that in fact there are common themes in the qualitative dataset in related to our respondents' beliefs, concerns and practices that had not been predicted when the core research questions that informed the qualitative fieldwork were formulated. Examples of such themes are issues related to violence and sexuality that did not explicitly form part of the initial framework of core questions for the qualitative fieldwork, but which were repeatedly stressed by many respondents. The robustness of the research design, in our assessment, lies in the fact that we were able to use both the expected and the unexpected themes to inform the design of the subsequent quantitative phase.

In our synthesis and conclusions (Chapters 9 and 10) we present findings that are qualitatively convincing and statistically significant. Because of the strong linkages between the two research phases of the study, we have been able to synthesise the findings through triangulation of the two datasets, to arrive at recommendations which should be viewed as

tentative because of the exploratory nature of the study. It is clear (see in particular Chapter 10) that there are now propositions (rather than hypotheses) that can be explored in future studies. It is also clear that there are practical implications in the results of the study that can already be used from a policy perspective (in relation to national policy as well as institution-specific policies in all three subsectors) to contribute to mitigating the impact of the HIV/AIDS pandemic on the South African education system.

CHAPTER 2

Research Methodology

INTRODUCTION

In this chapter we present the research methods chosen to implement the study, which can be broadly characterised as exploratory, mixed-methods research informed by social constructionist epistemologies. The research was necessarily exploratory, as no study to date had, to our knowledge, investigated the roles and potential roles of educators in mitigating the impact of the pandemic in such a comprehensive way and across all of the subsectors of the South African education system. The combination of qualitative and quantitative fieldwork, in that sequence, seemed necessary to allow our respondents (in the first qualitative phase of the study) to engage with the tentative set of issues raised by our fieldworkers, and to engage with one another. This phase of the study forms the basis for our analysis of thematic patterns and tensions in our respondents' beliefs, attitudes and practices. A larger-scale quantitative survey was then necessary to ascertain statistically significant patterns and tensions derived from the qualitative phase, and to ascertain (from a quantitative perspective) typical responses to the pandemic at personal, professional and institutional levels. Our subsequent triangulation of the two datasets has supported a thorough synthesis of the rich picture of willingness to take action, resistance and uncertainty reported by educators facing a devastating pandemic in their different institutional, professional and broader social contexts.

Within the framework of exploratory, mixed-methods research that is presented in this chapter, the approach adopted in this study helps to understand both the responses of our interviewees and the dynamics of the individual and group interviews that were conducted during the qualitative fieldwork. As will be explained in more detail below, our interviewers went to the field with semi-structured interview schedules containing core questions derived from the research question itself. However, interviewers were also trained to allow interviewees to raise their own issues, and to a large degree this allowed our respondents to 'set the agenda' of the interviews. Because of this open-ended, flexible approach to the interactions, a number of themes emerged (see Chapters 5 and 6) that were not foreseen by the research team, or indeed by the interviewers themselves.

How this fluid approach to qualitative data gathering was managed is described below. An innovation that we have introduced is a description (see Chapter 4) of fieldworkers' reflections on the interview dynamics as they witnessed the expression of respondents' emotions in the face of the pandemic, and the interaction among group members who had often come together for the first time to discuss its impact and their responses. We present this chapter (Chapter 4) before the analysis of the qualitative dataset (Chapters 5 and 6) because it sets the scene for the subsequent analysis, and gives the reader a powerful impression of the difficult challenges posed by the HIV/AIDS pandemic in our education institutions.

The same core questions that underpinned the qualitative research were present in the quantitative survey that

constituted the second phase of research (see Chapters 7 and 8). It is important to note that the more specific questions that were presented to our survey respondents were derived from the qualitative dataset, and therefore reflected the major concerns and observations of our respondents in the qualitative phase of the study. There is thus a strong link between the two major phases of the research. An innovative outcome of the survey is that the quantitative analysis plan enabled the definition of subsets of respondents in terms of their typological responses to the pandemic (see Chapter 8). These typologies – for example, the 'active' subset, the 'passive' subset and the 'undecided' respondents – depict the extremes that may be present more generally in the different responses of educators to the pandemic across the three subsectors. While these findings are treated with due caution in Chapter 8, the methods employed in the quantitative analysis go well beyond the presentation of the salient data and, like the qualitative analysis, help to throw light on the whole gamut of possible human responses to the social, economic and political crisis that the pandemic has generated in the education system.

The mixed-methods approach described below also supported the triangulation of the two datasets to inform the synthesis of findings that is presented in Chapter 9. It is in this chapter that the research methods described below come to fruition, and the success of the exploratory orientation of the study can be assessed. When reading Chapter 9, the reader is invited to revisit the description of methods that follows to understand the path of discovery that the design of the study facilitated.

THE PURPOSE AND AIMS OF THE STUDY

The purpose of this study was to investigate and determine the roles of educators in South Africa, including academic teaching staff, in mitigating and addressing the impact of the HIV/AIDS pandemic in schools, further education and training colleges and higher education institutions (which together constitute the range of education institutions in South Africa) and to establish the skills and knowledge required by them to fulfil such roles. The results of the study will inform and guide the development and implementation of appropriate responses within the area of teacher education and academic and educator professional development.

Our respondents in both phases of the research (qualitative and quantitative) were educators and students training to become educators. It was important to examine all three subsectors because of the strong linkages among them – our concern was not only to ascertain the current and possible future roles of educators, but also to inform how educators might be better prepared in the future for an effective role in mitigating the impact of the HIV/AIDS pandemic. This latter function resides in our higher education institutions (HEIs), which therefore have an important responsibility for the effectiveness of educators' interventions in FET colleges and schools.

It should be noted that the study deliberately excluded FET college and university students and school-based learners from our samples of respondents, with the exception of student teachers in university faculties of education. This is because the discovery-oriented purpose of the research was to obtain descriptions of the current and future roles of educators in the face of the HIV/AIDS pandemic, and uncover their concerns regarding how well equipped they believe they are to play such roles. It was not our intention to test the truth of their responses, or to evaluate the effectiveness of any role that is currently played by educators. Rather, we set out to discover how fertile the ground is for new innovations in institutional and national policies, for without a sense of how educators see their current roles (and how they assess their potential to play more effective roles) any policy intervention may be rejected or only cursorily accepted. The research team therefore prioritised the concerns of educators rather than the concerns of their students and learners.

The aims of the research were to:

- Establish
  - how educators across the three education subsectors understand and accept their roles as an important contribution to the mitigation of the spread amongst, and the effect of the pandemic on, their students or learners and colleagues in their institutions, and

  - whether these relate to their roles as teachers, researchers and social actors in their communities.
- Determine the nature and the forms of support needed by educators to mitigate the impact of HIV/AIDS.
- Present recommendations concerning the education and professional development of educators, as well as resource provisioning, to enable them to play a meaningful role in the mitigation of the effect of the HIV/AIDS pandemic on their students or learners and colleagues.

THE RESEARCH QUESTIONS

The broad research questions derived from the aims presented above are:

- How do various categories of educators understand the roles of educators (including their own roles) in mitigating the impact of the HIV/AIDS pandemic in the subsectors and institutions in which they are based?
- What do the various categories of educators identify (if any) as the types of support they need (including themselves) to help them to mitigate the impact of the HIV/AIDS pandemic on their students or learners and on their colleagues?
- What are the areas of recommendation (if any) that the various categories of educators make concerning the education and professional development of educators with regard to helping them play more effective roles in mitigating the impact of HIV/AIDS on their students or learners?

More specific questions were framed around these broad research questions. For example, in relation to the first research question above, educators were asked specific questions about:

- how they understand the role of educators in mitigating the impact of the HIV/AIDS pandemic;
- what roles they play and would wish to play (if any) in the future;
- what resources they have at their disposal (including training support) and what resources they would need in the future; and
- how relations established between educators and learners/students, managers/principals and members of the community impact on the role of the educator in mitigating the impact of the pandemic.

In relation to the second broad research question above, the questions posed to respondents were framed around how educators view and evaluate levels of support. In relation to the third general research question, the questions in the field sought to elicit whether educators think they are effective in mitigating the impact of HIV/AIDS, and what needs to be done (if anything) to make them more effective.

The core questions that informed the semi-structured, open-ended interviews in the qualitative phase of the study were:

- What do you know about the extent of the impact of the HIV/AIDS pandemic on your institution?
- Do you think the institution has a role to play in mitigating the impact of the pandemic?
- What role, if any, is the institution currently playing in mitigating the impact of the pandemic?
  (Refer to 'responsibility' as well as 'role'.)
  (Probe regarding students, staff and the community.)
- Do you think you have a role to play in mitigating the impact of HIV and AIDS?
- What role, if any, are individuals (including yourself/ves) currently playing in mitigating the impact of the pandemic?
  (Refer to 'responsibility' as well as 'role'.)
  (Probe regarding students, staff and the community.)
- In what ways could the institution's role be improved?
  (Ask further questions, if necessary, about encouraging HIV testing and prevention of stigmatisation.)
- In what ways could individuals' roles (including your own roles) be improved?
- What factors militate against improvement in the institution's and individuals' contributions?
- What factors favour improvement in the institution's and individuals' contributions?
- How effective, in your opinion, is the message(s) that is being conveyed nationally in order to mitigate the impact of the pandemic?
- How effective, in your opinion, is the message(s) that is being conveyed in your institution in order to mitigate the impact of the pandemic?
- What support and/or resources would facilitate improvement?
- How did you find the interview? Are there any things you said which you want to emphasise, and is there anything you want to add?

In this qualitative phase of the study, possible probing questions (to be used by the interviewer at her or his discretion) were added for each respondent type. Some examples follow from the interview schedule for academic staff working in faculties of education at HEIs:

> In teacher education, should HIV/AIDS be addressed by academics in particular subject areas, and if so which, or in all subject areas? Please give reasons for your responses.
>
> How much focus is given within [Life Orientation in the teacher education programme] to issues of HIV/AIDS? Is this different from the way the curriculum is structured within the subject as it is taught at school level?

The core questions presented above, and the probing questions exemplified, were derived from piloting of a longer schedule of questions by the research team prior to the commencement of fieldwork in two universities, one FET college and two schools. In the course of this pilot it became clear that a small set of questions was necessary if our respondents were to be successfully given the latitude to raise their own issues in relation to the pandemic. In the training of interviewers, again as a result of the pilot, it was agreed that many of the core questions would also be addressed spontaneously by respondents, and that some of the core questions would in effect become probing questions if they did not arise spontaneously. This did indeed prove to be how interactions among interviewers and respondents developed in the fieldwork proper.

The core qualitative questions presented above informed the design of the survey questionnaires, which were essentially similar across the three subsectors. (The questionnaire used in the higher education subsector is attached as Appendix 1; the other two questionnaires – used in the FET and schooling subsectors – differed only in subsector-specific aspects such as post titles.) The survey questionnaires were tested prior to use and underwent several cycles of editing and copy editing. In the survey questionnaires, as noted above, the more specific questions that were presented to our respondents were derived from the qualitative dataset, and therefore reflected the major concerns and observations of our respondents in the qualitative phase of the study. By deriving the specific survey questions from the qualitative dataset we have been able to quantify the degree to which some of the themes and patterns that emerged through the qualitative fieldwork are dominant among our respondents and, importantly, to describe the profiles of the subsets of our respondents that subscribe to particular beliefs, attitudes and practices. The derivation of survey questions from the qualitative dataset considerably strengthened the linkages between the two phases of the study (qualitative fieldwork and survey).

THE CENTRALITY OF THE QUALITATIVE PHASE OF THE STUDY

The case for using qualitative research methods has a long history. The German sociologist Max Weber critiqued the simple application of the logic and methods of the natural sciences to the social sciences, since this approach is based on the assumption that individuals are like the objects of the natural sciences, whose behaviour can be explained by 'detached' researchers testing hypotheses through observation and establishing law-like generalities. Weber (1968) recognised that humans may be influenced by social forces over which they have little control, but argued also that they are conscious, self-reflexive beings whose behaviour is mediated by meaning. This implies that any explanation of human behaviour has to address the meanings which people attach to their actions. These can only be uncovered through the use of qualitative methods which enable empathetic understandings (*verstehen*, in Weber's terms) of the people being researched.

Picking up on Weber's concern not to elide the subject matter of the social sciences with that of the natural sciences, Habermas, a sociologist and cultural theorist writing in the early 1970s, distinguishes various kinds of knowledge interests, which he associates with particular conceptions of science and social science (Habermas 1971). One of these is the 'technical interest' which we have in the prediction and control of the natural environment. Another he refers

to as the 'practical interest' we have in establishing mutual forms of understanding and 'communicative competences' in our everyday lives and forms of social interaction. Research in the social sciences, he argues, like Weber, should investigate, through the use of qualitative and 'empathetic' methods, people's views and experiences and the meanings they attach to these. What is particularly problematic, according to Habermas, is when human beings are made the objects of research that is guided by technical interests, as if human behaviour is much the same from one individual to another, subject to laws that govern regularity, and therefore predictable. Habermas argues that this kind of research masquerades as science and produces invalid results which ignore the various ways in which people experience and understand their social realities. Furthermore, it positions the researcher as a 'technocrat' and those being studied as passive, manipulated objects.

This research is firmly located within the paradigm of Habermas' 'practical interests'. This is largely because the project aimed to elicit and explore the understandings of educators about the role they play or may play in the future (if any) in mitigating the impact of the HIV/AIDS pandemic. Our research concerns demanded that we use methods which enable us to explore in depth the meanings which the participants themselves attach to education in the various forms which they identify, and the possible roles which they see or wish to see specific educators or educators in general playing in mitigating the impact of the pandemic. We therefore used the qualitative methods advocated by writers working within the interpretive sociological tradition, which seek to investigate particular social phenomena in terms of how they are understood and experienced by the research participants themselves.

We conducted semi-structured interviews (for example, with senior personnel at different types of institution) and focus group discussions (for example, with educators with significant teaching workloads, with university students and with teachers in training) in which we asked questions that cover a range of themes and issues that we initially identified as relevant and important (within the framework of the core research questions), while also allowing our participants to identify other themes and issues that they considered to be relevant and important. The questions in the interviews and focus groups were deliberately open-ended, allowing participants to raise views and issues which they found pertinent, and which we explored further by asking supplementary questions. Some of these probing questions sought to elicit concrete examples and illustrations from the participants to encourage them to elaborate on their initial responses and to ensure that these were unambiguous and not open to different interpretations. Other supplementary questions were specific probes which were written into the interview and focus group schedules.

Aware of the differences between the three subsectors (HEIs, FET colleges and schools), we developed specific interview and focus group schedules which were not only appropriate to the institutional positions held by the respondents but which were also of particular relevance to the education subsectors in which they worked. The orientation and training of the interviewers included a component addressing the differences between the institutional types, and how to approach these differences in their interaction with the respondents in the course of the qualitative fieldwork component.

The very presence of the researcher in the process of conducting exploratory interviews and focus group discussions is sometimes criticised for influencing participants to respond in ways they imagine will be in line with the researcher's expectations or desires. Critics who take this view advocate methods that minimise the researcher's influence in the research encounter in order to ensure that the enquiry could logically be replicated. Of course the most reliable instruments, in terms of this approach, are those marked by the absence of the researcher, such as survey questionnaires. However, in a dynamic and unpredictable social environment the onus is on the qualitative researcher to account for changing conditions in the phenomenon selected for study and for inevitable responses to the 'intended' process of interaction, such as interviewees' spontaneous reactions to the views or emotions of other respondents or of the interviewer.

Of course, where the researcher is present, as in interviews and focus group discussions, his or her influence could be minimised through the adoption of a tightly structured approach to the schedule of questions. In such an approach to the interaction with respondents, the interviewer would read out a set of questions from a predetermined script, and any other contribution would simply be to clarify the questions.

The latter approach to qualitative research is guided by 'technocratic' rather than 'practical' interests (in the sense that Habermas uses these terms) and is based on very different epistemological assumptions from those which inform this study. As Habermas and more contemporary theorists (and notably certain feminist theorists) have argued, social research, if it is guided by the logic of the natural sciences, denies voices to the 'subjects', who become 'mere objects, there for the researcher to do research 'on'…' (Stanley and Wise 1983, p. 164). Feminists such as Stanley and Wise define this as a 'male practice of objectivity' that is primarily concerned with the 'separation of the knower from what he knows' and is grounded in attaching more importance to theory (possessed by the 'researchers') than to experience (possessed by the 'participants'). These writers have developed powerful critiques of attempts to create conditions of apparent 'objectivity' by ensuring that the researchers are 'detached', and have, in contrast, argued for much greater engagement by the researchers with the people they are researching, and for a 'democratisation' of research relations to encourage subjects to speak about themselves and their views and experiences.

Drawing on this literature, the approach we adopted *depended* on the interviewer playing an active role, engaging with the participants and encouraging them to reflect on their roles as educators. While we had, as already outlined, certain core research questions which we wished to pursue with our participants, our key aim was to find out from them what *they* saw as the key issues in relation to our research objective (around which we could then pose further questions). In other words we did not prescribe, in advance and in minute detail, all of the specific questions we intended to ask. We wanted our interviewers (in both the individual interviews and in the focus group discussions) to pose a set of core questions that related to the broad research questions and to make these more specific by following up with supplementary questions that related to what the respondents said, encouraging them to elaborate on their responses and, in focus group discussions, encouraging them to engage in conversation with one another and allowing them to question one another rather than waiting to be questioned in a foreseen, prescribed and standardised manner by the researcher.

We argue that the more elaborate responses, which are likely to be elicited when the researcher is present than when not, are more *valid* in the sense of providing a truer and fuller account of the views, understandings and attitudes of participants (see Marshall and Rossman 1989, p. 182). For, as we have suggested, participants in interviews and focus groups are likely, in the presence of the researcher/s, to be much more reflective than potential respondents to questionnaires. The presence and engagement of the researcher is particularly important when meanings and understandings may be sensitive or difficult to express, as in our study, in part because of the social stigma attached to the HIV/AIDS pandemic, and also because the roles educators might play in mitigating the impact of HIV/AIDS were not necessarily clear or formalised, and could only be accessed through the supplementary questions posed by the researcher as the interview/discussion progressed.

It is accepted, though, that researchers who take an active and conspicuous role in the research process and seek to engage and empathise with the participants, may influence how the participants present themselves and what they say. This poses questions about the reliability of the data obtained through such methods and whether legitimate comparisons can be made between data obtained by our different researchers.

We have, however, sought to maximise reliability and promote consistency in the processes of gathering and analysing data. Thus the interview/focus group schedules for each category of participant contain the same opening and probe questions, derived from the

research aims and presented in the same order. At the same time, however, as already mentioned, participants were provided with opportunities to introduce issues of significance to them and to influence, to some extent, the direction of the interviews/focus group discussions. Furthermore, the fieldworkers conducting the interviews and facilitating the focus group discussions were trained in the use of a set of standard procedures and processes to be used when administering the interview schedules. For the analysis we ensured that the full dataset was available, and the contextualised voice of respondents was retained in the dataset. In addition, several researchers have scrutinised and analysed the dataset separately and discussed their interpretations as a collective; and, importantly, the analytic constructs and subconstructs emerged more from the respondents' own discourse than from the research design, which was limited to framing the key questions.

Although qualitative research studies are recommended for generating detailed and empathetic accounts of participants' understandings of various social phenomena, they are sometimes criticised on the grounds that the time taken to do this kind of research precludes the possibility of working with large numbers of respondents and that the results obtained therefore cannot be generalised and considered as representative of a much larger population. We note, however, that our sample size in terms of the numbers of research events and respondents and the geopolitical range of educational institutions it covered was very extensive (certainly for a qualitative research project). In addition, at each institution we recruited a mix of:

- individuals in senior positions with responsibilities for the management of the school, HE or FET institution, and for promoting a certain ethos, as well as personnel responsible for coordinating and implementing programmes which explicitly address the HIV/AIDS pandemic;
- educators with significant teaching workloads; and
- in HE institutions, students enrolled in teacher education programmes.

However, we managed to reach a much larger number of research participants than would have been possible through interviews and focus group discussions by constructing and circulating a survey questionnaire on our research topic. We discuss, below, how we combined these qualitative and quantitative approaches in complementary ways.

THE USE OF A 'MIXED-METHODS' APPROACH

Drawing on contemporary cultural theories, we have argued that there are fundamental epistemological differences between research such as ours, which seeks to investigate social phenomena by developing empathetic and qualitative methods, and quantitative survey research which aims to establish conditions of objectivity by positioning the researcher as a relatively detached figure who simply elicits responses by posing already formulated questions. However, this is not to say that qualitative and quantitative research are incompatible, and in practice many contemporary researchers use a combination of the two.

A powerful case for combining the two is made by Morgan (2007), who argues against the polarisation of quantitative and qualitative approaches based on an assumption of fundamental paradigmatic differences which allegedly inform them. It may be that qualitative researchers focus more on subjectivity and context and take a more inductive approach when drawing connections between theory and data, while quantitative researchers are more concerned about objectivity and generality, and take a more deductive approach, but these, Morgan claims, are differences in emphases and do not reflect fundamentally different and opposed theoretical positions. To present them as if they do is to treat metaphysical models or ideal types as if they exist in the real world, and to obscure the complex nature of social life. Illustrating this in a particularly telling way, he asks us to:

> Try to imagine acting in the real world for as long as five minutes while operating in either a strictly theory-driven deductive mode or a data-driven inductive mode – I certainly would not want to be on the same road as anyone who had such a fatally limited approach to driving a vehicle. (p. 71)

He argues for a 'pragmatic' approach to research which relies not on absolute theoretical principles to dictate the choice of methodological approaches, but on the research questions. These, he argues, should inform the kinds of research approaches adopted (and these may comprise a combination of qualitative and quantitative methods).

Our research focus was on educators' *understandings* of the roles of educators in mitigating the impact of HIV/AIDS, and we therefore chose a qualitative approach as our main research strategy. However, we also, as mentioned above, undertook a questionnaire survey on this topic, and saw this not as representing a mode of research at odds with the epistemological concerns informing our qualitative research, but as complementary. The questions we formulated in the questionnaire were guided by the sorts of issues and concerns raised and introduced by our participants in the interviews/focus group discussions. Our view was that, without this information, it would have been difficult to formulate appropriate questions for the survey questionnaires, except on a very general level. We hoped that by combining the two approaches in this symbiotic way that we could draw on the strengths of both, ensuring that as well as obtaining rich and detailed information from the various respondents in the institutions we were researching, we were able to put questions derived from this information to a much larger sample.

The questions in the survey questionnaire were not framed in relation to specific hypotheses (based on theory) which we formulated in advance and set out to prove or disprove, but were guided by the themes which emerged from our discussions with the educators themselves. The survey questionnaire comprised a series of propositions stemming from the qualitative research which respondents were asked to address.

GROUNDED THEORY AND THE ANALYSIS OF THE QUALITATIVE DATA

As with our methodological approaches our modes of analysis are informed by social constructionist epistemologies (Burr 1995), which assume that individuals are active agents who construct their social worlds through their own categories. Our aim was to develop exploratory methods which put the onus on the participants to set the agenda, and, consistent with this, to develop analytic procedures which sought to identify and code themes which our participants raised in their accounts.

Our analytic approach draws on grounded theory, which anchors emergent theory in data and links this with an inductive methodology (see Glaser 1992; Glaser and Strauss 1967). In grounded theory studies analytic codes and categories are developed from the data and not from preconceived concepts or hypotheses. The categories which are derived from the data in turn help to synthesise, interpret and identify patterned relationships in the data.

The process of data analysis

Slightly at odds with a strict grounded theory approach, we formulated broad data categories and related qualitative codes (related to our own key research questions about roles of educators in mitigating the impact of HIV/AIDS) in order to provide a common framework for our interviewers to begin to order their data. However, on a weekly basis throughout the fieldwork we asked our researchers to report new categories and related qualitative codes for inclusion in the general pool of categories, and we transmitted any new codes to all interviewers. We also expected interviewers to refine all the data categories (foreseen and emerging) into subcategories and related subcodes. This had the effect of supporting ongoing reflection by the interviewers on their growing datasets, provided a forum for exchange of interviewers' experiences and data, and encouraged fieldworkers to think of possible gaps in their application of the facilitation and probing strategies that had been discussed during their training. (Although training was provided, it should be noted that all of the interviewers were very experienced researchers.)

The initial coding by interviewers of their respective datasets was checked (and when necessary corrections suggested) by the research team also on a

weekly basis, and this checking and feedback process also encouraged reflection not only on the datasets themselves but on their meaning and potential for the development of subsequent insights into respondents' beliefs, attitudes and practices. The initial coding of the datasets by the interviewers themselves, which greatly facilitated the research team's ability to analyse a very large qualitative dataset, forms the basis for the organisation of the data presentation in Chapter 5 (the descriptive qualitative analysis).

The data coding procedures described above, using codes largely derived from the emerging data, enabled us to draw comparisons in Chapter 6 (the in-depth qualitative analysis) between similar categories of participants at different institutions and between different categories of participants at the same institution, as well as between and within schools, FET colleges and HEIs. In Chapter 6 we take the same general themes described in Chapter 5, but whereas our respondents' accounts in Chapter 5 are broken up and presented descriptively under the identified themes, in Chapter 6 our approach is more deeply analytical, discussing trends, common threads and differences and tensions in the whole dataset. As a result of this approach, theory has both emerged from the data and helped us to make sense of it. Whereas Chapter 5 is largely characterised by summaries of our respondents' accounts, and, in some cases, direct quotations that powerfully represent the way our respondents present their world views, in Chapter 6 we take these as starting points for investigative and critical enquiry.

The importance of interviewers' own reflections on the fieldwork

The common conception of interviews (individual and even group) as instruments for eliciting information from others has been critiqued by contemporary writers, influenced by social constructionist approaches, who have argued that what people say and how they present themselves depend on the dynamics established in the very processes of participation (see, for example, Hollway and Jefferson 2000; Frosh et al. 2002; and Pattman and Kehily 2004). This is not to dismiss the model of the interview as an instrument; certain kinds of interviews, where the information which is required is fairly basic and factual, might indeed be described merely as means for eliciting information from others. But where interviews are more loosely structured, as they were in this study, it becomes important to address them as social contexts in which certain kinds of relations are established which promote particular kinds of discussion. It is important, too, to address them as creative processes in which participants take and develop particular positions and views through engagement with others (whether in individual interviews, with the interviewer, or in group interviews, with both the interviewer and the other participants).

This implies that any analysis of interview data obtained through the interview approach our researchers were trained to adopt must address people's understandings and experiences of the interview (rather than viewing the interview as merely an instrument for eliciting information). To this end our interviewers were trained to write up reflective reports in which they were required (in systematic and structured ways) to give their impressions of each interview, each institution visited and their fieldwork as a whole.

In structuring the template of the reflective reports for interviewers we posed questions which required them to focus on:

- The context in which the interviews took place (including the institutional context and the participants' constructions of the individual/group interviews).
- The effect of the interviewer on the interviewees.
- The levels of engagement of the various participants, the positions they adopted, the emotions they expressed and the relations they established.
- Striking moments (from the point of view of the researcher) related to what respondents said and how they expressed themselves.
- How the participants themselves experienced the individual/group interviews.

We regarded this as an extremely important aspect of the interviewers' work, and developed three instruments to ensure that the interviewers' reflections were provided in a common format for analysis. Importantly,

the research team then viewed the reflective reports as a data source in its own right. Chapter 4 sets out the research team's analysis of these reflections; this chapter gives the reader a powerful insight into the kinds of interactions that took place in the course of the qualitative fieldwork, of the interview dynamics that were often not exclusively verbal, and, more generally, of the difficult challenges posed by the HIV/AIDS pandemic in our education institutions. It should be noted that it was clear that many group interview participants had come together for the first time to discuss the impact of the pandemic and their responses to it.

This analytic approach, which focused in some detail on the processes of conducting the individual and group interviews and the dynamics of the interviews, *complements* the broader thematic approach to analysis, which identified key themes that emerged from the data themselves (and were categorised under codes which were therefore also largely determined by the data themselves). While the emphasis in our analysis was necessarily the themes which our interviewees raised and developed (consistent with a grounded theory approach) in response to our very broad research questions, it is important to stress that the analysis of interviewers' reflections shares similar epistemological assumptions. Both approaches are informed by an understanding of research as a creative process, both centre on the participants (including the interviewers themselves) as active agents, and both attempt to understand how they construct their social worlds using their own categories of insight.

LIMITATIONS OF THE RESEARCH APPROACH

Certain limitations of the research approach must be noted:

- Although educators were included in all three subsectors (HE, FET and schools), educators in adult centres and educators working in non-institutional settings were not included in the sample (see section 2.8 below).
- Students and learners were not interviewed, as the intention of the research was to develop grounded theory with respect to the expressed concerns of educators, not to test the authenticity of these concerns. However, students undertaking teacher education programmes were interviewed.
- The data gathered in the two phases of this exploratory study was reported by the educators interviewed and surveyed and was not 'tested' for truth value in any way. So, for example, while the study shows a high predisposition among educators to act to mitigate the impact of the HIV/AIDS pandemic on their institutions, it must be noted that some educators may have reported this predisposition because it is a social expectation that they be so predisposed. A counterpoint to this limitation, however, is the strategy adopted in the qualitative fieldwork of allowing respondents to 'set the agenda' of the interviews and group discussions, and the commonly reported phenomenon of respondents changing their minds in the course of the interviews, sometimes as a result of their own reflections and sometimes as a result of interactions among respondents. This suggests that interviewees were not merely conforming to social expectations in their responses. In the survey data there is also evidence that responses were not driven by social expectations – for example, many educators in the HE subsector who do not currently play a role in mitigating the impact of the pandemic expressed a desire to play such a role in the future. The analysis of the datasets suggests that despite the possible risks associated with 'self-reported' data the study findings are generally convincing.
- The fieldworkers in both phases of the research were very diverse in terms of their linguistic and cultural backgrounds, but the language used in the field was English. Given the characteristics of the sample, we do not believe that this presented an impediment in terms of communication of concerns or concept, although we acknowledge that it is possible that some respondents would have felt freer to communicate in other languages.

SAMPLE FRAME FOR THE QUALITATIVE RESEARCH

In this section we present the sample frame corresponding to the qualitative phase of the study in the three subsectors

– higher education, further education and schooling. The section is subdivided into the HE, FET and schooling subsectors, as each subsector has different characteristics and therefore different sampling requirements.

The higher education qualitative sample frame

Sixteen of the 23 HEIs (or 70% of the total population of HEIs) were selected to participate in the first stage of the data collection. This number was more than adequate in terms of the need to interview educators at a sample of different institutional types. The following criteria were applied to the selection of HEIs:

- All institutional types were represented.
- All provinces in which fully-fledged HEIs are located were included.
- Institutions as far as possible offered both Initial Professional Education of Teachers (IPET) and in-service professional development programmes.
- Institutions comprised:
  - institutions with different media of instruction;
  - historically advantaged and disadvantaged institutions;
  - institutions which have (and have not) been affected by merger processes; and
  - Institutions in diverse geographical locations (rural, urban and peri-urban).

Table 1 Sampled HE institutions

Province	Institution
Free State	Central University of Technology
Gauteng	University of the Witwatersrand University of Johannesburg Tshwane University of Technology Vaal University of Technology
Eastern Cape	Walter Sisulu University Nelson Mandela Metropolitan University University of Fort Hare
KwaZulu Natal	Durban University of Technology University of Zululand University of KwaZulu Natal
Western Cape	University of Stellenbosch University of the Western Cape Cape Peninsula University of Technology
Limpopo	University of Venda
North West	North West University

Focus groups were set up in eight major fields across the 16 institutions – health sciences, the arts, natural sciences, engineering, management, law, commerce and human sciences. The spread of disciplines was achieved across the whole sample rather than at particular institutions, since the institution was not the unit of analysis.

The achieved sample in the HE subsector is summarised below:

Table 2 Summary of achieved HE sample

Respondent category	# Research events	# Respondents
Academic development	6 (8) *	6 (8)
Deans: Education	11	11
Deans of Students	14	14
DVCs Academic	11	11
Education lecturers	13	26
HICC chairs	8 (13) **	8 (13)
'Other' respondents	27	41
Other faculties	14	30
Students	12	50
	116 (90 individual interviews and 26 focus group discussions)	197

* Six academic development staff were interviewed individually, while another two were part of focus group discussions.

** Eight HIV/AIDS Coordinating Committee (HICC) chairs were interviewed in that capacity only, while another five also held positions such as Dean of Students or Deputy Vice-Chancellor.

The further education and training qualitative sample frame

Sixteen of the 50 FET colleges were visited during the qualitative stage of the research. The sample frame:

- included historically disadvantaged and advantaged college campuses[1];
- included both rural and urban colleges and campuses;
- ensured that all specialised curriculum areas were included (although not necessarily within each institution); and

Table 3 Sampled FET colleges

Province	College	Location
Free State	Goldfields FET College Motheo FET College	Thabong (near Welkom) Bloemfontein
Gauteng	Tshwane North FET College South West FET College Sedibeng FET College	Pretoria Soweto Vereening
Eastern Cape	King Sabata Dalindyebo FET College Ingwe FET College East Cape Midlands FET College	Umtata Mt Frere Uitenhage
KwaZulu Natal	Elangeni FET College * Mtashana FET College *	Pinetown Vryheid
Western Cape	Cape Town FET College * Boland FET College	Cape Town Stellenbosch
Limpopo	Capricorn FE College Vhembe FET College	Polokwane Sibasa
North West	Taletso FET College * Orbit FET College *	Mafikeng Rustenburg

* Colleges participating in the Support to Education and Skills Development Programme (SESD)

included five of the colleges that receive DANIDA-funded support through the Support to Education and Skills Development Programme (SESD), as one of the foci of the SESD programme was the establishment of student support units at seven participating colleges[2].

The FET achieved sample is summarised below:

Table 4 Summary of achieved sample in the FET subsector

Respondent category	# Research events	# Respondents
Heads of department	11	45
Lecturers	16	95
Campus managers	18	72
Student support	12	14
	57 (16 individual interviews and 41 focus group discussions)	226

The schooling subsector qualitative sample frame

Our sample of schools contained 32 schools selected after considering:

- a mix of primary and secondary public schools (one of each type);
- a mix of poverty quintiles as per national policy on school funding (quintile 1 = poorest, quintile 5 = least poor); and
- a mix of geographical locations, including rural/farm, township and city schools.

Table 5 Sampled schools

Quintile	Schools	
	Primary	Secondary
Quintiles 4 & 5[3]	4	4
Quintile 3	4	4
Quintiles 1 & 2[4]	8	8

Independent schools were excluded from the sample. The primary concern of the project was to achieve a sample of schools that covered key variables such as class/income, 'race' and geographical location. This can be achieved, in South Africa, by drawing on public schools only. For example, the wealthiest public schools have very significant income streams from fees (up to R22,000 per learner per annum) and alumni donations, while the poorest schools charged as little

as R60 per annum before the introduction of the non-fee-paying schools policy (Musker and Dewees 2004). Moreover, in South Africa the independent schools sector does not comprise only schools catering for the wealthy – the sector is extremely diverse in terms of both the size of the schools and fees charged. Because they serve poor communities, approximately 48% of private schools are estimated to have 'low viability' in terms of their income streams and potential for sustained teaching and learning (Swedish Development Advisors 2002). The achieved sample in the school subsector is summarised below:

Table 6 Summary of achieved sample in the school subsector

Respondent category	# Research events	# Respondents
Educators	31	124
Life Orientation educators	32	67
Principals (and/or deputies)	23	25
SGB members	28	39
	114 (57 individual interviews and 57 focus group discussions)	255

Other categories of interviewees

Also interviewed were representatives of the following organisations:

- representatives of teacher unions;
- representatives of Departments of Education at national and provincial levels; and
- a representative of the South African Council of Educators.

SAMPLE FRAME FOR THE QUANTITATIVE RESEARCH

In this section we present the sample frame corresponding to the quantitative phase of the study in the three subsectors – higher education, further education and schooling. As was the case with the qualitative sample presented above, the section is subdivided into the HE, FET and schooling subsectors, as each subsector has different characteristics and therefore different sampling requirements.

As noted earlier, the survey questionnaires were essentially similar across the three subsectors, attuned only to certain subsector characteristics – for example, differences in the post titles of potential respondents. This similarity greatly facilitated the analysis of responses across the subsectors.

It is also important to note that the same core questions that underpinned the qualitative research were present in the survey questionnaires (see example in Appendix 1). In order to establish a strong link between the two major phases of the research, the more specific questions that were presented to our survey respondents were derived from the qualitative dataset, and therefore reflected the major concerns and observations of our respondents in the qualitative phase of the study. This has greatly facilitated the triangulation of the analysis of the two datasets, as presented in Chapter 9.

In the higher education subsector, in which internet access is common, the research team used a web-based survey questionnaire. In the FET and schooling subsectors, fieldworkers were deployed to the institutions to ensure the highest possible response rate.

The higher education quantitative sample frame

From a population of 15,812 full-time academic staff across all 22 contact HEIs nationally (described as 'instructional/professional staff' in the Higher Education Management Information System of the Department of Education), a total of 1,164 respondents participated on a voluntary basis (7.36% of the population).

Each HEI was asked to provide the research team with a database of email addresses to be used for distribution of a link to the web-based questionnaire, and each member of the population subsequently received an emailed invitation to participate in the study. A first reminder email was distributed after an interval of one week and a second reminder email

after another week. In order to attract volunteers, the research team was assisted by HEAIDS in enlisting the support of senior university personnel within and across universities to send reminders to all academic staff endorsing the study and strongly encouraging their participation.

The further education and training quantitative sample frame

According to the Department of Education (2008), there were 7,096 educators in 50 public FET colleges across all nine provinces in 2006. Fieldworkers were deployed to these institutions and 13 educators at each college were asked to complete the questionnaire. One campus of each college that is in reasonably close proximity to a sampled school was selected; the socio-economic environment of each campus thus reflected the poverty distribution of the schools sample (see below). The final sample consisted of 475 FET educators (6.69% of the population).

The schooling subsector quantitative sample frame

A national survey of educators at primary and secondary schools was undertaken. According to the Department of Education (2008), there were 385,860 educators in 26,269 schools in the schooling subsector in 2006. The schools database available on the Department of Education website was downloaded and checked. Some schools, such as independent schools and schools that had closed, were deleted from the database. This resulted in a sample frame of approximately 25,000 schools. A multistage sampling procedure was then used to select a representative sample of schools. The first stage involved the random selection of 500 schools across the nine provinces, proportional to the number of schools per province. Next, the selection was stratified according to a socioeconomic indicator, the poverty quintile, using proportional random sampling. Quintiles 1 and 2 were combined into quintile group QG1, quintiles 4 and 5 were combined into quintile group QG3, while quintile 3 was labelled QG2. The distribution of sampled schools obtained in this way is shown in the table that follows.

Table 7 Number of sampled schools by quintile group and province

Province	Quintile group			Total Sample
	QG1	QG2	QG3	
Eastern Cape	74	25	17	116
Free State	28	3	4	36
Gauteng	9	13	19	40
KwaZulu-Natal	69	28	23	120
Limpopo	50	23	5	78
Mpumalanga	16	8	9	33
Northern Cape	6	3	3	12
North West	20	14	2	36
Western Cape	8	5	16	29
Total	280	123	97	500

Fieldworkers were deployed to the sampled schools, and five educators from each school were asked to complete the questionnaire. This resulted in a sample of 2,500 educators, and 2,060 responses were obtained (0.053% of the population).

SURVEY DATA MANAGEMENT

Data Collection (Higher Education Subsector)

Data collection was accomplished for each individual respondent using a secure web-based interactive application. Each respondent received a personalised invitational email via the web-based research application explaining the aim of the research, the approach to be used and how their input would be used in the research. The invitational email contained a unique URL token which led them to their own web-based survey. The application actively monitored the response activities in order to identify the total number of surveys sent out, surveys accessed and surveys submitted. Once respondents had finalised their survey, they were requested to submit their input, after which it was automatically added to the research reporting structure. Additional electronic reminders were sent to those respondents who had not submitted their survey within the suggested timeframe. A selection of stakeholders was provided with online access to the

'live' reporting structure via a login routine in order to track research outcomes on an ongoing basis.

Data Collection (FET Colleges and Schooling Subsectors)

The survey data for the FET colleges and schools were collected by a team of fieldworkers who underwent a one-day training session to familiarise them with the background to the study and the use of the data collection instruments. The training also covered sensitivity issues which might arise when administering the questionnaires to people about issues related to HIV/AIDS. Trainers and fieldworkers were recruited from the regions in which they resided. Fieldwork supervisors directly supervised these fieldwork teams throughout the data collection process and were also responsible for verifying at least 10% of the data collected to ensure the integrity of the study.

At the end of the training session, all supervisors and fieldworkers were provided with a complete set of questionnaires, sampling materials, a training manual, identification badges, background information on the project and other essential fieldwork materials, such as access letters. All questionnaires were numbered with a unique identification.

Quality Control (Higher Education Subsector)

The web-based application for the higher education sector had its own built-in quality control mechanisms. This removed the human element from the data gathering process as the system directly approached the respondent via an invitational email containing a unique URL token. Each respondent's input was captured into the reporting structure immediately after submission of the data, without any further interference. Once all respondents' email addresses were uploaded into the application in order to distribute the invitational email to the survey, the system automatically validated all email addresses and where applicable, respondents' names, in order to identify duplications and invalid email addresses. In order to guarantee anonymity, email addresses were automatically deleted in the reporting structure.

Within the survey structure itself, all applicable data fields used in the web-based application had specific numeric or text validation rules in order to ensure high data quality. Furthermore the survey contained pre-empted answering possibilities in dropdown, radio or check box format. The submitted data were stored in a secured web-based environment, which ensured the integrity and confidentiality of all data collected. The reporting structure was only made accessible to selected members of the research team via a login routine.

The invitational email to each respondent was sent out on behalf of the research consortium; in this message it was emphasised that the information would be treated as anonymous and highly confidential.

Quality control (FET Colleges and Schooling Subsectors)

For FET colleges and schools, quality control consisted of the following:

- ensuring that the administration of the questionnaire had taken place;
- ensuring that the administration of the questionnaire had taken place with the correct respondent;
- ensuring that the administration of the questionnaire had been conducted correctly; and
- debriefing the administrator of the questionnaire.

It was the responsibility of the fieldwork supervisors, who were experienced fieldworkers selected from a database of some 400 fieldworkers, to conduct on-the-spot checks in their area to ensure that their teams of data collectors had administered the questionnaires according to the instructions they received during training. Each supervisor was also responsible for checking every completed questionnaire to ensure that the entire questionnaire had been completed, and that the instructions and routing in the questionnaire had been meticulously followed. When the completed questionnaires had been returned, they were recorded and a random sample of questionnaires from each of the data collectors was checked by the quantitative analyst. This process ensured that the supervisors had fulfilled their responsibilities diligently and comprehensively.

Data Capture (Higher Education Subsector)

Data for the HE subsector were captured automatically through the web-based application. The data were checked, imported into STATA and cleaned for analysis.

Data Capture (FET Colleges and Schooling Subsectors)

The data for the FET and schooling subsectors were electronically captured and converted into a data file for analysis using the statistical package STATA. All data from the questionnaires were double-entered using a customised data entry program. The data were then cleaned and imported into STATA for analysis. The data cleaning process included checking for and correcting inconsistencies of characters in fields, errors in skip patterns and errors in range values.

Data Analysis

The complete dataset, comprising data from the higher education, FET and schooling subsectors, was analysed using the STATA statistical package. A detailed analysis plan was drawn up to enable the production of basic tables, cross-tabulations and graphs, as well as a detailed subgroup analysis to identify the key factors underlying respondents' responses. The types of descriptive and in-depth analysis employed are described in Chapters 7 and 8 respectively.

CONCLUSION

The research methods presented in this chapter constitute a 'mixed-methods' approach that has enabled a powerful analysis of two large datasets – the qualitative and quantitative data – and triangulation of the two datasets to generate synthesised findings. Both phases of the study contain innovative features:

- The qualitative phase of the study gave our respondents considerable freedom (within a broad framework of core questions derived from the research objectives) to set the agenda of the discussions, raising their own major concerns without being constrained by the interview schedules or the interviewers' own priorities. Moreover, the dynamics of the interviews have been described (in Chapter 4) using the interviewers' own reflections on key moments in the interviews and other dynamics. Because these reflections give the reader a powerful impression of the intensity of many respondents' experiences of the pandemic, Chapter 4 is presented before the descriptive and in-depth analyses of the qualitative dataset (Chapters 5 and 6 respectively), which present the emerging grounded theory that was the central feature of the study.
- It is through the survey that our emerging grounded theory is further developed and tested from a quantitative perspective, but with important insights based on the qualitative fieldwork. The quantitative phase of the study contained certain important features that strengthen the research design and the analysis presented in Chapters 7 (descriptive analysis) and 8 (in-depth analysis). While Chapter 7 already throws useful light on a relatively unexplored phenomenon, Chapter 8 helps to understand the profiles of important subsets of respondents – such as those who wish to play a future role in mitigating the impact of the HIV/AIDS pandemic, and those who seem particularly proactive in their desire to do so.

An important overarching feature of the study is found in the strong links between the two phases of the research (see Sections 2 and 3 of the report) – such as the derivation of survey questionnaire items from the qualitative dataset – which provided a platform for the synthesis of findings presented in Chapter 9 and the conclusions presented in Chapter 10 (Section 4 of this report). This final section illustrates that the strategic choice of mixed-methods research, and the strategic sequencing of the two phases, were appropriate for the exploratory research that was required to comprehensively investigate the relatively uncharted terrain of educators' beliefs, predispositions and practices in the face of the social, medical and economic disaster that is having such a powerful impact on the South African education system and on our respondents, many of whom have to deal on a daily basis with the challenges of the pandemic.

CHAPTER 3

Reality versus Potential

A Review of the Literature

Teachers at all levels of the educational system have a mandate to influence young minds (or in the case of further and tertiary education, not so young and also adult minds), and so the behaviour and future actions of their pupils and students. The spread of HIV/AIDS is arguably among the major crises of our times, and South Africa is among the worst affected countries in the world. The role of South African educators is therefore potentially critical in informing and influencing the attitudes and responses of their charges to the pandemic. This review of literature on HIV/AIDS and education is structured to provide a guide to publications which will be of use, first, to educational planners and, second, to those who, in their role as educators, seek to be better informed about the potential impact of the pandemic on the educational system and the on the conflicts, as well as the dilemmas, that it imposes on educators throughout the system. In the latter part of the review we draw particular attention to literature that highlights the difficulties, conflicts and contradictions which many school teachers experience in dealing with HIV/AIDS in class, and to the emotional and personal demands this teaching makes of many of them.

Literature reviews can be presented either chronologically or thematically. Because our readers are likely to have different needs and interests, here we combine both approaches. In **Part One** we sketch the major challenges to educators that HIV/AIDS presents, and particularly that of the impact on their teaching of the rapidly changing face of the disease as scientists develop clearer understandings of its complex nature, and as new treatment regimes become widely available. Following this is a brief chronological indication of some of the early research designed primarily to inform the first intervention programmes targeting South African youth. It is noteworthy that, despite a number of broadly based and well designed interventions based on these studies, and the increasing media coverage over the years of HIV/AIDS and the dangers of unprotected sex, subsequent studies, while they indicate increasing knowledge of the risk of contracting HIV among adolescents, and even considerable attitude change, show disappointingly little evidence of either large scale or consistent behaviour change. The reasons for this are the subject of a growing literature that focuses on the context in which sexual relations occur, and the sexual pressures to which young women and girls, in particular, are subject. Many of these factors are well known to teachers from their own experience and that of their learners, but are nonetheless documented briefly in this section.

Part Two, which constitutes the body of the review, examines educators' multiple roles in preventing and mitigating the pandemic. Here we distinguish between the role of educators in providing learners with factually correct and up to date information on HIV prevention, and what is often referred to as their 'pastoral' role in the support and care of learners who are either HIV-positive or otherwise affected by AIDS.

We indicate, also, a number of challenging questions that this discussion raises for senior educators and planners. In **Part Three**, based on the insights provided in the previous section into the challenges and personal conflicts experienced by teachers in dealing with HIV/AIDS in schools, we examine briefly the effectiveness of two HIV/AIDS teacher training courses designed to overcome such problems, and comment on the lessons their results suggest for the future, and in particular for the selection of teachers to work with HIV-positive learners and other affected learners. We conclude by listing other literature reviews and manuals sources on best practice that may prove to be of use to readers.

In mapping out the field to be covered by this review we were confronted with a vast and growing international literature on HIV/AIDS. We have had, of necessity, to be somewhat selective and have chosen, firstly, to concentrate on local South African literature, as we believe it speaks most directly to many of the concerns of the educators who will be consulting the review. We have, however, included reference to some studies undertaken on the African continent, and to some from further afield, including a number of useful international reviews which seem to us to be pertinent and relevant to the local situation. Secondly, we have not explicitly framed the review in terms of current educational theory, although some of the readership of the review will be South African educational planners and theorists. We draw attention to the seminal work of Paul Trowler and his associates (Trowler and Knight 1999, 2001; Trowler and Cooper 2002; Trowler 2003, 2005) who have recently published a number of insightful and considered comments and recommendations on the principles that might inform general educational reform. Although addressed to a largely Northern audience, we endorse these suggestions, and believe that educational planners in this country will find them both thought provoking and useful. What is called for is a holistic reform of the total educational system, and also of the basic assumptions on which it rests. Although these suggestions are eminently sensible, such reform is outside our purview. We believe, however, that were it to be achieved, many of the current problems in the teaching of HIV/AIDS in the local school setting would begin to be addressed. On the other hand, due to the sensitive nature of the sexual basis of the pandemic, it would still be necessary to take cognizance of the very particular emotional demands which this review indicates that dealing with HIV/AIDS makes on many South African teachers. The conflicts of conscience to which some are open by having to adhere to the message of condom use in their teaching, must also be given serious thought, even if it does not dictate policy change.

PART ONE: HIV/AIDS IN CONTEXT

The broad context of HIV/AIDS: A changing and challenging terrain

The field of HIV/AIDS is constantly changing. Herein lies its excitement and challenge for both researchers and practitioners, amongst whose ranks may be counted many members of staff of Further and Higher Educational Institutions. School teachers may not normally be thought of as falling into either the category of HIV/AIDS researcher or practitioner. Nevertheless it is essential that they are up to date in their understanding of the pandemic in order to inform and prepare learners to meet, and deal with, the possibility of infection. In terms of what is often referred to as their pastoral role, many teachers are called upon to support and mentor learners who may be HIV positive, or are traumatised by living in homes and communities where many people are HIV-positive and some are dying of AIDS. The literature reviewed below reflects the complexity and emotional demands that teachers and instructors at all levels of the educational system may face in dealing with HIV/AIDS, but it is clear that this burden is heaviest in the case of school-based educators.

Before the World AIDS Conference was held in South Africa for the first time in the year 2000, and a regular South African AIDS Conference was subsequently inaugurated in 2003, much of the research and literature on HIV/AIDS was driven from outside South Africa, and was the result of international pressure, and particularly concerns in the North about the rapid

global spread of the pandemic. It often appeared that the concern, for example, with gay men's issues had little immediate relevance to the challenges that the pandemic among heterosexuals was raising in the South, and to the everyday experience of most South Africans, especially those living in poor rural areas. Many South African educators, especially those in schools with predominantly or exclusively black learners, may have hardly been aware of international trends in the pandemic, although the pronounced stigma and public silence about the heterosexual pandemic which they faced was essentially the same as that which characterised responses elsewhere in the world (Parker and Aggleton 2003). The terms HIV and AIDS were and are in some areas seldom used in casual conversation, and when mentioned at all in South Africa, HIV/AIDS was, and still is, often referred to obliquely. It is, for example, mentioned as 'that disease' and codes or various hand signals are widely adopted for both HIV and AIDS in conversation (Stadler 2002, 2003). Symptoms were, and in some places are still, referred to by the words for witchcraft and sorcery (Reynolds Whyte 2002). In the early days of awareness of the pandemic, people living with HIV/AIDS and their relatives seldom spoke openly about or admitted to their condition, or that of those close to them, although, for tactical reasons, increasing numbers of AIDS activists chose to disclose their status publicly. As the South African pandemic grew in magnitude and impact, activists led the call for interventions and initiated, raised funds for and directed many of the early intervention programmes, some of which targeted school-based learners and their educators. The educators themselves, like many other South Africans, may have experienced mixed personal and professional reactions to activist groups such as the Treatment Action Campaign (TAC), which was openly critical of the denialist stance to AIDS adopted by the highest levels of government (Ballard, Habib and Valodia 2006), which has shifted recently as a result of the rapprochement between the South African Department of Health and TAC (the latter's website is an excellent source of up-to-date information on HIV/AIDS in South Africa).

If social and cultural taboos about sex and sexuality led to stigma and silences about HIV transmission, somewhat ironically the HIV/AIDS pandemic has actually contributed to a profusion of public discourses about sexuality which, according to Posel (2004), is a feature of the post-apartheid era. This is highlighted by the emergence of high profile sex educational campaigns in the media; for example the Love Life campaign in South Africa that communicates messages about sexuality and HIV/AIDS in entertaining ways through a range of popular media such as comic strips and TV drama has enlisted the support of well known politicians to speak in the national media and urge parents to 'love them [their children] enough to talk about sex' (Posel 2004, p. 61). However in spite of the proliferation of public discourses which address sexuality, HIV/AIDS still carries enormous stigma, and disclosure is still difficult and rare (see, for example, Muthuki 2007). Furthermore, increasing openness about sexuality in education and the media does not necessarily lead to lead to intergenerational dialogue about sexuality, but, as Pattman and Bhana (2009) suggest, may reinforce certain kinds of conflicts between parents and children. And, as we discuss later, teachers in schools, who are trained to address sexuality in open, non-pejorative and learner-centred ways, may find this extremely hard to do.

Early social research on learner vulnerability to HIV/AIDS

Research on HIV/AIDS in South Africa began as soon as the magnitude of the potential impact of the disease began to be recognised. Most of the research was biomedical in nature, but some highly innovative work was initiated by concerned social scientists, and papers on the topic of HIV/AIDS began to appear on the programmes of local social science conferences. The first social scientific meeting devoted to HIV/AIDS in South Africa was held in 2001 under the title 'AIDS in Context', where a paper was presented on addressing AIDS in higher education institutions (Pattman 2001). A number of the more general papers presented at these meetings focused tentatively on adolescent sexuality (Preston-Whyte 1994), and gender issues began to surface in the case of young women and girls who, it was surmised, might be at high risk of becoming HIV-positive (Abdool Karim and Morar 1963).

Much of this work was done in schools with school-children who were both of concern in themselves, and presented a research population which was relatively easy to access (Abdool Karim S.S. et al 1992).

A parallel interest of the time focused on teenagers' and high school children's attitudes to and use of condoms and the attitudes of health care providers in family planning clinics (Abdool Karim et al 1992). It was found in the case of the latter that, despite knowing about the serious implications of HIV/AIDS, family planning nurses did not necessarily foreground condom use in their advice to women and girls, but continued to focus on other contraceptive methods which had reportedly higher success rates in preventing pregnancy. The authors concluded that these nurses found it difficult to adjust their understanding of the primary mandate of efficient family planning to accommodate the new threat of HIV transmission. They therefore continued to advise the use of other more effective contraceptive methods in preference to condom use, which had a significantly lower potential for pregnancy prevention. Many were, in addition, loath to provide 'family planning' services to young unmarried women and girls, and this echoed the prevailing moralistic ethic in some circles against sex outside marriage. Here was also the first indication that professionals may find it difficult to put aside their training and, in some cases, their own strong moral beliefs, in favour of the need for prevention of HIV transmission. We will see this again in the case of educators. It is interesting to note that young men and adolescent boys were often provided with condoms, not by the nurses at family planning clinics but, with the tacit approval of the latter, by the security guards. A gender dimension was present in that the guards were male while the nursing staff were largely female. Although directed at preventing pregnancy, this informal practice may also have inadvertently led to some degree of HIV control. Studies of youthful sexual negotiations and condom use of this period are well represented by Varga (1997) and Preston-Whyte (1999).

This was the era of many early knowledge, attitude and practice (behaviour) studies (see below for a more detailed treatment of the best of these studies). Much of this work was hitting in the dark and, as with the pioneering work led by Quarrasha and Salim Abdool Karim, represented researchers' best guesses at how to enter the arena of sexuality. With some notable exceptions, early sex and sexuality had not previously been studied intensively in this, or indeed, in most countries, because it was deemed too private to make investigation either appropriate or feasible. In addition, in many predominantly Christian countries there was and, as we will see, still is a widespread assumption of youthful innocence regarding sex and sexuality. Some of the first studies of this nature to be undertaken in this country were poorly designed or executed and were never published. One of those that was, however, thoughtfully designed and well executed was undertaken by Matthews and a number of colleagues (Matthews *et al* 1990), and this study not only stands out in its own right but its findings were confirmed by many subsequent studies. Undertaken in four Cape Town township high schools, the research sought to inform the planning of a subsequent HIV/AIDS intervention programme. Of the 337 learners who were interviewed, the major findings were that three-quarters had had sexual intercourse, and most had heard of HIV/AIDS and knew that the virus could be transmitted. However, more than half of the respondents lacked adequate knowledge of modes of transmission, and although two-thirds believed infection could be prevented, they were unclear as to how this might be achieved. Only 11.4% of those who were sexually active had ever used a condom. Most worrying was the fact that they did not know that AIDS was fatal, and most did not think that HIV/AIDS could affect them personally. A theme confirmed by many and varied studies in other contexts was that the blame for spreading the disease was laid at the door of 'prostitutes', people who were 'promiscuous', or members of other 'racial' groups, in this case, often 'whites'. The fear and rejection of people with AIDS was striking with only 6.4% saying they would accept HIV-positive people in the same class as themselves. On the positive side, respondents asked for HIV/AIDS education in school, and wanted the school nurse to facilitate this.

Very similar lacunae in knowledge, extremely limited condom use, and considerable (but by no means

total) support for HIV/AIDS education interventions in schools, have been reported in subsequent studies undertaken both in South Africa and in neighbouring countries. One conducted nearly a decade and a half after the study by Matthews et al was carried out by Mturi and Hennink (2005). Their research aimed to investigate the opinions of young people, parents and teachers on the acceptability of sex education in schools in Lesotho. They found that very few sources of sex information were available in that country, and much of the little information available was suspect or highly biased. However, the authors found that there was broad-based support for the introduction of reliable information into the national school curriculum by the education authorities, parents and learners alike. The authors emphasised, however, that this should be accompanied by training in negotiation skills for scholars, and recommended the introduction of 'pupil-centred' and 'interactive' pedagogies for this purpose. They also pointed out that instruction manuals and course materials would need to be developed for use in the teaching of sexual skills to young people. Finally, they noted that some parents, particularly those in urban areas, did not support sex education in schools as they believed this would amount to an endorsement of premarital sex. This is by no means the only study to record widespread fears on this score among adults, and indeed this theme has surfaced in the field results of this study, as reported in subsequent chapters. It therefore warrants further discussion here.

Dissenting voices regarding sex education for youth

Dissenting voices regarding sex education for young people are found largely among those who believe that providing adolescents with sex education will encourage them to experiment with sex. This opinion echoes a widely voiced adult fear that permeates the literature on sex education for children and youth (Preston-Whyte and Zondi 1991; Preston-Whyte, Abdool Karim and Zondi 1992; Preston-Whyte and Burman 1992; Preston-Whyte 2003). One of the participants in the study that this review accompanies, a school-based educator, remarked that this fear made her extremely uncomfortable when it came to giving explicit sex information and instruction, and had led her to stress abstinence over condom use. The preference for and even the ideal of premarital chastity is deeply ingrained in many systems of religious belief, and notably in Christianity, a faith followed by the majority of black South African educators. It predates HIV/AIDS, and lingers on even in the face of the seriousness of the current pandemic. Clearly it is a critical area for sensitive and determined intervention by the highest health and education authorities all over Southern Africa. Useful ammunition for such a campaign has recently been provided by a groundswell of informed opinion which agrees that, on balance, the evidence indicates that the provision of such information does not necessarily encourage teenage sex or early sexual experimentation.

Mturi and Hennink (2005) also commented on a gender bias in the sources of sex information available in Lesotho, and drew attention to the operation of traditional male initiation schools which were still in existence in the country, and whose practices and teachings were not monitored or controlled:

> Of critical concern is evidence of risky practice in initiation procedures and the absence of instruction on safe sex practices which may in fact exacerbate the vulnerability of pupils to HIV and other STDs rather than provide educative information on sexual risk awareness and reduction.

Echoing many other writers, the same authors commented that parents avoided discussing sex in explicit terms with their daughters. Instead they used religious and moralistic language, often resorting to 'tradition' and the threat of premarital pregnancy to ensure that they abstained from sex before marriage. Although HIV was mentioned occasionally, parents were 'unlikely' to provide information on HIV and 'safe sex', and such discussions were invariably permeated by a sense of embarrassment and fear on the part of parents, particularly fathers, that such information would lead not only to sexual experimentation but to promiscuity. In Part Two of this review we consider the findings of other research studies that echo the above sentiments.

Age at first sex and the vulnerability of youth to HIV transmission

As in the United States and Europe, considerable energy has been expended, particularly by demographers, on attempting to assess the age of 'first sex' or sexual debut in different South African communities (Caldwell, Caldwell and Quiggin 1989). The findings of this work have varied widely, in terms of mean age and in successive studies over the years. Even today there is little consensus on this point. However, it soon became clear that 'children' were experimenting with sex early, even if they were not entering semi-permanent sexual relationships before they entered their teen and adolescent years. Some researchers interpreted different figures in terms of changes in response to education about the dangers of unprotected sex, and disciplinary and methodological controversies raged. Survey methods predominated in most of the early research but, in retrospect, achieved very little in terms of understanding either the social or cultural milieu that might lead children to early sexual debut. A few in-depth qualitative studies revealed the nuances of these pressures, and also indicated the high risk of infection to which many young people were open (Preston-Whyte 1988; Preston-Whyte and Zondi 1991; Leclerc-Madala 2002 a and b). This work is significant, in that it established in-depth qualitative study methodologies in HIV/AIDS research (Preston-Whyte 1993) and developed an understanding of the importance of investigating the *context* in which sex occurs for planning interventions, be they condom use or abstinence. It became clear that the prevailing gender dynamics in South Africa render it impossible for many women to 'say no' to unprotected sex (Caldwell 1999; Hunter 2005).

In many cases, an important ingredient of this context is relative deprivation, or poverty which forces women (and sometimes men) into agreeing to unprotected sex in order to earn money or attract valuable gifts (Preston-Whyte et al 2000). The need, in particular, for black women and young girls to earn money began to be recognised, and this led to a nuanced understanding of what came to be known as transactional or survival sex, and to numerous studies of commercial sex workers – men as well as women – and their risk of infection (Abdool Karim and Morar 1993; Preston-Whyte 2000). Calls came for the design of interventions to limit the risk of HIV among sex workers and a number of intervention programmes were put in place. Notable were those that focused on truck stops and communal beer gardens, where commercial sex workers drank with and offered sex to working men and particularly long-distance drivers.

Poverty has contributed significantly to the rapid spread of HIV/AIDS in sub-Saharan Africa, not only because people living in conditions of poverty are denied decent education and employment opportunities and are more prone to contracting the virus, but also because of the lack of resources they can draw upon to help them deal with the opportunistic infections which occur as a result and their relative lack of access to necessary medication. People living in poorly resourced areas, such as rural areas and townships, develop AIDS much faster than in more affluent areas. This has been recognised for some time (Storck and Brown 1992; Hope 1999).

In education, the coincidence between lower rates of HIV transmission and higher levels of education has prompted some commentators to describe education as a 'vaccine' against AIDS (Coombe and Kelly 2000); a 'vaccine' which is much less available to poor young people than to those from more affluent backgrounds. In countries such as South Africa, Zambia, Zimbabwe and Rwanda, where primary school fees (or PTA or community charges) are levied, poorer families have difficulty raising these and it often makes more economic sense for young people to drop out of school early and look for opportunities to make some money (see the UNESCO, EFA monitoring report 2003).

It should be noted that much of the research mentioned above led to important theoretical insights and advances in wider sociological understandings in this country. It also opened up many research positions in which junior researchers cut their teeth, to the general benefit of the social sciences. However, for much of the period reviewed above, acceptance of the reality that the HIV virus and not poverty causes AIDS was

not forthcoming at the highest levels of government; this denialism exacerbated the pandemic, providing as it did the welcome message that 'AIDS' did not exist, or could be treated with herbal and other natural remedies (Preston-Whyte 2006; Whiteside and Lee 2006). Those days are past, and the denialist literature of that era need not detain us further in this review.

While this 'denialism' has been roundly condemned, it must be understood, however, in a context of powerful western discourses which blame the high incidence of HIV/AIDS in sub-Saharan Africa on the sexual values and sex drives of Africans, mainly men. The spread of HIV/AIDS in Africa has kindled racial stereotypes which associate being black with sexuality, with AIDS coming to be seen as a black or African disease. Black Africans have also been stigmatised as generally promiscuous and as producers and spreaders of HIV/AIDS in what Watney (1994) has referred to in the western media as 'African AIDS discourses'. While it is clearly problematic to deny that AIDS is caused by HIV, it is also problematic to deny the link between material conditions of poverty and the spread of HIV/AIDS.

The difficulty of keeping up-to-date in HIV/AIDS

For the layperson, understanding HIV/AIDS and its treatment is made difficult not only by constant changes in the overall terrain of knowledge but by the fact that much of the available literature is couched in scientific terms, and understanding it demands a high level of expertise in science and in comprehending the complexities of scientific discourse. Even where summaries and briefing documents are available, resource constraints at most schools make easy access to them unlikely. In particular, few educators, certainly those in schools, have sufficient time to update themselves regularly on the vast and rapidly growing literature. Not only must they keep to their normal busy teaching schedule, but the accelerating demands of their pastoral role in HIV/AIDS keep them more than fully occupied. The result is that many teach what quickly becomes outdated material, and the material they were taught in special HIV/AIDS courses no longer reflects the state of the pandemic. Finally, the major advances in AIDS treatment, if not HIV prevention, are not only complex but are often open to acrimonious debate in medical circles. This leaves the uninitiated confused and even sceptical about the seriousness of the issue.

The momentous breakthrough in anti-retroviral treatment has resulted in another example of the demands that may be made of educators by the changing terrain of the pandemic. The increasing availability of anti-retrovirals has rapidly changed HIV transmission from constituting a virtual 'death threat' to being, for those with access to such medication, a treatable condition. For many HIV-positive people, the challenge now, however, is to keep to often complex medical regimes. One of the major pastoral responsibilities of educators must be to support and encourage learners and students, first to go for HIV testing and, if they are found to be HIV-positive, to keep to their medication. It is here that the value of summary documents and easily accessible illustrated manuals cannot be exaggerated. At the end of this review we provide a list and brief coverage of those we have found particularly useful.

PART TWO: PROVIDING INFORMATION, SUPPORT AND CARE TO LEARNERS

Kelly (2000) argues that education institutions can play important roles in mitigating the impact of HIV/AIDS on three levels:

- A preventative role concerned with providing up-to-date knowledge that will inform self-protection, fostering skills, attitudes and value systems which facilitate self-protection, promoting behaviour which makes people less susceptible to contracting the virus and enhances their capacity to help others to protect themselves against risk.
- A caring role for those who are HIV-positive or otherwise affected by the pandemic, by strengthening their ability to cope adequately with personal or family infection, and preparing learners to deal with stigma and discrimination. Individuals who disclose their status may have had adverse experiences related to their disclosure, including the loss

of social support, violent reactions and other forms of discrimination (Olley et al 2005). Norman et al (2007) suggest that disclosure depends on the ability of a community or institution to provide an enabling environment.

- Helping in grief and loss when parents and close relatives die of AIDS. Taken together, this and the previous point cover the pastoral roles assigned to school-based educators.

We review below literature which, in the main, addresses the preventative and caring roles of educators and what these mean in terms of the kinds of roles they may play in their institutions in mitigating the impact of HIV/AIDS. This part of the review is presented in three sections: the first focuses on the caring or pastoral role, the second focuses mainly on the preventative role (as manifested in the teaching and lecturing roles of educators), while the third addresses how educators themselves understand, construct and negotiate their teaching roles in relation to prevention.

Pastoral roles

The HIV/AIDS pandemic has raised important questions about the pastoral role of educators, and may well necessitate the extension of this role. While pastoral duties are officially recognised as one of the roles educators in schools are expected to play, this is not the case with educators in higher education and in further education and training colleges, where it is assumed (from a policy perspective, if not in particular institutions, and of course with the exception of many individuals) that educators are essentially concerned with instruction, and the preparation and delivery of lectures in their specific discipline. It may also be the case that even educators in schools attach more significance to their teaching as opposed to their counselling roles. However, the pandemic has impacted greatly on the academic performance of learners and students in the country, who are all potentially affected by HIV/AIDS. It could be argued, therefore, that if lecturers as well as school-based educators are to enact their teaching or lecturing roles effectively, they must adopt a pastoral role or, at the very least, be sensitive to the possibility of learners being affected or infected, and, therefore, as potentially approachable on this score. In the same vein, Johnson (2000) has argued that schools will need to play a key role in identifying vulnerable children and enabling them to cope, and this might well be extended to all sites of learning and all educators in the education system. Kelly (2000) goes further to argue that the pandemic has made it essential for formal education systems (including higher education institutions) to extend their stated mission well beyond the strictly academic, to include attention to the counselling and care, and to promote care and compassion for all people affected by HIV/AIDS. Referring to schools, he argues that these need to respond to the pandemic by ensuring that educators extend their counselling roles by creating an image for themselves as centres from which the dissemination of messages about HIV/AIDS is effected, not only to their own pupils and staff but to the education community as a whole, and to the wider community it serves. In effect, schools should present themselves as what he calls 'multi-purpose development and welfare' institutions which deliver more than formal school education as it has been traditionally understood. Whether this should, or could, be extended to institutions of higher learning is a moot point.

Teachers and social workers

Waterhouse and McGhee (1998) suggest that teachers, in conjunction with social workers, have a vital role to play in addressing the needs of HIV-positive children and others affected by HIV/AIDS. This includes helping them gain access to early-years learning services, supporting parents and adult care givers, as well as helping young care givers and orphaned household heads to manage their situations, and to providing such general care for them as may be necessary. Writing about the effect of the pandemic in Botswana, Jacques (2006) argues that this kind of pastoral support from educators as well as social workers is particularly pressing. This is firstly because of the high number of households which are female headed (which makes them prone to poverty), and secondly because of the growing number of children and youths caring for adults and other children. There are, in addition, growing numbers of children being cared for in residential facilities, and cases of orphans living on the streets, or with overburdened

relatives or foster parents. In the latter case orphans are often expected to perform heavy domestic duties which may both burden them and keep them out of school. She elaborates not only on the lack of support available to orphans or children caring for HIV-positive parents, but also on how they are often discriminated against in the community, where they may be denied both economic and social as well as educational support. Other children may be subjected to abuse when in foster care or after adoption. Such children may also be subjected to stigmatisation in school simply because they are affected by HIV/AIDS (Jacques 2006, p. 66). In this context educators, she argues, can play a vital role in mitigating the impact of HIV/AIDS on young people by being alert to the possibilities of abuse and sexual exploitation. In response to such evidence they should attempt to provide support for the children concerned and, if appropriate, arrange for them to be referred to specialist professionals. They should also, where necessary, facilitate the registration of orphaned children in their charge for state benefits, physical protection and psychosocial support when they are experiencing loss and bereavement (Jacques 2006, p. 70).

This means, of course, that school-based educators ideally need to be sensitive and approachable in order, firstly, to be able to identify children who might be or are affected by the pandemic or are themselves HIV-positive, secondly to be able to approach such children and engage with them, and thirdly for such children to feel able to approach them in turn. It means, also, that teachers must not themselves be subject to, or display, the kinds of stigma commonly attached to HIV/AIDS. Nor should they be reluctant, because of such stigma, to investigate the extent of the problems caused by HIV/AIDS in their classes. Anecdotal evidence suggests that the reluctance of teachers to do the latter may be cloaked under the guise of concerns with confidentiality. It means, too, that teachers must be aware of, and fully conversant with, the various forms and exact nature of the support which social service institutions may offer children affected by the pandemic, including HIV-positive children. It may also mean that educators need to have an understanding of how to negotiate the complexities of applying for such support. Whether it is their responsibility, or that of social workers, to actively assist in this process is, however, debatable. If such responsibilities are assumed by teachers, they may well constitute a major burden which educators are ill prepared to shoulder and for which they have not been trained. Jacques (2006) argues further that educators need to work in tandem with social workers and that the latter should ideally be incorporated into schools. Eisein (2004) also presents the case for this, arguing that, by being in schools, social workers can observe children with their peers, and also in social situations other than that of the family and household in which they live. Currently this is not the case, and this severely restricts the possibility of schools mitigating the impact of HIV/AIDS. Yet another approach in linking social workers with intervention-oriented research is for research-oriented social workers at universities to assist in the design and running of HIV/AIDS interventions on campus and to report in academic journals on the success or failure of such attempts. This was the case in a programme designed at the University of KwaZulu-Natal to intervene in HIV-related stigma, prejudice and discrimination, which was reported on by Francis and Francis (2006).

The hidden care provided by educators to learners affected by HIV/AIDS

The enormous responsibilities of educators, untrained in counselling and social work skills, who have adopted pastoral roles in response to problems presented by learners affected by HIV/AIDS, were highlighted by a study which sought the views of Life Orientation teachers on the work of caring in their schools (Bhana *et al* 2006). The study found that most of the teachers were involved in care work, and that the nature and extent of this work depended on the material conditions of the school concerned. Ironically, educators in schools with the least resources were often those most often required to provide the more demanding forms of support and care for learners (Bhana et al 2006, p. 5). Whereas in most schools (including the poorly-resourced schools) there were no trained staff employed specifically to take on pastoral responsibilities, in well-resourced schools there were special counsellors employed to assist learners. Experiences of poverty, violence and orphanhood, which particularly affected young people in areas where

the least affluent schools were located, meant that the under-resourced schools were often the only places where learners might expect to find any level of care (Bhana et al 2006, p. 17). Adopting the role of carers, the educators reported that they had become sensitive to signs that their learners might be experiencing severe problems, and that they tried to make it easier for learners to approach them with these problems by addressing some of these in Life Orientation lessons. These educators made considerable sacrifices in order to offer practical support including, for example, financial help for setting up feeding schemes for the benefit of learners. Although the roles some educators played as carers were 'hidden' in the sense that they did not result in any monetary reward, and they tended to go unnoticed by the institution's leadership, they were instrumental, according to the authors, in providing a cushion for the learners from much of the trauma associated with the loss of parents, siblings or other important people in their lives. Such services were also, they argue, vital for the wellbeing of their schools (Bhana et al 2006, p. 5).

Although many feminist writers have drawn attention to the gendered nature of caring work, and the invisibility or lack of recognition of caring work undertaken by girls and women in their everyday lives, Gilligan (1982), for example, found that both men and women teachers played the roles of carers. This is in contrast to findings of Pattman and Bhana, whose interview study with women Life Orientation educators in a township school with black learners near Durban found that questions posed about men's contributions to pastoral work with young people were met with 'incredulous laughter' (Pattman and Bhana 2006, p. 76). We return to the thorny issue of gender differences in the performance of educators and the potentially high-risk behaviour of learners later in this review.

Teaching and Lecturing Roles Aimed at Prevention and Care

Best practice' and educator roles in mitigating the impact of HIV/AIDS

Indicators of what may be regarded as educational 'best practice' in the face of HIV/AIDS exist both in the general literature and, in particular, in reports by non-government organisations (NGOs) or in documents prepared at the instigation of ministries of education. For example, UNAIDS has formulated a set of 'best practices' to use as a benchmark for evaluating HIV and AIDS related training programmes for student teachers(World Bank, 2004). These indicate, in fairly general terms, the roles educators should play in mitigating the impact of the pandemic and include the following injunctions:

- **Portray human sexuality as a healthy and normal part of life, and avoid inhibitions or biases related to gender, 'race', ethnicity or sexual orientation.** This contradicts the tendency of some HIV/AIDS educators to act as moralisers, a position we address and critique when discussing teachers' assumptions about childhood innocence below. In section 2(v) we focus on the importance of HIV/AIDS educators being gender-sensitive and what this might and should mean.
- **Include not only the knowledge, but also the attitudes and skills needed for HIV prevention.** This takes issue with the role of HIV/AIDS educators as simple transmitters of knowledge, a position we also critique.
- **Recognise the young person as a learner who already knows and feels, and can act responsibly with regard to health and appropriate behaviour [with respect to the pandemic].** This is in implicit opposition to the tendency of moralistic HIV/AIDS educators to render or treat learners and students as passive subjects. The role of the educator, according to this 'best practice', is to engage with learners (and, by extension with students) as active agents with their own views and knowledge, and to regard this as a resource to be tapped into and exploited. This approach, with its emphasis on treating learners and students as responsible individuals, also runs counter to, and is indeed in direct contrast to, the patronising implications of the role of HIV/AIDS educators as not only transmitters of knowledge but 'moralisers' as well.
- **Use multiple and participatory learning activities and strategies.** Participatory approaches imply a democratic relationship between educator and

learners or students (as implied in 3) above). What participatory approaches mean and how we may view the role of the HIV/AIDS educator who uses participatory approaches in relation to HIV/AIDS mitigation is developed further in 2(ii) below.

The educator as knowledge transmitter in mitigating impact of HIV/AIDS

The view that HIV/AIDS educators are information givers influenced the series studies which, as noted already, sought to investigate the knowledge, attitudes and practices (KAP) of both educators and learners and students (Wood et al 1997). One of the key assumptions informing these studies was and is that there is a direct link between knowledge and attitudes, and between attitudes and behaviour, and that if learners are presented with correct knowledge about HIV/AIDS and its risks, this will influence their attitudes and, in turn, affect their behaviour. For example, if learners and students are presented with the correct knowledge about forms of safer sex they will, it is assumed, be less likely to engage in unsafe sex. The aim of these studies is to contribute to the development of more effective prevention programmes by focusing on, and evaluating, the effectiveness of the dissemination of knowledge of HIV/AIDS in existing programmes. The emphasis here is very much on the role of the educator, and on the methods adopted to communicate information on HIV/AIDS. However, the information-based approach in HIV/AIDS education has come under criticism for its failure to bring about behavioural change (Wood and Fraser 1995; Campbell 2003, p. 248). Such critics do not deny the importance of the educator being knowledgeable about HIV/AIDS and its modes of transmission, but problematise the view that this constitutes *the* role of the educator in mitigating the impact of the pandemic.

In those KAP studies where educators (seen as transmitters of knowledge) have been the subject of the research (Akoulouze et al 2001), they are often blamed for their lack of knowledge and skills, and training courses and programmes are therefore designed to enhance their skills. These may well make educators more knowledgeable about HIV/AIDS, but one of the problems in focusing on the role of the educator as the determining factor in the success or failure of the programme is that it detracts attention from the cultural and material contexts which frame the lives of learners. Yet these contexts contribute in no small measure to both the effectiveness of HIV/AIDS programmes in themselves, and to the effectiveness of teachers and lecturers in mitigating the impact of HIV/AIDS (Baxen and Breidlid 2004). For example, a number of school-based studies in South Africa have noted the prevalence of forms of sexual violence and harassment, as well as pronounced attitudes to gender and sexuality among learners (with boys and young men presented as the perpetrators) that may encourage multiple sexual partners and unsafe sex (Sathiparsad and Taylor 2006; Morrell 2000; Jewkes et al 2002; Human Rights Watch 2001). Furthermore, studies such as that by Hunter (2002) show how material and cultural factors may lead to young people exchanging sex for money as a normal practice. The educator's role in mitigating the impact of the pandemic is thus constrained by the prevailing local social and material context. A study of indirect interest here in terms of understanding the impact of social context is that by Niehaus (2002), in which, through interviews with retired black miners, a vivid picture emerges of their vulnerability while on the mines to HIV infection which is spread to their rural homes on their return. The educator's role in mitigating the impact of HIV/AIDS has therefore been indirectly increased by the pervasive patterns of circular rural-urban migration, the consequence of which has been the spread of HIV infection between and across both town and country, and an increase in the likelihood of those living in both areas to become HIV-positive.

Some researchers have attributed the failure of programmes in which the educator plays the role of information giver to the alienation and disengagement of learners and students that this is likely to produce. They point out that in both the moralistic and information-based approaches, the teacher or lecturer elevates himself or herself (either as 'moraliser' or expert) in relation to learners and students, and fails to engage with their concerns and experiences. This, they argue, may in the long run induce 'AIDS fatigue' or apathy about HIV/AIDS (Pattman and Cockerill 2007; Pattman and Chege 2003).

Paulo Freire: educator as facilitator in mitigating the impact of HIV/AIDS

We wish to emphasise that the view of HIV/AIDS educators as transmitters of knowledge is often contrasted with the view of HIV/AIDS educators as moralisers. Both constructions of the role of educators fail to engage with the lives, identities and cultures of learners and students. In order to do this, HIV/AIDS educators need to conceive of the lives and identities of their learners and students as resources, rather than assuming they have a monopoly of knowledge or moral authority. This means they must be facilitators, encouraging learners and students to reflect upon their own lives and actions as well as their views, attitudes and identities. This understanding of the role of educators as facilitators is influenced by 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 rejects the role of the educator as a 'depositor' of knowledge rendering learners and students 'empty vessels'. This may be particularly important in HIV/AIDS education, in encouraging student participation and the acquisition of life skills such as self-reflection, argumentation and assertiveness (De Lange et al 2006; Mitchell and Weber 1999; Mitchell et al 2005).

Pattman and Chege (2003) argue that the role of facilitator with young people was modelled by adult researchers in a UNICEF study (which they coordinated) on the lives and identities of boys and girls in seven countries in Southern and Eastern Africa. In this research, based mainly on group interviews, power relations which normally exist between adults and young people were inverted, with the students and learners being addressed as authorities or experts (about themselves). The study strove to be not only participatory but non-judgmental, and allowed the young people to set the agenda and raise issues of concern to them. These were often about sexuality, which they were unable to raise with other adults (including parents and teachers). For this reason, the authors argue that their study has important implications for good pedagogic practices in HIV/AIDS education.

At this point, we need to expand on the importance of participatory activities in Life Orientation and HIV/AIDS programmes which attempt to engage with students and learners and their gendered and sexual cultures by involving them as 'producers and consumers of narratives about sexuality and HIV/AIDS' (Walsh, Mitchell and Smith 2003). Such activities in Life Orientation programmes (aimed at learners as well student teachers) have included improvised drama (Mokuku 2005), photo voice (Stuart 2006) and role-play games (Kaim 2002). They reiterate points made by Dalrymple and Preston-Whyte (1992) and Preston-Whyte and Dalrymple (1996) in the early days of awareness of the pandemic when the use of drama in schools was initiated. These writers have argued that the role of the educator is to encourage students and learners to explore and reflect critically on the kinds of knowledge, practices and assumptions (about gender, sexuality, young people and adults) which they and others may not only hold but take for granted, and which may influence them to enter into relationships and practices which put them at risk of becoming HIV-positive.

In summary, the role of educator as facilitator, as advocated here, is not simply to organise participatory activities, but to play an active part in influencing students and learners to think critically about themselves. However, as Baxen (2006) argues and illustrates, the role of facilitator which teachers of Life Orientation programmes are expected to adopt may be interpreted, especially by educators who are used to taking didactic approaches, in ways which, ironically, reproduce the teacher as a figure of authority. This is done by emphasising the 'correct' answers to the questions he or she has posed.

The emphasis on peer educators in mitigating the impact of HIV/AIDS

There was, at one time, a considerable groundswell of opinion supporting the training of peer educators in order to reach and influence youth. A number of

South African universities have dedicated HIV/AIDS support units and, in most of these, students are regularly enlisted to assist and run peer education and support groups (Aggleton and Warwick 2002, p. 264). Some internationally funded HIV/AIDS programmes have been designed to be youth-centred, and are led by peer educators on consciously participatory principles with community youth groups. Many such programmes have existed in South Africa for some time and have been lauded as highly successful, and the same is true on much of the rest of the continent. Peer education has been instituted and reported on as far afield as Turkey (Ergene et al 2005). Coombe (2002), in a measured paper assessing 'best practice' issues for educators, remarks that:

> '… Educators are often not the best people to deliver vital messages about death and sex, behaviour change and risk. Young people, on the other hand, have often been at the forefront of successful change.' (2002, p. 2).

Coombe refers to work done in West Africa (Duvanney 2001), and there is a large supporting literature to substantiate her assessment.

In South Africa, a novel form of peer education was used in pioneering HIV/AIDS awareness and prevention in schools as early as 1991 by Dalrymple. She and her colleagues used drama techniques with schoolchildren to draw attention to the pandemic not only within schools but also in the wider communities they served. Her work led to the establishment of a NGO (DramAide) which, for at least a decade, regularly visited schools in KwaZulu-Natal raising awareness about HIV/AIDS and how to avoid transmission (Dalrymple and Preston-Whyte 1992). This approach to informing learners about HIV/AIDS might well be embarked upon by teachers wishing to use arresting ways of getting prevention messages across to their charges. In addition, giving young people the leeway to design their own plays has proved unexpectedly instructional in terms of the scenarios presented by them of HIV/AIDS within their own homes and communities. Similar techniques could be employed by educators to learn about the backgrounds and needs of learners.

Peer education, although widely acknowledged for its potential in HIV prevention, may be used more successfully in further and higher education settings than in schools, where educators are burdened by time pressures and sometimes large class numbers. If it is to be used seriously in schools, consideration will be needed to making dedicated time slots available for peer activities and training in the school timetable, and to providing dedicated resources in support of such activities. In much of the literature on educators' problems with teaching existing HIV/AIDS curriculum content, concern is raised about their lack of instructional materials, which they believe would have facilitated their teaching (Peltzer 2000). In the case of peer education, recruits will in all probability require dedicated training and motivation. Indeed, teachers may need to be trained to 'train the (peer) trainers'.

Notwithstanding the above, it must be noted that significant problems have been noted in the use of peer educators in some South African projects. It has turned out that instead of embracing participatory methods of education, some peer educators who have paid lip service to such methods, have in practice, paradoxically, been as hierarchical and dogmatic in the messages they transmit as many educators. They have, furthermore, sought to distance themselves from learners by adopting both stances. This has been noted particularly in relation to their teaching about sex, but also in relation to other complex and sensitive issues.

As Campbell (2003) points out, peer education was initially advocated as an alternative way of educating young people about HIV/AIDS, gender, sexuality and social identities. This is because it subverts more conventional and didactic assumptions about the 'proper' relationship between educators and students and learners. She observes that peer educators may indeed be closer to their 'pupils' than other teachers and lecturers in terms of age, status and social background, factors which theoretically encourage mutual identifications and facilitate pedagogies that focus on learners' and students' concerns, pleasures and interests. However, these sorts of identifications cannot be assumed by virtue of educators and students

sharing these same backgrounds and attributes. Indeed, Campbell's own research indicated that peer educators may distance themselves from those they teach. For example, in her study of life skills education in a black township school near Durban, she reports on how, despite being trained in participatory peer education skills, the peer educators she observed stood in front of the class and their 'peers' would sit 'quietly in rows', while they were presented with factual information about HIV/AIDS and modes of transmission, rather than initiating discussions about such issues as 'the social context of sexuality' and the ways in which young men and women negotiated gender relations (Campbell 2003). She suggests that the emphasis, especially in black township schools, on teacher/student hierarchies militated against the possibilities of egalitarian relationships between peer educators and learners or students. James (2002) also found that relationships between peer educators and their students in schools near Durban 'lacked an egalitarian quality' (James 2002). This, she suggests, may be attributable in part to associations of becoming a peer educator with achieving 'youthful ambitions and desires to live a better life'. Campbell also found that the roles peer educators played in school-based peer education tended to reproduce traditional gender roles, instead of creating awareness of the way in which these roles put young people at risk of becoming HIV-positive. This was noticeable at peer group meetings which were dominated by men, in which the women were reluctant to assert themselves. She also points to the difficulties of peer educators addressing and debating their sexuality critically and openly in 'authoritarian and didactic school settings', where some educators were insistent that the peer educators promote abstinence (Campbell and MacPhail 2002).

Like Campbell (2003) and James (2002), Pattman and Cockerill (2007) found that peer educators working in a black township school and committed to participatory pedagogies were, in many ways, quite authoritarian in terms of the messages they tried to convey. The latter study focuses on how these peer educators constructed and interpreted their roles in relation to the mitigation of the impact of HIV/AIDS, a topic to which we return later.

(v) The importance of gender-sensitivity in mitigating the impact of HIV/AIDS

Contemporary school-based research in South Africa on young people and HIV/AIDS has suggested that traditionally polarised gender roles and identities, as well as the relationships which many young people forge, may make them susceptible to sexual harassment, violence, unsafe sex with multiple partners and thus HIV (Sathiparsad and Taylor 2006; Bhana 2005; Morrell 2003; Jewkes et al 2002; Pattman and Chege 2003). In view of this, it has been argued by some of these authors that teachers can play a significant role in mitigating the impact of HIV-related diseases by being gender-sensitive and through their teaching (including what they teach, how they teach and present themselves) they can play a significant role in mitigating the impact of the pandemic. However, they can also, as some researchers have argued (Morrell 2001; Chege 2006; Pattman 2007), reinforce and contribute to the polarisation of gender identities and may thus be unintentionally implicated in forms of sexual abuse.

Studies by Mirembe and Davies (2001), Biersteker and Hermanus (2003) and Dunne et al (2005) have explored gender and the 'hidden curriculum' in schools in Africa, and indicated how messages about the appropriateness of traditional gender patterns and polarised gender relations may be conveyed through, for example, the tendency of boys to dominate activities in class, the gendered allocation of school duties and through images of males and females performing very different and stereotypical roles in textbooks and posters. This research suggests that teachers need to be sensitised to the gender dynamics of the class in order to encourage more equitable and less polarised gender relations between learners.

Morrell (2001) implies, in his study of male teachers and corporal punishment in schools, that teachers themselves must be understood as resources, not in the sense of being fountains of knowledge, but as significant men and women who convey powerful messages about gender in their everyday interactions with young people. He found that, despite its illegality, corporal punishment was used extensively and almost

exclusively by male teachers in black township schools in the Durban area. He argues that one of the effects of this is to reinforce popular associations of masculinity with violence, aggression and authoritarianism. In effect, he argues, the role of male teachers as users of corporal punishment may contribute unwittingly to the formation of polarised gender relations among learners, and boys' identifications with problematic models of masculinity. It is significant that many of the young people interviewed in Pattman and Chege's (2003) study attached great significance to the gender of teachers, and sometimes constructed male and female teachers in quite polarised ways. Women teachers were idealised as counsellors by some of the boys in South Africa and Botswana, as people they felt able to talk to about problems, precisely because they perceived the male teachers as hostile and likely to beat them.

The implication of these studies is that to promote gender equality among learners, teachers need to relate to them in ways which do not invite these gender polarised constructions. Morrell (2001) and Pattman and Chege (2003) argue that male teachers can play an important role in promoting more equitable gender relations and can thus contribute to the mitigation of the impact of HIV/AIDS by playing and modelling caring roles. For this reason, Pattman and Chege (2003) argue for more male Life Orientation teachers (so long as they are trained to and do teach in participatory rather than authoritarian ways), so that learners do not come to associate caring, responsibility and sensitivity exclusively with female concerns and attributes.

Sexual harassment by male teachers of female learners has been identified as a serious problem in schools. In some African countries, Kelly (2008) points out that as many as 50% of school children (mainly girls) report having been physically or sexually assaulted, and South Africa Human Rights Watch (2001) has documented cases of sexual abuse of girl learners by male teachers. Coombe (2002, p. 16) argues that in South Africa 'male teachers still represent one of the greatest dangers to children and female educators, and quotes from a report by the Medical Research Council which indicated that one-third of all reported rapes of girls younger than 15 were perpetrated by schoolteachers. Similarly, research such as the interview study by Chege (2006) on gender and learner relations in two schools in Nairobi found that male teachers exchanged good grades for sex. These were commonly known as 'sexually transmitted grades' (Kelly 2008). So common and institutionalised was this practice, that when girls complained about sexual harassment to the head teachers little or nothing was done about it. Somewhat paradoxically Chege found that some male teachers responsible for HIV/AIDS education who were moralistic about sex in their lessons also had reputations for pursuing sexual relations with girl learners. Not surprisingly, they encountered difficulty in being taken seriously by the learners.

Fortunately sexual harassment by male educators of female learners has been recognised as a serious problem by the South African Department of Education. HIV and AIDS Guidelines for Educators (2000) stipulates that educators must act as appropriate role models, exemplifying responsible behaviour and helping to make the school 'a centre of hope and care in the community'. This is directed particularly at male educators, emphasising that they have an obligation to provide support and care, and that having sex with learners is an abrogation of their responsibilities and a disciplinary offence. In pursuit of the same ends, Chege (2006), Human Rights Watch (2001) and Pattman and Chege (2003) advocate that the sexual abuse of learners by teachers be addressed in teacher education programmes, that schools develop cultures where this is treated as a serious offence, and where learners who complain about sexual harassment to senior figures in the school are listened to seriously and sympathetically. In taking this position, schools may play a role in mitigating the impact of HIV/AIDS not only by protecting female learners from possibly risky relations with teachers, but also in order to make it clear that sexual harassment of girls constitutes generally unacceptable behaviour.

Before leaving the topic of sexual violence and the abuse of children, we should mention a compilation of papers on the topic by Richter, Dawes and Higson-Smith (2004). These thoughtful papers on the general

topic, and one in particular by Brookes and Higson-Smith (2004), make important suggestions about possible responses to gender violence in schools. Brookes and Higson-Smith, who base their paper on the results of two studies undertaken by the Human Science Research Council of school responses to gender-based violence, not only discuss their findings, but offer recommendations for policy change to control such violence and offer suggestions for future research in this area.

Contemporary writers on male violence in South Africa, influenced by feminism, have argued that violence is not attributable to a few antisocial boys and men, but seems to be, at least in certain contexts, associated with 'normal' ways of being male. In her study of black boys in a school near Durban, Bhana shows how boys who fail to measure up to standards of toughness and aggression may themselves be subject to forms of homophobic bullying and violence for not allegedly being properly masculine. This is in line with the work of the gender theorist Connell (1995), who argues that there are different ways of being male and that these are constructed in relation to each other and ranked hierarchically. 'Hegemonic masculinity' refers to the dominant cultural stereotype of masculinity, associated with toughness, loud assertions of heterosexuality, confidence and aggression which are often played out in relation to girls. Given the attractiveness for many of asserting themselves as male in these ways, it is not surprising to hear the accounts of sexual violence reported by our participants, especially in contexts where this is considered the norm.

Engaging with boys/men and addressing the kinds of masculine identities they routinely construct and inhabit has not featured very much in HIV/AIDS initiatives and campaigns. These have often been aimed at women and girls, which is not surprising given the kinds of problems which the literature suggests they experience in their everyday lives. However, one of the effects of focusing on females in academic, policy and campaigning literature may be to reinforce assumptions which associate sexual, health and welfare responsibilities with them, rather than with males. Such kinds of HIV/AIDS initiatives exclude and alienate males and contribute to a culture where females are saddled with these responsibilities, in a situation where males are expected to assert themselves sexually.

These initiatives have been critiqued by writers such as Baylies and Bujira (2000) and Pattman (2002 and 2005) who argue for gender sensitive approaches in HIV/AIDS education which take gender as a relational identity and focus not just on females but on males and females and how they construct and position themselves in relation to each other and in relation to other males and other females. These writers are influenced by feminist accounts of the operation of gender power relations through sexuality, but they are also critical of simple binary models of gender power which construct males as perpetrators and females as victims. They draw attention, instead, to gender power relations and to abuses and problems experienced by both males and females through cultural forms of gender polarisation.

Educators' interpretations of their roles as teachers or lecturers in mitigating the impact of HIV/AIDS

The following literature on the teaching roles of educators has sought to engage with the educators themselves and investigate their interpretations and understandings of their roles (if any) in mitigating the impact of HIV/AIDS. For what educators teach and how they teach, according to the literature, is crucially influenced by the meanings they attach to their roles. This is the case, as Baxen (2006) argues and illustrates in a study on HIV/AIDS educators (see 3(i) below), even when they are responsible for a Life Orientation programme with prescribed curricula, content and pedagogy. Educators are mediators filtering curricula material and presenting it in ways which are influenced by their interpretations of their roles.

It is of critical importance to note that a major thrust in the relevant literature draws linkages between the understandings educators have of their roles in mitigating the impact of HIV/AIDS and the kinds of identities they construct for themselves, which are often implicit and influenced by common assumptions (that

are taken for granted) about the roles of adults and children or males and females.

Teacher values and their appropriations of the curriculum

In a study of HIV/AIDS education in the Western Cape and Mpumalanga which focused on primary and secondary teachers, Baxen (2006) shows how teachers appropriate and interpret the curriculum in particular ways that reflect their own understandings about the nature of their roles in mitigating the impact of HIV/AIDS. She found that the specific messages teachers conveyed to their learners were strongly influenced by particular norms and values to which they were committed. For example, some teachers did not teach anything other than abstinence, since to do so would have compromised their religious beliefs, while others felt they had an obligation to provide learners with the options available because this was stipulated in the curriculum, despite the fact that they personally were opposed to the messages they were conveying on religious grounds. Conceptions and experiences of marriage influenced their understandings of their roles as HIV/AIDS educators and the roles they saw themselves playing in mitigating the impact of HIV/AIDS. Most teachers in her study understood marriage as the norm and as an institution in which sexual relations were made acceptable and respectable. This was despite the prevalence of child bearing outside marriage (Preston-Whyte and Burman 1992). This meant again that they tended to emphasise the importance, as they saw it, of abstinence as opposed to the use of condoms (Pattman and Chege 2003).

How teachers' views influence their understanding of educator roles

Pattman and Chege (2003) argue that the HIV/AIDS pandemic has raised crucial questions about the teaching roles of educators in relation to the pandemic. This is because HIV/AIDS education needs to deal with sexuality, and sexuality can be a sensitive and difficult topic for adults to address with young people in cultures and societies where sexuality is taken as a symbolic marker of adult identity. In the UNICEF study which they coordinated, young people, in some cases as young as six years of age, spoke in emotionally engaged ways about sex and sexuality, making a mockery of assumptions held by some of their teachers that children were innocent. What the teachers who were also interviewed in the study meant by this was not only that young children were too young to know about sexuality, but also that they were good and pure for not knowing about it. Pattman and Chege argue that teachers here were projecting or wishing innocence upon children in order to shore up their own identities as adults, which they defined, in part, as sexual. The construction of children as innocent has serious implications, they argue further, for all forms of HIV/AIDS education. It implies that adults should not speak about sexuality with children, and they found that lack of communication between parents and children was the norm in all the regions in which they conducted their research. The implication is that educators have no role to play (in their teaching) in HIV/AIDS mitigation and that they should not address the topic of HIV/AIDS in class.

The construction of children as innocent has informed opposition (usually motivated by religious organisations) to the introduction of forms of HIV/AIDS education in schools, and has found expression in the refusal by the Ministry of Education in Zimbabwe to allow the UNICEF research team to interview young people under the age of 16 about themselves (including their views on sexuality) Pattman and Chege (2003, p. 32). It also informed criticisms which were levelled at the research team in Zambia for allowing six-year-olds to discuss their views and experiences of sexuality, even though it was the children, not the researcher, who raised the topic (Pattman and Chege 2003, p. 29).

The idealisation of childhood innocence in relation to sexuality, and the implications of this for the role of teachers in mitigating the impact of HIV/AIDS, have been explored further by Bhana (2007). Interviewing Grade 2 teachers working in a black township school near Durban, she investigated the meanings they attached to HIV/AIDS education, and found that they, too, were strongly committed to ideals of childhood

innocence. This meant not talking with children about sex, a position which some of the teachers associated with cultural obligations, and showing 'respect' for children and their presumed innocence. For these teachers, 'talk about HIV and AIDS and sex', Bhana points out, 'provokes silence, denial and shame' (2007). Yet HIV/AIDS education as a component of Life Orientation lessons was taught in their schools, and indeed, in response to the pandemic, this was made a requirement by the Ministry of Education. Furthermore, the teachers Bhana interviewed were committed to teaching about HIV/AIDS. On the basis of their opposition to talking about sex with children, one might expect them to advocate that educators play no teaching role with regard to the pandemic. So how did they reconcile this commitment with their assumptions of childhood innocence? What they did was to distinguish teaching about HIV/AIDS from teaching about sex, arguing that the educator's role should be to teach about the former and not the latter. This, for them, implied an authoritarian and moralistic role, in which teachers emphasised the horrors of HIV/AIDS by associating the virus with 'dirt' and 'contamination'. Bhana argues that by adopting this role educators were 'hiding sexuality behind fear and danger' (Bhana 2007) and sustaining the identities they constructed for themselves as adults in relation to innocent children. The role of the teacher in mitigating the impact of HIV/AIDS was, according to these teachers, to present HIV/AIDS as an 'awful disease' and the consequence of 'bad behaviour' to ensure that learners preserved their 'innocence' by not engaging in sex (without explicitly elaborating on sex). This meant that teachers were invoking innocence, Bhana argues, as a means of social control and regulation of children's behaviour, especially girls. Supporting this, Pattman and Chege (2003) found many teenage learners in schools reported learning not about sexuality and negotiating various kinds of relationships, nor about caring for people with HIV/AIDS, but rather moral platitudes condemning sex and girls, in particular, for spreading these 'awful diseases'.

Bhana's (2007) description of the 'moralistic' role of the educator contradicts the assumption of innocence which informs it: if children really are, by definition, innocent (meaning asexual) why do they need to be taught not to engage in 'bad' behaviour which might lead to HIV/AIDS? The educators she interviewed addressed this by claiming that although children generally were 'innocent' a few were not, and it was the role of educators not only to 'save' the 'naughty' ones but also to ensure that 'innocent' children did not fall prey to their influence (Bhana 2007).

Learner behaviour and its impact on educator roles

There is little literature on the views of learners' behaviour in class and how this might impact on the understandings of educators of their roles in mitigating the impact of HIV/AIDS. Perhaps this reflects assumptions about learners as passive receivers of information. A few studies, however, imply that it may be important to solicit learners' views and attitudes towards sexuality when investigating the roles educators play in teaching about HIV/AIDS. For example, Pattman and Chege (2003) found that, although many teachers adopted moralistic roles and tried to avoid elaborating on sexuality, they often reported feeling embarrassed and uncomfortable. This was compounded by young people introducing sexuality in class by posing questions and positioning the teachers as sexual beings with knowledge. In response to this, teachers became more didactic in their approach in order to try to prevent such questions being asked. Baxen (2006) reports how black teachers with black learners were embarrassed, not just by talking about HIV/AIDS and sexuality with their young pupils, but also by their reactions, and chose to distance themselves from what learners were saying by conducting the lessons in English rather than isiZulu.

It must be emphasised that learners' understandings and views about sexuality are influenced by sources outside the school, and Posel (2004) argues that high-profile HIV/AIDS campaigns such as Love Life and Soul City, with their emphasis on addressing sexuality openly, may influence young black males and females to question this in communities where sex is a taboo topic. Their exposure to these campaigns may influence them to try to take lessons dealing with HIV/AIDS in directions that teachers are reluctant to follow

and, in doing so, undermine the teacher's 'authority'. Here we see again the impact of context, this time in how learners may draw on contextual factors to which they are exposed in reacting to the stance taken in class by their teachers on HIV/AIDS and sexuality.

Educators' understanding of their role as facilitators

The views, cultural values and behaviour of learners impact on the roles that educators adopt in lessons which address HIV/AIDS and on how they understand their roles in mitigating the impact of the pandemic. Although there has been little research on this, assumptions that young people are active agents with their own cultural traditions, identities and views have been influential in promoting the role of educators as facilitators in mitigating the impact of HIV/AIDS. This has already been discussed in 3(iii) above, although the literature reviewed in that section does not address how educators understand and negotiate the role of facilitators. Baxen (2006) found in her study that most educators presented themselves as learner-centred, with a duty to mitigate the impact of HIV/AIDS by teaching in ways which encouraged learner participation. They were trying to play a role, Baxen argues, which was expected of them in terms of new pedagogic and curricular requirements in the teaching of life skills. However, as she observed in the lessons they taught, there were significant differences in the ways teachers performed this role, and because of their background and experiences as didactic educators, these were often contradictory. For example, many teachers encouraged discussion by posing questions while, as we have seen, also providing learners with the 'correct' answers. This occurred even when the topic at hand related to moral issues for which there was no correct answer. Some teachers posed closed and rhetorical questions and tended to dominate the discussion with learners which they formally, at least, tried to encourage.

How peer educators understand their role as facilitators, as discussed in 2(iv) above, was addressed by Pattman and Cockerill (2007) in their study of peer educators employed to teach Life Orientation programmes and HIV/AIDS issues in a black township school in Durban. Their research participants were older than the young people they taught, but defined themselves as peers by developing what they saw as friendly relations with their learners through participatory methods. However, perhaps because they worked for a Christian organisation, they were highly moralistic in the sense of wanting to convey certain fixed values about good and evil. Like some of the educators in the study by Pattman and Chege (2003), they understood their role in mitigating the impact of HIV/AIDS as one of conveying values about the 'sanctity of marriage and sexual abstinence before marriage', but not in a didactic and authoritarian way. Rather their role, as they understood it, was to encourage the learners themselves to come to the conclusion that sexual abstinence before marriage was the morally correct choice. They did this through participatory discussions in which they tried to accomplish their aim by presenting themselves as peers who experienced similar 'temptations' to have sex before marriage. Also, like some of the educators conducting participatory discussions in the study by Baxen (2006), they tended to steer the discussions towards the affirmation of what they saw as the correct position, and stressed (in a way which implied they were presenting factual information) how unreliable condoms were.

Conclusions

As reflected in the literature reviewed above, the HIV/AIDS pandemic has raised crucial questions about the roles of educators as carers, and as teachers and lecturers. While school-based educators (though not educators in the HE and FET subsectors) have always been expected to play a pastoral role, the pandemic has made this role much more significant and onerous. This begs the following questions:

- How can teachers perform their new pastoral role, for which they have not been trained and which has not been formally recognised, as part of their teaching responsibilities?
- How are teachers expected to identify learners who may be HIV-positive or otherwise affected by HIV/AIDS and, if they do, how will they know what to do?

- Will the burden of the hidden care work generated by HIV/AIDS fall on the shoulders of some educators more than others, possibly by virtue of the location of their school, their gender, their institutional position or their subject specialisation?
- What support mechanisms, if any, are available or should be available, for educators who are expected to play these new roles? Should they be recompensed for this additional work and responsibility and, if so, in what way?

These kinds of questions have been addressed in some of the literature reviewed that has focused on the impact of HIV/AIDS on the pastoral roles of school-based educators. The lack of literature dealing with the pastoral roles of lecturers in the HE and FET subsectors is glaring, and no doubt reflects, in part at least, the fact that they, unlike school-based educators, are not formally expected to play pastoral roles. This begs the following questions:

- How can HE and FET institutions offer adequate support for students who are HIV-positive or otherwise affected by HIV/AIDS when most of their lecturers are not expected, in terms of institutional or national policy, to provide pastoral care for their students? Are dedicated HIV/AIDS units the answer? If so, how are they to be funded?
- Should lecturers in the HE and FET subsectors play a role in HIV/AIDS education and, if so, what and how should this be recognised by their institutions? Will they be willing or able to do this?
- How can lecturers in the HE and FET subsectors be expected to engage in HIV/AIDS support and care work which is even more hidden in these institutions than is the extra care and pastoral work generated by HIV/AIDS in schools?

The HIVAIDS pandemic has also raised questions about the teaching roles of educators, and in particular of how through these roles educators can help to mitigate the impact of the pandemic. Is it by providing knowledge, encouraging critical forms of self-reflection and/or imparting skills which may lessen learners' and students' risk in the face of the pandemic? If so:

- What should educators teach, and how should they teach it?
- Which educators (in terms of subject specialism) should teach about issues relevant to the reduction of risk, and how should these be incorporated into the curricula of the institutions concerned?

In this review, we have focused at some length on the teaching roles of educators concerning the topics and issues to address, and how to address them in lessons and courses concerned with HIV/AIDS and risk prevention. It is clear that there is no consensus about what these should be. Indeed, views about this are often in conflict. If educators are to mitigate the impact of HIV/AIDS through their teaching or lecturing, should they be moralistic, should they be merely the transmitters of knowledge or, finally, should they be facilitators (and if so, what kinds of facilitators)? What is taught and how this is done will vary enormously depending on the kinds of roles educators choose to adopt.

Debates about pedagogy and curricular content are often conducted in overly academic ways, but such debates need to engage educators and, indeed, anyone who has responsibilities for young people, such as parents and other care givers. What educators and others convey to young people about HIV/AIDS, and how they do this, has critically important ramifications for the kinds of identities learners and students assume, the relationships they forge and the sexual and preventative behaviour in which they engage. These factors may make them more or less susceptible to the pandemic and more or less likely to help people who are HIV-positive or otherwise affected.

All educators (whether formally or informally) assume certain kinds of roles when teaching or advising in relation to HIV/AIDS, even if these roles are not acknowledged or made explicit (on the assumption, perhaps, that the positions they are taking represent common sense). This literature review, and the way we have organised it, attempts to make these roles explicit, through critical comparison and showing how they affect what educators teach. It also shows how these roles are influenced by radically differing

attitudes and value commitments, be they to gender relations, to relations between adults and young people, or to sexuality. The literature review presents these not just as different, but also as often in conflict. It is important to realise that those who advocate and assume certain roles in mitigation of the impact of HIV/AIDS, such as the role of educator as facilitator, must be critiqued. For instance, educators who adopt the role of moraliser may encourage certain kinds of attitudes, relations and understandings about sexuality which actually promote the spread of HIV/AIDS.

We have separated the literature reviewed on the teaching and lecturing roles of educators in relation to mitigation of HIV/AIDS into two sections, one concerned with the roles as defined and understood in the abstract and the other in terms of how specific educators interpret and understand these roles. In doing so, attention is drawn to the importance of understanding these roles not as categories or ideal types invented by educationists and academics working in the field of HIV/AIDS, but as positions which are influenced by, and resonate with, the often implicit values and identities which educators develop in the broader world outside their institutions. Even where educators are expected to adapt to certain kinds of roles prescribed in their training or by their institution, they still, as we saw in some of the literature reviewed, have considerable power to interpret and appropriate curricular material and prescribed pedagogies in ways which reflect their own values, value judgments and value commitments. Many of these interpretations and appropriations were, we believe, not intended by those who designed the curricula and pedagogies in question.

Another question, which has received rather less attention, concerns the allocation to educators of teaching and lecturing roles which deal with HIV/AIDS, and how HIV/AIDS education should be incorporated into institutional curricula. Concerns about this have often taken the form of debates about whether to integrate HIV/AIDS education into all subjects spanning the curriculum or whether it should be taught as a subject in its own right. Related to this, of course, is the question of which educators should be responsible for addressing HIV/AIDS in teaching and lecturing. Considerations such as these have important implications in all education subsectors, and perhaps especially in HE and FET institutions where HIV/AIDS education may not be compulsory and where, for example, students doing courses in the natural sciences may never get opportunities to discuss issues addressed in social sciences and humanities faculties. Examples of such lacunae would be issues of gender and social identities which impact on HIV/AIDS.

While this part of the review has tended to focus on literature based on empirical studies conducted in schools, many points which have been raised in the articles reviewed are of pertinence to the possible roles of educators in the HE and FET subsectors. Unfortunately, very little has been written on the latter topic, and then only from a broad institutional perspective in terms of mitigating the impact of HIV/AIDS.

In the light of the often negative personal impact on school-based educators of dealing with those affected by HIV/AIDS, and the call for special programmes on HIV/AIDS to be designed to inform and assist them in dealing with their problems, we turn in the third and final section of this review to consider briefly the support that teacher training courses offer, both in terms of up-to-date information on the pandemic and also in terms of building educators' confidence in dealing with HIV/AIDS in the classroom. After this, we consider the findings of two evaluation studies of such programmes. Finally, we offer readers information on other reviews and compilations of HIV/AIDS in education that may be useful to them.

PART THREE: TRAINING COURSES AND FURTHER READING

Training courses relevant to HIV/AIDS and the support they offer

It is by no means only the Lesotho study by Mturi and Hennink (2005) referred to above that has called for targeted HIV/AIDS training, both for adolescents

themselves, and also to assist educators (especially those involved in life-skills training) with specific and appropriate knowledge and skills to deal with the pandemic in the classroom situation. A recurring theme in much of the recent research undertaken with South African educators has been, as we have seen, their feelings of inadequacy in the face of the pandemic, and their chronic need for support and the confidence which they believe HIV/AIDS training courses would give them. Although such training courses and programmes were given early priority by the South African Departments of Health and Education, and a large number were externally funded by international agencies and run by local NGOs, the need does not seem to have abated or to have been satisfied. One of the reasons may be the relatively high labour turnover among educators, and another the changes in and deepening of the HIV/AIDS crisis despite the increasing availability of anti-retroviral treatment. It is also possible that many of the early training courses adopted foreign course material, much of which was inappropriate to the local situation. In fact, taken together, all these factors have limited the impact of and long-term usefulness of many courses.

There is another possible reason why the demand has remained high. This (although we have seen no published evidence to support the proposition) is that it is not so much the information offered by such courses that is important as the fact that they operate as a hidden or unrecognised support mechanism for teachers who are feeling extreme pressure, and even incipient 'burnout', as a result of their pastoral roles in relation to HIV/AIDS. Such courses usually take teachers out of school for a week or more, and allow them to relax, as well as to meet and compare notes with other teachers. In fact, training courses may, in effect, act as a platform for what amounts to an informal support group, much like the meetings of the carers of sufferers of terminal illnesses. In the early days of the pandemic, this may have been more pronounced than today but, even now, teachers in poor rural schools who operate at the coal face of the pandemic and continually witness debility and death around them may need regular support to avoid or counter burnout. Such courses need to be designed to respond to the needs of educators and, in the constantly changing HIV/AIDS environment, it is vital that these courses are regularly updated in terms of content and also, ideally, in terms of the instructional techniques they employ to benefit teachers.

The results of teacher evaluation studies

HIV/AIDS has been part of the national school syllabus for sufficient time for several evaluations to have been undertaken of some of the programmes. In an excellent paper published in 2006, which was based on meticulous quantitative research, Matthews and a number of colleagues (among whom were two with similar research experience and interests in evaluation research from the Netherlands) weigh up the factors that affected the implementation of HIV/AIDS education in secondary schools in Cape Town (Matthews et al 2006). Their findings suggest that a large and complex array of factors were at play, some personal and some resulting from the nature of the school context in which the teaching had taken place. This is a somewhat demanding paper for lay readers, but one that rewards persistence as it highlights clearly the potential pitfalls of designing and implementing such programmes. The personal characteristics of teachers which the authors assess in terms of success in teaching HIV/AIDS-related material were: previous training, self-efficacy, student-centeredness, beliefs about controllability and the outcome of HIV/AIDS education, and a personal sense of responsibility. In terms of the contextual background of the schools in which the study was undertaken, the researchers considered the importance of the institution having an HIV/AIDS policy in place, the existence of a climate of 'equity and fairness', and good relations with the community in which the school was situated.

While the conclusions of the paper point to the overwhelming importance of teacher training in HIV/AIDS and to the existence of an HIV/AIDS policy, the authors also stress the importance of *interventions* which 'go beyond a sexual health agenda' to concentrate on the positive functioning of the school itself, and to the pervasive school 'climate'. To be more specific on points of detail, the authors stress that teachers

who have had training in HIV/AIDS feel far more confident than those who have not in facing learners in a class devoted to the pandemic and its impact on learners. This is because they feel able to answer the questions learners are likely to put to them, and to deal with the emotional demands of what may well be stressful confrontations with learners, particularly those who may be HIV-positive.

An innovative and suggestive point made in the paper is that in the face of the international evidence that *existing* attitudes to sex among educators are unlikely to be easily changed, even by sensitive and prolonged training, it would be wise to adopt a self-selection or screening process for HIV/AIDS educators. The latter should probe 'dimensions of student-centredness, responsibility and controllability' (Matthews *et al* 2006). Yet another sensible suggestion is that schools that have not done so already be supported to develop HIV/AIDS policy documents. This process, the authors believe, serves to emphasise the importance of HIV/AIDS to the mandate of all the educators in the school, but particularly those most concerned with students who may be HIV-positive or otherwise affected by HIV/AIDS. For educators who come after them, a policy document serves to introduce and emphasise the importance which the school community attaches to addressing issues related to the pandemic. Finally, this paper emphasises that school-based sexual health programmes should not be stand-alone projects, but should form an integral part of the broader school vision and long-term development planning processes.

It is not possible in a review of this nature to devote more attention to this paper – it is, however, one that all educationalists and education planners should read in full. Its message is *complemented*, and to some extent mediated, by another multi-authored paper led by Nazeema Ahmed, also published in 2006. Here, too, we can only highlight the most important points of a fascinating analysis.

Ahmed et al (2006) set out to undertake a 'process evaluation' of a six-day teacher training programme in HIV/AIDS prevention. The objective of the training was to equip teachers with *adequate* knowledge and skills to teach a 16-lesson Grade 8 (14 year olds) life skills curriculum. Prior to the course, after its completion and in two follow-up initiatives, questionnaires were administered to participants at selected sites. In addition, participant observation was conducted of the training sessions in order to supplement the data for analysis. On the whole, the teacher participants in the evaluation reported an increase in confidence and comfort in teaching the sexuality component of the HIV/AIDS curriculum. Many, did, however, anticipate difficulty in teaching about sex and reproduction. They also experienced difficulties with facilitative teaching methods. On the basis of their findings, the authors stressed the importance of HIV/AIDS education being part of formal teacher trainee programmes. They stressed also that existing teachers be encouraged to adopt alternative teaching practices, but that to be successful this would require considerable engagement with many of them. In the body of the text, the authors point out that few of the deprivations of the previous political dispensation in South Africa have changed, and many black educators still lack adequate training for the revised curricula they must now teach. For all these reasons they may need regular exposure to messages about both basic content (HIV/AIDS-related knowledge) and new teaching methods, particularly those which involve facilitative rather than traditional didactic methods.

In addition, it is important to note that the authors report that the majority of the participants in the study expressed a preference for promoting abstinence, and were reticent and uncomfortable about teaching safe sex practices. They quote one participant who commented that for her the personal challenge is 'trying to get a balance between my own beliefs and the idea that I must teach certain material that I believe should not be taught to Grade 8 students' (Ahmed et al 2006). Another commented worriedly that 'I suspect that the students at this age would see me as somebody who promotes sex in their immature reasoning minds' (ibid). The authors ruefully conclude that although new knowledge was made available and was apparently successfully transferred to participants, it was not certain that it would be transferred, in turn, by reluctant teachers to their learners. Similarly, the new

facilitative teaching techniques taught to participants might not necessarily have been followed or practised in class, as the comment of another teacher virtually predicts:

> '… Most of the students will not be comfortable to roleplay in front of the class and they will not know how. They do not have the frame of reference for this.' (Ahmed et al 2006, pp. 626-627).

The authors' comment on statements such as this is that teachers will only adopt new ideas and practices if these are closely aligned with their belief systems. For this reason it is important that the design of training programmes include innovative ways to deal with educators' reluctance to advocate, for instance, the use of condoms. The importance of involving educators (or perhaps more realistically their representatives) in the process of developing the syllabus for HIV/AIDS training sessions was also stressed.

In general, this paper echoes many of the points made in Part Three of this review. What it adds, however, is to reiterate and explore more fully the suggestion made in the previous paper discussed that careful selection criteria should be developed in the case of educators whose task it will be to deal with the sensitive issues of sexuality and the potentially traumatic repercussions of HIV/AIDS-related illness and death. Quoting international studies, they argue that these might be educators who 'are committed, enthusiastic and skilled in the use of non-didactic methods' and who are 'young, engaging and outsiders to the students' (Ahmed et al 2006). They argue for further research to ascertain the ideal personality types for the difficult task of HIV/AIDS education, but comment that there are likely to be budgetary constraints, as there would be in all their other eminently sensible recommendations, such as recognising 'the importance of investing in extensive and ongoing liaisons with various levels of the educational system.' This would develop commitment at the highest levels to any future programmes that are proposed. In general, this is an excellent paper with which to end the substantive part of this review. Like the study by Matthews et al (2006) discussed above, it is based on well-designed and highly-relevant research which provides an excellent basis for moving forward in planning the struggle against HIV/AIDS spearheaded by the education sector.

Making HIV/AIDS Information Widely Accessible

In reviewing what is now the ever-growing literature on HIV/AIDS, not only in South Africa, but internationally, our debt must be acknowledged to earlier reviewers who had much the same mandate. A few notable examples, mainly of those directed at either an academic or an interventionist audience, are singled out for special mention here. The first is a review paper by Kaaya et al (2002) which covers studies of the sexual behaviour of school students throughout sub-Saharan Africa published between 1987 and 1999. The authors draw the following conclusions from this body of research and thinking:

> 'Cultural influences on sexual behaviour, the sensitivity of much research in adolescent populations, and the opportunity afforded by school systems for intervention suggest a need for additional exploratory and methodological studies. Placing such information firmly within sociocultural contexts in which young people are raised will better inform effective interventions that both delay the onset of sexual intercourse and encourage use of risk reduction strategies'.

This is an extremely useful document, although the hopeful sentiments expressed in it about risk reduction strategies have not necessarily been confirmed by the present review. Where the two agree is with respect to the importance of local culture and especially the context of sexual behaviour and the choices open to women, in particular, to make decisions about their sexual relations and so limit the risk of transmission. We agree also on the need to develop further appropriate methodological approaches to assessing and understanding risky behaviour and its apparent intractability to dramatic and consistent change.

The second review paper which may be of interest to the specialist reader deals with some of the psychological issues affecting children. It is by Wachler-Felder

and Charles J. Golden (2002) and reviews the neuropsychological consequences of HIV in children. After a general introduction to HIV infection in children, it turns to their treatment, followed by a chronological review and discussion of relevant neuropsychological literature and methodology. In parenthesis, readers with an interest in the mental health of children, and particularly in attempting to assess this by interviewing caregivers, should consult the work of Claude Mellins who, although based in New York, undertakes research in Durban with South African colleagues working at the Human Sciences Research Council (Mellins et al 1996 and 2002).

There is little doubt that the review genre as a whole can assist in keeping busy people, and those with limited access to libraries or the web, up-to-date in the HIV/AIDS field. In addition, a number of philanthropic foundations, having recognised the value of a range of such reviews, as well as of a variety of easy to assimilate manuals and guides to meet the needs of different audiences, have made funding available for this task. The products range from colourful illustrated handbooks to comic strips and newsletters. In some cases, audio tapes and DVDs are also available. An example of an informative DVD is 'AIDS: Evolution of an Epidemic'. All would be useful for reference by busy educators, and in many cases are made available free of charge on request. Examples are: UNAIDS (2002), UNESCO (2008) and World Bank (2002).

Although less readable for the layperson and even possibly less useful, literature reviews and select bibliographies of academic papers and edited collections of scholarly work on HIV/AIDS are also potentially beneficial. Both tend to be compiled fairly regularly in order to capture the mass of new information on the pandemic which becomes available each year. Some are arranged according to topic and others may reflect the major disciplinary divisions concerned with HIV/AIDS research. Others provide chronological coverage of particular areas of interest. Expert summaries of the current state of knowledge are yet another invaluable tool for those who wish to keep up-to-date with the progress of the pandemic and with recommendations for its mitigation. The two documents by Coombe (2002 a and b) mentioned in the text are an excellent case in point. Finally, reports on large and important international conferences usually appear on conference websites and serve to keep those unable to attend the conferences abreast of the major papers presented, especially in the plenary sessions. The paper by Aggleton and Warwick (2002) is a good example.

SECTION 2

Analysis of the Qualitative Dataset

Section Summary

The chapters in this section of the report bring together the large amount of complex data collected in the qualitative fieldwork. The context and the content of the interviews are considered, and the resulting analysis provides a textured account of educators' situations in institutions across all three subsectors and across the country.

Chapter 4 presents key aspects of the fieldworkers' reflective accounts, which were written after each interview, after completing fieldwork at each institution and after completing the full quota of fieldwork. The chapter contains summaries of institutional reactions to the qualitative research, of respondents' reactions to the research issues, of the dynamics of the research events and of emotional responses observed in the interviews. The reflective reports presented in this chapter focus on the research process and complement the more substantive analytical approach presented in Chapters 5 and 6.

Chapter 5 brings together in thematic ways the substance of the interview and focus group processes. The categories proposed prior to conducting the research provided a framework but the interviews themselves elicited an additional range of very important thematic areas, which were added to the research analysis.

Chapter 6 builds on the analysis in Chapter 5. The analysis in both chapters is grounded in the data which emerge from the research encounters while attempting to faithfully report participants' understandings and meanings. Chapter 6 critically examines the beliefs, values, identifications and experiences which may influence educators' understandings of how they should be mitigating the impact of HIV/AIDS, as well how their understandings may affect the approaches they adopt or advocate. The analysis distills the distinguishing features of different approaches to the pandemic, comparing the kinds of core assumptions made about learners, students and educators, and relating these to the broad concerns raised and interventions proposed by supporters of the different approaches.

CHAPTER 4

Fieldworkers' Reflections

INTRODUCTION

This chapter provides an introduction to the qualitative research that was carried out across the three educational subsectors. It sets the scene for Chapters 5 and 6, which address the substantive issues that respondents raised in the interviews, by describing the contexts and relational dynamics which characterised the qualitative phase of the study. The information on which the chapter is based was obtained from the reflective reports which the researchers were asked to write after each interview, after completing fieldwork at each institution and after completing their full quota of fieldwork. As reported in Chapter 2, the interviewers were trained to write these reflective reports, and were given templates to ensure that the reports were presented in a systematic and structured way.

One of the key aspects of the study, as outlined in Chapter 2, is that the interviews were viewed as particular social contexts in which respondents may negotiate and modify their views and expressed values. For this reason the researchers were asked to be sensitive to the dynamics of each research event, to note changes in the direction of the interview 'agendas' (which were only prescribed in relation to the core research questions) and to ask participants how they experienced the research event when it was over. The structure of the template of the reflective reports for interviewers is presented in more detail in Chapter 2, where it is also noted that the interviewers' reflective reports provide a powerful insight into some of the difficult challenges posed by the HIV/AIDS pandemic for South African educators.

In this chapter our concern is therefore not so much with what respondents said, but with how, through the ways they presented themselves and their institutions, they often displayed, sometimes in non-verbal ways, attitudes towards and understandings of the impact of HIV/AIDS on their institutions and the roles of educators in mitigating this impact. The researchers were asked to reflect not only on the relations they had established with the interviewees, but also on what emotions respondents conveyed and how they presented themselves. This aspect of their reports provides a dimension which is often missing in social research. Occasions when the participants displayed particularly strong emotions, or when there were striking changes in opinion or emotional tone, were among the phenomena recorded by the researchers in their reflective reports.

The researchers were also asked to reflect on the institutional context in which they were conducting the interviews, and to be aware of participants' attitudes to the research events. The contextual information the researchers provided included accounts of the process of setting up the interviews – for example, whether or not interview appointments were kept, whether there was opposition or indifference to the interviews and whether the opportunity to engage with issues related

to the HIV/AIDS pandemic was welcomed. The design assumption was that how institutions responded to the study may provide some insights into institutional views about the importance of the HIV/AIDS pandemic. It was also assumed that how participants responded to being interviewed is likely to reflect levels of individual interest in and commitment to mitigating the impact of HIV/AIDS.

In addition to giving the reader a sense of the dynamics of the qualitative research events, this chapter is thus indicative of important themes that are presented in more detail in subsequent chapters in the analysis of the substantive data gathered during the qualitative fieldwork. The chapter comprises the following sections:

- Institutional reactions to the qualitative research
- Respondents' reactions to the research issues
- The dynamics of the qualitative research events
- Emotional responses observed in the interviews

INSTITUTIONAL REACTIONS TO THE QUALITATIVE RESEARCH

The degree to which the qualitative fieldwork was supported by the sampled institutions varied considerably, on a continuum from extreme receptivity to indifference and in some cases hostility. Some examples follow that are illustrative of different institutional climates in relation to the HIV/AIDS pandemic.

At one extreme of this continuum a researcher reported on how relatively easy it was to set up the research events in a university she visited and how helpful the institutional mediators were. The research was taken seriously and it was the norm for participants to respect the interview times and show commitment and interest when participating in the interviews, even if they did not see themselves as having an important role to play in mitigating the impact of HIV/AIDS or were not sure what role to play. Senior management at this institution took the research so seriously that three senior managers chose to be interviewed together, expressing their desire to engage in a discussion about the problem of HIV/AIDS at the university and what they should do to mitigate its impact.

Some institutions were highly efficient in their response to the research, providing meticulous interview schedules that were respected by participants. However, this did not always reflect an institutional culture marked by serious concern regarding the possible impact of HIV/AIDS on the university community. For example, on one university campus interviews were easy to arrange and took place on time with the agreed participants. The researcher's observation, however, was that this reflected a culture of efficiency rather than a commitment to addressing HIV/AIDS and its impact. What was striking in the interviews conducted on this predominantly white, affluent campus was the common presumption that HIV/AIDS was not a serious problem because of the 'conservative values' which many of the respondents attributed to their students.

In the interviews with white senior managers on this campus, the researcher noted the friendliness of the interviewees and their willingness to participate in the interviews, but also how this seemed to be in contrast to their lack of concern with HIV/AIDS as a possible problem on campus. A much less dominant reaction to the pandemic was found in the passions and frustrations shown by senior African respondents on the same campus. The importance of this example is that it illustrates how a culture of efficiency may not always reflect an institutional climate that is effective in terms of acknowledging or addressing the possible impact of the pandemic.

Conversely, at some institutions the reaction to the opportunity to participate in the research was positive but fraught with administrative difficulties. For example, in two historically disadvantaged universities there were difficulties in arranging the interviews, due to lack of administrative resources and poor internal communications. However, senior managers were very conscious of the impact of HIV/AIDS on their students and the surrounding communities, and took pains to ensure that staff members participated in interviews, especially those whose institutional roles were most closely linked to the pandemic.

At another extreme of the continuum referred to above, researchers experienced both administrative efficiency and negative reactions to the opportunity to engage with the research. For example, in one historically disadvantaged institution a researcher experienced 'an element of suspicion towards the project' that seemed to reflect a level of discomfort which 'many people… expressed in speaking openly about HIV/AIDS directly and sexuality indirectly.' Despite having arranged the interview schedule in advance, the researcher noted that 'several people made themselves scarce as soon as they heard that I had arrived, and key people … were out of the country on the dates I was asked to come.'

The various institutional reactions to the opportunity to engage with the research are indicative of the very different institutional climates that the researchers experienced – a phenomenon which will be discussed in more detail in the substantive analysis that is presented in subsequent chapters.

RESPONDENTS' REACTIONS TO THE RESEARCH ISSUES

Researchers reported both high and low levels of interest in the research issues at the sites visited. This section records researchers' reflections on 'muted', 'indifferent' and 'hostile' responses to the research events, but also the many accounts of very positive responses to the opportunity to engage with HIV/AIDS-related issues with the interviewers and with colleagues.

Lack of interest in HIV/AIDS on the part of senior managers featured prominently in many of the reflective accounts of researchers. In one FET college the leadership was quite open about the lack of attention given to HIV/AIDS, and did not seem to feel the need to justify this. The researcher noted that 'the first response by the CEO was striking in its frankness that HIV/AIDS had not been discussed and was receiving little attention in the college.' Members of senior management (including the CEO) in another FET college had some difficulty 'trying to remember' how their HIV/AIDS policy came about and whether it was being implemented. In another college, lack of interest in HIV/AIDS and the roles of educators in mitigating its impact was expressed by a head of department who delegated to a junior lecturer (as a substitute interviewee) who had little involvement in or knowledge about HIV/AIDS-related issues or relevant initiatives in the college.

It was in the reflective accounts of researchers who visited schools that lack of senior management engagement with HIV/AIDS-related issues featured most prominently. Some school managers showed lack of interest in HIV/AIDS and its possible impact on their school not only in the indifference which they expressed towards the research, but also in their unsure or contradictory responses when asked about the school's HIV/AIDS policy. Some school principals seemed to disassociate themselves from matters related to HIV/AIDS and its impact on their schools by defining this as someone else's responsibility. The most striking moment in one school interview was when the principal indicated that HIV/AIDS was 'not his business' because a social worker visited the school.

In another school which had produced a HIV/AIDS policy, 'when the principal was probed to be explicit about what aspects were covered in the policy he could not do so' and instead gave the interviewer a copy of the document. The principal's lack of interest in the school's potential role in mitigating the impact of HIV/AIDS was a dominant theme in the interview:

> The respondent appeared to have never discussed HIV/AIDS with anyone before, and although he did not look uncomfortable discussing it, he did not seem to consider the topic with any level of gravity.

In another school with no HIV/AIDS policy, the lack of interest in HIV/AIDS shown by a senior manager was striking, as illustrated in this extract from the researcher's reflective report:

> The deputy principal flatly refused to elaborate on the absence of a school policy. He said he could not respond to any questions relating to the school-based awareness campaigns, and said that such questions must be asked of the [Life Orientation] teacher.

In a school marked, according to the researcher, by indifference on the part of educators to HIV/AIDS-related issues, the educators interviewed indicated that they were 'not interested in the research … as they had had enough of the subject on talk shows.' However, in one school where management seemed to have little sense of responsibility to the community, educators had undertaken initiatives aimed at addressing social problems in the area. This school was located in a community characterised by 'abject poverty with very restricted employment opportunities and few social or community organisations.' According to the researcher, the principal's lack of leadership was 'compensated for by a very strong school-based support team driving a number of initiatives, including the collection of relevant statistics and a feeding scheme.'

Very negative reactions to the research were observed on occasion. For example, in one focus group interview conducted with white university lecturers from a range of faculties, one of the lecturers seemed quite antagonistic, asking twice why the researcher was interviewing them. The researcher reported that 'the group, or at least the most vocal of the participants who seemed like spokespeople for the group, seemed very defensive.' The reactions of this group seemed to reflect both a lack of interest in the possible impact of HIV/AIDS at their university, and the sense that they as academics had no role to play in mitigating the impact of HIV/AIDS. As the researcher argued:

> Their muted and indifferent responses when I asked them what impact they thought HIV/AIDS might be having, if any, in the university, suggested that they didn't think AIDS was much of a problem on campus, and that I as an outsider was trying to get them to see it as a problem.

In a focus group discussion with educators in a relatively well resourced school, the participants were also critical of the interviewer for asking if they thought educators had roles to play in mitigating the impact of HIV/AIDS. As with almost all the participants in the discussion at the university referred to above, the participants in this school-based focus group 'did not see themselves as doing anything beyond the curriculum, and what they reported as excessively bureaucratic administrative tasks related to the curriculum.' However, in contrast to the university discussion, the teacher participants revealed that they 'did provide a measure of support to the learners in their classes,' and also claimed that they 'could be more supportive if there was more disclosure on the part of the learners.'

Negative reactions on the part of educators in some schools to their participation in the research events were sometimes prompted by a feeling that the research drew educators away from their lessons. For example, one researcher reported that:

> There was a sense of resentment on the part of the respondents that they needed to take part in the discussion at all, and would rather be in class with their learners or because it was seen as a talk show which would not benefit the school or community and the kinds of acute social problems they experienced which they as educators tried to highlight and address.

While some of the focus group and individual interviews the researchers conducted were short and abrupt, with the participants reluctant to elaborate on their contributions or even antagonistic, in many others it was clear that the participants thought carefully – and sometimes apparently for the first time – about HIV/AIDS-related issues. Respondents in all three subsectors reported experiencing the interviews as creative processes, explaining how the interview questions had helped them to develop positions and clarify issues of pertinence to their own potential roles in mitigating the impact of HIV/AIDS in their institutions. Some illustrative examples of this type of response follow, with brief extracts from the interviewers' reflective reports.

Reflecting on his participation in a group interview with colleagues, one HE lecturer spoke very positively about what he had learnt as a result of engaging with them about how to address the impact of HIV/AIDS in his institution:

> At the end of the group interview with lecturers … the male [respondent] paused and said he had learnt

> by listening to his colleagues and would like to re-think some issues, such as integrating HIV into the curriculum.

A group of NPDE students at a historically disadvantaged university also spoke about how much they appreciated the opportunity to discuss constructive ways of addressing HIV/AIDS in their schools and communities:

> They were very pleased to be a part of a discussion that they believe will eventually provide them with the answers and support they need to help mitigate [the impact of] HIV/AIDS in their schools and communities.

In some institutions, the interviewees asked the researchers for advice (usually towards the end of the interview) about what they should do to help mitigate the impact of the pandemic. Often these were senior management figures. The researchers provided a number of examples in which such interviews began in a rather formal ways, but became opportunities for the interviewees to become much more actively engaged and reflective as the interview progressed. In one university, a senior manager started by being confident and assertive but giving fairly short responses which appeared to reflect institutional policy. Soon his responses became more reflective and thoughtful as if, as the interview progressed and the interviewer probed his responses, he was no longer an 'authority figure' but someone beginning to recognise his limitations in relation to the pandemic. Further examples of changes observed in the course of interviews are provided in section 4.4 below.

In another institution, a senior manager asked the interviewer 'what my thoughts were with regard to institutional approaches to mitigating the impact of HIV/AIDS which he was raising in the interview.' This suggests that he experienced the interview as a creative discussion, even though he was doing most of the talking and the interviewer was 'more like a catalyst'.

At the end of a group interview with junior lecturers at another university, participants asked for information about treatment and testing, indicating how their participation in the interview had focused their minds on this aspect of the pandemic.

At FET colleges, being interviewed with colleagues about their views on the impact of HIV/AIDS in their institutions and the roles of educators in addressing the pandemic was clearly a new experience for many. Some of them explicitly welcomed the opportunity to put forward their views and interact with others rather than simply being the recipients of information. Reflecting on a focus group discussion with a head of department and three senior lecturers, an interviewer reported that:

> The most striking moment for me was in their reflection of how it was to spend time discussing the subject of HIV/AIDS, and the respondents pointed out that this was the first time they had been on the same platform discussing this in an interactive manner instead of being given information on the subject. They were so thrilled about it; it felt like they had just found their voices. They went out of the boardroom still talking about it.

In the same institution the head of student services described her interview as 'a wakeup call' to review how the college is addressing the pandemic.

In schools, similar cases were reported by researchers of participants experiencing the research as a creative process. For example:

> [The educators] said that the conversation was interesting because they don't normally come together to discuss these issues. They felt that this conversation afforded them that opportunity. The principal said that the conversation that the researcher had with him revitalised him. He said he saw the need to speed up the process of getting the school policy on HIV/AIDS typed.

The continuum of types of individual response to the research may reflect an equally wide range of personal responses to the pandemic. It is important to note, however, that in many instances – as reported

in section 4.4 below – respondents experienced the interviews as opportunities to reflect on and in some cases change their views in relation to the pandemic.

THE DYNAMICS OF THE QUALITATIVE RESEARCH EVENTS

This section summarises researchers' reflections on the dynamics of the interviews they conducted. In the open-ended, conversational interviews that took place, in which participants were free to raise their own concerns in addition to responding to the interview questions, the interactions between interviewers and interviewees – and among interviewees themselves – are interesting in their own right, but are also important to understand in terms of their implications for the kinds of discussion that may be fruitful in institutions that undertake initiatives to mitigate the impact of the pandemic. The salient dynamics of the interviews include:

- 'Racial' and gendered identifications by respondents with researchers
- Reluctance to talk about sexuality
- Changed views as a result of participation in the interviews

'Racial' and gendered identifications by respondents with researchers

The researchers occasionally reflected on the 'racial' dynamics of the research encounter and how their own 'race' became significant and affected how the interviewees related to them and spoke about HIV/AIDS. For example, white lecturers at one university campus identified with the white interviewer, referring to her and themselves as 'us', in contrast to Africans:

> Clearly they perceived HIV as an issue that impacts black people but they did not want to come across as racist. As I was white they often slipped into 'us' and 'they' language. I strongly suspect that if a black person had conducted the interview the responses would have been different… Often comments were prefaced by 'I should not say this but…'

In an interview with three senior white HE managers, the interviewers' influence on the interviewees became evident when one of the interviewers left the room. This interview was conducted by a white man and a white woman, with the white woman leaving the room towards the end of the interview. When this happened, the interviewers report that there was a 'sigh of relief' on the part of the three respondents, as if the issues which they needed to discuss about sexuality and what they referred to as the 'moral decline' of young people could now be discussed freely:

> While the participants engaged enthusiastically and honestly with us, it was apparent when the female interviewer left the room that the conversation had been [inhibited] by her presence. The male researcher reported that there was a 'sigh of relief,' articulated as 'Now that the female is not here…' The absence of the female [interviewer] allowed participants to feel free to use more graphic language.

The participants' identification with the male interviewer was a powerful demonstration of the significance they attached to gender as a source of identity and difference. An important reflection of the researcher is that these respondents might find it difficult to develop and teach programmes that address sexual behaviour with women students present.

Reluctance to talk about sexuality

The researchers frequently reported respondents' apparent reluctance to speak openly about sex in the interviews, noting that this may inhibit their ability to communicate with their students and learners about HIV/AIDS-related issues. Some examples of these inhibitions follow:

> I was struck by the fact that throughout the interview, [a white male HE lecturer] did not use the word 'sex' once and even managed to mainly avoid using the term HIV/AIDS, preferring to refer to sex and HIV/AIDS as 'these things' or 'these issues'.

> [A senior black male HE manager with HIV/AIDS-related responsibilities] found it difficult to say the

word 'sex' and rather referred to 'these things' or 'when people indulge'.

I was surprised that [a white male HE lecturer] admitted in front of me and his head of faculty that, as someone teaching on and coordinating the life orientation module which deals with HIV/AIDS, he found it difficult sometimes to talk about sexuality.

Changed views as a result of participation in the interviews

This section examines how some respondents reported that they conceptualised or prioritised issues differently as a result of being interviewed. Examples are provided of how participation in the interviews generated changes in respondents through growing rapport between interviewer and interviewees and as a result of interactions among participants in the discussions.

Some of the researchers reflected on how their interviewees' initial responses may have been influenced by their desire to make a good impression on the researchers. While the interviewers stressed that there were no right or wrong answers to any of the questions they posed, they often felt that respondents were offering responses which they thought would be viewed as 'correct'. For example, some of researchers reported that interviewees would initially offer a list of measures taken by the institution in relation to the HIV/AIDS pandemic. They also often noted, however, that as the interview progressed the participants became less concerned about institutional strategies and spoke much more about the problems, complexities and resistances experienced in the implementation of the strategies. This shift in emphasis seems to have happened in part because respondents were developing a different kind of relationship with the interviewer – whereas initially they may have seen the interviewer as a detached official figure who was checking what educators were doing to mitigate the impact of HIV/AIDS, it was often noted in the reflective reports that participants started to see the researcher more as an interested and empathetic colleague who was trying to engage with their views and concerns. For example, reflecting on a group interview she facilitated with three young black teacher trainees, one researcher reported that:

They tended to give the 'correct answers' about the role of teachers … but as the interview progressed they became more open and their discussion of the behaviour of teachers was critical of teachers and their relationships with learners. I sometimes sensed that their initial answers were drawn directly from the life skills module they were in the process of completing. Although I sensed an initial nervousness to be interviewed, as we established rapport the trainees became more relaxed and talked freely about high-risk sexual practices.

The extract below is taken from the reflections of a white female interviewer with a group of black female teacher trainees. She points to the ways in which her interviewees changed as a result of the developing rapport between herself and her interviewees:

This event was very hard to set up in terms of getting people to agree to participate. The teacher educator asked me to bring refreshments as an incentive for trainee teachers to participate … There is also evidence that the trainees were nervous about being interviewed as they did not want to fill in the register and they did not want to have the discussion taped… I spent a lot of time building rapport. At the close of the interview the participants thanked me for the interview and said that it had been a very good opportunity for them to talk about HIV/AIDS and to think about these things.

Interestingly, the same interviewer reported on how another group of white, Afrikaans-speaking lecturers, 'immediately and automatically' developed a strong rapport with her as a fellow white person.

Another researcher wrote about the rapport established in an interview between himself, a white man, and a black female senior manager working at a predominantly white campus in a recently merged university. The growing rapport was evident in the very different ways the interviewee spoke about her institution (and about the response of management to the pandemic)

at the beginning and towards the end of the interview, and in her tendency to become more emotional and self-reflective as the interview progressed:

> At the beginning of the interview she spoke in quite a detached and formal way about what structures the university was setting up to deal with the problem of HIV/AIDS and was quite complimentary about senior management's role in this. But when I started to try and explore her own role in more depth, she started to say how she felt 'lost' … at this 'conservative' campus [after a merger between two institutions]… As she spoke about her feelings of loss she became quite emotional… What was really striking was how she contradicted her initial view about senior management commitment to mitigating the impact of HIV/AIDS. She actually complained later on … about how 'soft' and complacent and detached management were with regard to HIV/AIDS and its impact on the campus community.

When asked how she found the interview, this respondent commented on 'how much she appreciated the opportunity to be able to talk about these issues.'

In another interview with two university lecturers, a white middle-aged male who tended to dominate the proceedings and a coloured middle-aged female, the interviewer reports that the woman made a rare intervention which caused the man to 'reluctantly' revise his views:

> There were no arguments and the female [respondent] constantly nodded her head in agreement with whatever the male [respondent] said … but when the male lecturer advocated abstinence as the only message, she quietly said that the reality was that students were engaging in sexual activity. The male lecturer then reluctantly conceded that as a last resort it might be necessary to put condoms in the bathrooms.

In another group interview a black university lecturer spoke about his very down-to-earth, explicit approach to teaching about HIV/AIDS and sexuality. The other participants, three white senior managers at the same university, noted that his approach was successful and also that it challenged their commitment to what they referred to as 'conservative values'.

A final example involves a white university lecturer who participated in two group interviews and who changed his position and emphases in the second interview. In the first, he expressed a commitment to the 'conservative values' of white, Afrikaans-speaking students on campus and emphasised the importance of sexual abstinence. In the second, one of the other participants (also a white male) spoke passionately about taking AIDS seriously on campus, drawing on his experience of training student teachers to teach Life Orientation programmes in schools where many young people were sexually active, and also referring to how his own male students boasted about their sex drives. The lecturer who had defended 'conservative values' in the first interview became more concerned about addressing HIV/AIDS as a problem on campus and said that this second interaction had made him more aware of the possible limitations of such values.

EMOTIONAL RESPONSES OBSERVED IN THE INTERVIEWS

In their reflections on the research events the researchers frequently noted how participants spoke emotionally about the immediacy of HIV/AIDS and how it affected their lives. While a few of these were respondents at HE institutions (notably in historically disadvantaged institutions) and FET colleges, the majority were educators in the school sector describing how they were affected by HIV/AIDS in their everyday lives. Some researchers noted that simply asking questions about the impact of HIV/AIDS on their institutions and their communities, and the role of educators in mitigating the impact, could induce feelings of sadness. Commenting on some of the group interviews, researchers often reported how some participants looked uncomfortable and became quite withdrawn, and suggested that this reflected unease about participating in a discussion on a topic which was impacting dramatically on their lives.

For example, when asked whether they thought they had a role to play in mitigating the impact of HIV/

AIDS in the community, all the participants in a focus group comprising Life Orientation educators 'showed signs of emotional distress', and spoke about helping during funerals, sending condolences and providing emotional support. This suggests not only that the prevalence of HIV/AIDS may have been high in their communities, but also that they, as educators, had close personal links with members of the community. In the same school, in an interview with the principal and the SGB chairperson, the latter gave 'deep emotional [responses] about the problem of HIV and AIDS' at the very beginning of the interview when asked whether HIV/AIDS was a problem in the school and in the local community.

When reflecting on 'striking moments' in their interviews and discussions, some of the researchers, predominantly in the schooling sector, reported participants' emotional reactions to a range of interrelated social problems affecting learners, including poverty and HIV/AIDS. For example, after a group discussion with educators in a secondary school a researcher reported that:

> One of the respondents shared the story of a learner who travelled 15 kilometres for a single trip to school every day and another 15 back home. This learner had told the teacher that she sometimes didn't have money to come to school because her mother was an alcoholic. The respondent looked really sad when he shared this story and emphasised that excessive drinking was breaking many families in the township and increasing the transmission of HIV/AIDS. They also raised the issue of poverty as contributing to the impact of HIV/AIDS as young girls, they explained, get involved in prostitution in order to support their siblings at home; and they said it was disturbing for them to see an older man taking advantage of those young girls because he has money.

CONCLUSION

This chapter recognises that in a 'participatory' research process, in which respondents are encouraged to set the agenda of the discussions, researchers are themselves participants in the conversation that develops, not detached observers. 'Bias' in research usually refers to ways in which researchers influence the people they are researching, or ways in which data are interpreted without sufficient substantiation of the research process or of the analysis of the data. By focusing on the dynamics of the research encounters described in the reflective accounts of the researchers, this chapter has given important illustrative examples of the interactions between researchers and respondents as well as generating important themes that prefigure the substantive analysis presented in subsequent chapters.

Lack of institutional engagement with the role of educators in mitigating the impact of the pandemic was evident in a number of institutions in all three subsectors. In some interviews the researchers reflected on the lack of knowledge among staff and institutional leadership of the institution's HIV/AIDS policy. In some cases, the lack of institutional engagement was exemplified by the difficulties senior managers had in trying to describe what their institution was committed to doing in relation to the pandemic. Across institutions in all subsectors, a continuum of types of institutional response to the research was evident, ranging from high to low degrees of engagement.

Other aspects of the researchers' reflective accounts have exemplified another continuum of individual interviewees' response types. At one extreme of this continuum, reactions such as indifference and even hostility to the interviews were reported by the researchers. Conversely, however, many respondents experienced the research events as welcome opportunities for creative discussion – and it must be noted that many participants had not experienced such an opportunity before, and appreciated the interview as a contrast to previous experiences in which they had been 'recipients of information' in relation to the HIV/AIDS pandemic. We have noted that in many instances interviewees experienced the research events as opportunities to reflect on and in some cases change their views in relation to the pandemic.

This illustrates that the interviews were dynamic events in which respondents' concerns played as important a

part as the predetermined research questions. In addition to changes in respondents' views, the dynamics of the interviews included identifications by respondents with the 'race' and gender of the researchers. Such identifications suggest that responses to the impact of HIV/AIDS may in many instances be informed by implicit assumptions about gender, 'race' and sexuality. We have also noted that some respondents – even some with HIV/AIDS-related responsibilities – found it difficult to talk explicitly about sexuality. Where an institution is located on the continuum of institutional responses to the research (from enthusiasm to lack of concern), and where individuals are located on their corresponding continuum of response types, may be indicative of degrees of readiness to effectively mitigate the impact of the pandemic. This is an issue that is prefigured in this chapter and addressed in more substantive detail in subsequent chapters.

It is important to note that in many of the research events respondents displayed deeply emotional responses to the pandemic, sometimes as a result of frustration with what they perceived to be insufficient institutional support, sometimes – especially in schools – because of the immediacy of the impact of the pandemic on their institutions, their communities and themselves. In some interviews with educators in schools, especially those working in poorly resourced schools in poor communities, researchers noted a tone of despair and despondency in the face of the enormity of the pandemic and problems such as schoolgirl pregnancies and poverty. This often seemed to be reinforced by lack of support and commitment from their schools' leadership as well as other from colleagues, an issue highlighted in many of the researchers' reflective accounts.

This chapter has provided many examples of the 'striking moments' recorded by the researchers. What the interviewers interpreted as striking moments were, at least in part, influenced by the issues which they themselves raised – however, it is important to note that many were a result of interventions by respondents themselves. This is crucial to understand, since our approach in this chapter (and in the methodological choice that underpins the chapter) includes the notion that interviewers and interviewees are all interacting in a social context in which all can influence and be influenced by the interaction. Clearly, however, the dynamics of the interviews – and, more generally, of the interactions between institutions and the research as a project – are important to bear in mind as a backdrop to any effort to mitigate the impact of HIV/AIDS. The focus in this chapter, however, has been less on institutional policy or structures to deal with the impact of HIV/AIDS than on the perceptions – and often the emotions – of the educators interviewed, for example with respect to lack of interest, embarrassment, sadness or frustration. Of great interest in terms of the dynamics of the interviews is the frequency with which respondents – many of whom were talking creatively about the pandemic for the first time – reflected on and changed their views in the course of the research events.

One of the aims of this study was to generate data that might be used to inform strategies that mitigate the impact of HIV/AIDS in education institutions. The findings will focus on what the interviewees have said about the pandemic and its impact on their institutions, about whether they have roles to play and what these roles might be, and about the support they would need to play effective roles. However, it is important to note that the very *process* of interviewing a range of participants in groups and individually, in ways that allowed them to set the agenda and engage in creative discussion, may be suggestive of a model of good practice that could be developed to generate interest and new ideas, and facilitate engagement among colleagues with HIV/AIDS-related issues and the role of educators in mitigating the impact of the pandemic. The reflective reports that we have presented in this chapter thus complement the more substantive analytical approach that will now be presented in Chapter 5 (the descriptive analysis of the qualitative dataset) and Chapter 6 (the in-depth analysis).

CHAPTER 5

Descriptive Analysis of the Qualitative Dataset

Chapter 4 presented fieldworkers' reflections on the research process. This chapter offers a descriptive analysis of the data gathered in the course of the qualitative fieldwork. As noted in Chapter 2, a framework of core interview questions was developed and piloted, together with probing questions (some of which were specific to the category of respondent). Interviewers were trained to allow respondents to raise their own issues, and as a result of this flexible approach a number of unforeseen themes emerged. The resulting dataset reflects the opinions, concerns, attitudes and reported experiences of the respondents, and is grouped into the thematic categories that evolved during the research process. The data are further organised according to the subsectors in which the respondents work – higher education, further education and training and schooling.

The thematic framework for the analysis of the qualitative dataset is presented below:

Section 5.1	Approaches to Mitigating the Impact of HIV/AIDS
Section 5.2	Identity Issues: Gender, 'Race', Age
Section 5.3	Denial, Stigma, Disclosure, Voluntary Counselling and Testing
Section 5.4	Social Problems: Poverty and Violence
Section 5.5	Relationships
Section 5.6	Curriculum Issues

Where views or perceptions are widely held this is noted; divergent or unique views are also recorded in order to ensure that the full spectrum of opinion is represented. The chapter is largely characterised by summaries of respondents' accounts, and, in some cases, quotations that powerfully represent the way our respondents present their world views. In Chapter 6 the same qualitative dataset undergoes a second-level analysis, with comparisons made across themes and educational subsectors and with reference to sociological theory drawn from the Chapter 3 literature review.

This chapter also includes (section 5.7) a descriptive analysis of data from interviews conducted with stakeholders from organisations and institutions with particular interests in education, including leaders of teachers' unions and representatives of government departments. The focus in these interviews was on the views of stakeholders regarding the impact of HIV/AIDS, the challenges of responding to this in education, and the degree of support they received from relevant structures and personnel. As with the other interviews conducted in this study, participants were encouraged to set the agenda by raising their own issues and concerns.

APPROACHES TO MITIGATING THE IMPACT OF HIV/AIDS

The following is the first of the three broad questions that underpinned the study:

> How do various categories of educators understand the roles of educators (including their own roles) in mitigating the impact of the HIV/AIDS pandemic in the subsectors and institutions in which they are based?

In Chapter 3 we discussed a variety of different and often conflicting roles which educators have played or are expected to play in mitigating the impact of HIV/AIDS. These are influenced by the nature of the institution (sector, location, ethos, rural or urban), the institutional and contractual role of the educator and the impact of HIV/AIDS, in terms of numbers of educators and learners affected. However, these roles are also influenced by particular values and pedagogic commitments, which are rooted in longstanding cultural discourses about gender, sexuality, childhood, youth and adulthood. The fact that HIV/AIDS is spread mainly through sex has made it a contentious issue for educators to address. This is because sex and sexual desire are not simply biological phenomena but are always mediated socially and carry particular kinds of cultural meanings, which crucially affect views and understandings about whether and how to address HIV/AIDS in education.

The interviews generated a number of views on possible approaches to mitigating the impact of HIV/AIDS, which we have categorised by means of the data coding process described in Chapter 2 (section 2.6.1).

Approaches to mitigating the impact of HIV/AIDS in HEI institutions

This section focuses on approaches to the mitigation of HIV/AIDS in HEIs and describes:

- the views of HEI educators who feel they have no role to play;
- holistic approaches;
- moralistic approaches;
- parental approaches;
- campaigning approaches;
- approaches to research;
- management support and leadership; and
- peer education approaches.

HEI educators who feel they have no role to play

Some HE respondents felt that they had no role to play in mitigating the impact of the HIV/AIDS pandemic. For example, in one focus group discussion at a historically advantaged university, three lecturers claimed that HIV/AIDS was not their responsibility, since their role, as they saw it, was to teach and administer in relation to their subjects. As one lecturer put it, 'Many staff see education as mainly academic; when you go out of class your duty is done.'

The staff member responsible for student health at one historically disadvantaged university criticised staff for their preoccupation with academic issues and their failure to participate in campaigns and forms of social action beyond what they considered to be their 'core responsibilities':

> Academic staff do not attend events like candlelight vigils, campaigns, observance of calendar events like national malaria day. They do not attend anything to do with health. They will not even donate blood.

This complaint often emerged when senior respondents were speaking about their more junior colleagues, and especially about the obstacles this posed for developing an effective HIV/AIDS programme in the institution. Among those who put forward this view were some deputy vice-chancellors (DVCs) for academic and student affairs and heads of HIV/AIDS units, who reported on the difficulties of trying to persuade staff to infuse HIV/AIDS into their subject curricula, and also to take on more caring roles in relation to students. They suggested that lecturers tended to adopt a rather instrumental role towards students, addressing them only in relation to the subjects they were taking and not as individuals with specific needs and concerns. For example, an academic coordinator and head of the HIV/AIDS unit in one university reported that academic staff 'can't see how they fit in…do not think it is their function' and instead wish to concentrate on their teaching and research obligations.

One senior manager for student affairs at another historically disadvantaged university attributed what she

viewed as the narrow and instrumentalist approach to teaching of many of her staff to the practices and habits they had acquired as academic staff in a technikon prior to its merger with another institution to form a new university. Such views concerning the roles of educators were held, she said, by senior figures in the university such as deans, and she felt that this presented substantial difficulties in spite of the support she had from her vice-chancellor to embark on a programme of infusing HIV/AIDS into the curriculum in all subjects. She was trying to appeal to academic staff to adopt a more holistic approach by emphasising how the academic performance of students depended crucially on their health and welfare.

The divergence of opinions found in the dataset is illustrated by the following detailed account of a focus group discussion with lecturers from the Faculties of Arts and Social Sciences on the same campus. They were hostile to the question about whether lecturers have a role to play in mitigating the impact of HIV/AIDS, viewing this as implying that they *ought* to be playing such a role. They claimed that it was not the duty of academics to play this role, because the number of students they taught and the concomitant heavy workload meant that it was simply not feasible to adopt a pastoral approach to the needs of students. However, HIV/AIDS was seen as a possible topic to explore from an academic point of view. Some of the lecturers, for example in communications, philosophy, music, sociology and languages, did address aspects of HIV/AIDS in their teaching, whether by focusing on ethical or sociological issues raised by the pandemic, developing effective communication strategies for conveying messages about AIDS, or doing literary analyses of HIV/AIDS messages. They did not interpret these as approaches aimed at mitigating the impact of HIV/AIDS, and drew a distinction between *telling* students what they should think and how they should behave, which they associated with HIV/AIDS education, and encouraging students to think critically for themselves, which they characterised as being their role as academics. HIV/AIDS, then, was taken as a *means* to encourage critical thinking in particular subject areas, where it was appropriate to do so. When a lecturer in accountancy was asked whether he addressed HIV/AIDS, the question was met with some derision not only by him, but by other members of the focus group. In sum, most of this group drew a radical distinction between academic and pastoral roles (constructing the latter as the responsibility of trained counsellors).

Two of the ten participants in this group differed from the other respondents, suggesting that the impact of HIV/AIDS on the lives of students had some bearing on their roles as educators, in terms of what they taught and how they related to students.

The first, a lecturer in management sciences, pointed out that HIV/AIDS was addressed in her subject as a human resource management issue with important implications for the workplace, especially concerning absenteeism, and therefore for the future working roles of their students as managers. Significantly, HIV/AIDS was constructed here as a phenomenon that might impact on students' future workplaces (and not, by implication, on her own current workplace, the university) and as a factor that might affect them as managers having to deal with the impact of the pandemic on the workforce (and not, by implication, as something which might affect them currently and restrict their capacity to develop into future managers).

The second respondent, a lecturer in music studies, referred to his prior experiences as a lecturer at a historically disadvantaged HEI in which HIV/AIDS had a much higher impact. He had to play an important pastoral role in his previous institution because many of his students were HIV-positive or otherwise affected by HIV/AIDS as well as being poor and hungry. Under these circumstances he had to relate to them in a 'holistic' way and not only in an 'academic' way (an example he gave was giving money to students to cover funeral expenses). This point was made in response to a question about whether HIV/AIDS posed any challenges for them as educators. The implication was that lecturers ought to be accessible and approachable for students on this campus who might be experiencing similar problems, although he also indicated that he did not want to take issue with what others had said about the roles of academics.

This view suggests that how lecturers view their roles in relation to HIV/AIDs is linked to the degree to which it affects institutions. Indeed, the very short, neutral responses of most respondents in this group to a question about the impact of the pandemic on their institution differed starkly from the passion expressed by the music lecturer when talking about its impact in his previous institution.

A holistic approach in HEIs

In contrast to the views expressed above, some of our participants spoke, often with passion and commitment, about taking a holistic approach towards students, and addressing them in a multidimensional way as people who have interests and concerns beyond the purely academic: one accounting lecturer noted, for example, that academic performance is 'linked to what you experience at home'. These respondents saw lecturers as having key roles to play, both academic and pastoral, in mitigating the impact of HIV/AIDS. This is in line with Kelly (2000), who argues, as discussed in chapter 3, that the pandemic has made it essential for HEI's 'to extend their mission beyond the strictly academic to include more attention to counselling and care for their members, and to promote care and compassion for people with HIV/AIDS.' The implication here is that it is not enough for caring to be assigned only to existing counselling services, but that academics should also adopt pastoral roles and build an ethos of care. This position was echoed by a lecturer on the HICC committee who argued that 'community work' was part of the responsibility of a lecturer, along with teaching, administration and research.

Not surprisingly, perhaps, it was mainly at the historically disadvantaged universities, or the historically disadvantaged sites in newly merged universities, where HIV/AIDS was most likely to be addressed as a serious problem, and where academic staff expressed a commitment to this holistic approach. For example, the black Director of Teaching and Learning, now based at a historically advantaged campus complained about the lack of engagement by senior management with HIV/AIDS who, she said, did not take the pandemic seriously partly because they assumed it was not a problem affecting their students and also because they took a detached approach in relation to student affairs. She contrasted this with her experience as DVC responsible for student affairs at the historically disadvantaged campus, which had recently merged with the affluent and predominantly white campus where she was now working. In her previous job she had a much more 'hands on' approach to student affairs (as did senior management generally), and had engaged much more in developing approaches and practices to deal with HIV/AIDS.

Some senior members of staff spoke about multi-pronged strategies they adopted to generate awareness and encourage staff to address HIV/AIDS in their lecturing and research roles. A Dean of Education at a university of technology indicated that her most important role was to 'conscientise' all staff about the seriousness of the impact of HIV/AIDS on students. 'People', she said, 'pay lip service to the fact that they are supposed to deal with HIV.' The director of an HIV/AIDS unit at a historically disadvantaged rural university spoke about his commitment to helping staff think beyond the 'basics' with regard to HIV/AIDS issues. His approach was to encourage staff to think about and address the various social impacts of HIV/AIDS on the lives of people in the university community by presenting 'real interventions … so that eventually they can define their own role by coming up with their own ideas'.

Picking up on this theme, a director of an HIV/AIDS unit at a historically advantaged university also spoke about the importance of giving non-dictatorial guidance to staff on how to relate to the HIV/AIDs issues. Her approach was to create an enabling environment for all academic staff to reflect on their roles concerning the pandemic, and to build upon the work of 'champions' who were 'working on their own' and were already integrating HIV/AIDS-related material into the curriculum. She emphasised the importance of encouraging staff to think independently and, as subject specialists, develop ways of infusing HIV/AIDS into their curricula, rather than depending on the HIV/AIDS unit to tell them what to do.

These directors and other senior academic staff, including DVCs (academic and student affairs), emphasised the importance of creating a climate in which HIV/AIDS was taken seriously by staff in teaching, research and community outreach. A DVC (academic) at a historically disadvantaged university noted that that he had a twofold role in promoting HIV/AIDS: as a topic to be addressed in academic curricula (he plans to introduce a life skills module for all first-year students which will include mathematical literacy, academic literacy and HIV/AIDS awareness), and as an area for research (he has engaged with senior figures in various faculties to encourage research into the social and economic impact of HIV/AIDS).

A coordinator of an HIV/AIDS unit spoke about the need to review induction programmes as well as workplace policies and programmes, in order to promote HIV/AIDS initiatives that target students and staff as people potentially HIV-positive or affected by HIV/AIDS. The approach of a professor in the Faculty of Health and Environmental Sciences at a university of technology was to encourage her PhD students to address HIV/AIDS by engaging in research with the community. For example, she reported on a project instigated by her (not the university) that focused on the effects of nutritional supplements on the health of HIV-positive people, with the research subjects comprising HIV-positive support and administrative staff from her university.

A historically advantaged university had an HIV/AIDS forum chaired by the DVC for academic affairs that was aimed specifically at addressing how the university can engage with the impact of HIV/AIDS on the community. One initiative it helped to establish and fund, this DVC reported, was aimed at residents, and mainly sex workers, living in a poor district in the city, and provided free primary and secondary health care. As part of this initiative, HIV/AIDS counsellors were trained in a hotel which was effectively a brothel, and training and self-help programmes were offered as well as poverty alleviation plans. Students from the university were encouraged to get involved in the programme, especially students from particular campuses who lived nearby. This same university's Campus Health and Wellness Centre ran programmes for students that addressed the pandemic and other issues; the DVC noted how important these were for first-year students, given their 'heightened sexuality' and the fact that they had recently left home and were lacking parental guidance.

Those members of staff (senior and junior) who took a holistic approach were passionate in expressing their opinions. They saw their role in mitigating the impact of HIV/AIDS not simply as an obligation to fulfil in response to the requirements of the university, but as goals which they developed themselves and pursued with commitment. A lecturer who was active in HIV/AIDS organisations and was attached to a HIV/AIDS unit at a historically disadvantaged university emphasised that 'HIV is not a job, it's my life.' Similarly, a BA second-year student at a historically advantaged university who was planning to do a PGCE and was working for the HIV/AIDS unit at her university spoke about her passion to work in this field, especially in relation to the impact of HIV/AIDS on young people. She saw herself as an activist whose role was to encourage people to talk about HIV/AIDS and to take seriously educational messages about the pandemic. She was, she said, 'a catalyst for action', and attributed her commitment, in part, to the tragic impact of HIV/AIDS on her own family. Another BA student in a HIV/AIDS unit spoke energetically about her plans as a future educator for promoting dialogue among learners, addressing 'what they love' and 'building upon what they are doing' in order to avoid 'HIV/AIDS fatigue'. (On the question of HIV/AIDS fatigue, and ways of combating this by engaging with young people's interests and cultures, see Walsh, Mitchell and Smith 2003.)

A moralistic approach in HEIs

Some educators adopted a moralistic position with regard to mitigation of the impact of HIV/AIDS. This type of position is usually associated with discouraging young unmarried people from engaging in premarital sex (even safe sex) on the grounds that this is immoral. In the literature, this is almost exclusively associated with approaches to teaching about

HIV/AIDS and sexuality in schools (see Pattman and Chege 2003; Baxen and Bhana 2006). There is evidence in our research of academic staff in some HEIs adopting moralistic approaches.

This was the case with some senior academics at a historically disadvantaged university where the moralistic positions and approaches they supported seemed not only to be informed by deep-seated values, but also by major concerns about the impact of HIV/AIDS on the campus. At another very different previously advantaged university campus, some of the educators and students we spoke to who were engaged in teaching about HIV/AIDS also tended to emphasise a moralistic approach, reflecting their commitment to what they themselves described as 'conservative Afrikaans values', and less informed, perhaps, by a sense of urgency and despair about what to do in response to the pandemic and its impact on students on campus. We elaborate on these moralistic responses in these very different universities below.

The historically disadvantaged university (like others in our study outside the major cities) was enormously disadvantaged in comparison with many of the other institutions we researched. It was located some kilometres outside a small town and had very few facilities on campus to occupy the students' time. There were no food shops and few places of entertainment. This meant, according to some members of senior management we interviewed, that students created their own entertainment by participating in 'bashes' (all-night parties), drinking and engaging in unsafe sexual practices. After such sessions, according to several interviewees, the health clinic was inundated with students going for check-ups for sexually transmitted diseases.

The vulnerability of these students was compounded by the inadequacy of accommodation on campus. Many students were living in cheap accommodation around the campus or squatting in halls of residence on campus, with perhaps two or three students occupying the same room. Furthermore, some women engaged in sex work as a means of improving their material circumstances, and it was common for men in relatively expensive cars to pick up women students who were waiting just outside the campus. Two members of senior management pointed out that these young women had multiple sexual partners. These were labelled in humorous ways as their 'Transport or Finance Ministers', denoting the ways in which they catered for the different material needs of these young women. These labels were commonly used on campus, so well known and so institutionalised was the practice of women students engaging in transactional sex with older, richer males from outside the campus.

All four members of senior management at this university were extremely concerned about the impact of HIV/AIDS on the student community, but differed in whether they attributed this to the material conditions or the morals of students. The member of senior management who focused most on adverse material conditions as the major factor in the spread of HIV/AIDS among the student population was relatively new to the institution. Perhaps, as an outsider, and from a well resourced university, he was particularly sensitive to the material inadequacies in this university. Although the other members of senior management spoke about this, they also raised the question of students' moral values, and argued that the (presumed) lack of these contributed to the spread of HIV/AIDS. For example, one member of senior management was concerned that the residences were mixed and also that they were not locked by 23.00 hours, since this, in his view, encouraged 'loose' moral values among students. Others blamed students for engaging in 'prostitution' and unsafe sexual practices at the 'bashes', while still recognising the material factors that encouraged this kind of behaviour.

One of these respondents (the DVC for student affairs) reported that he had tried to engage with members of the Students' Representative Council (SRC) about locking the residences by 23.00 hours, but that the SRC had claimed this was an infringement of the rights of students. His potential for dealing with the problem of HIV/AIDS on campus was, therefore, he said, restricted by the power of the SRC (which, he suggested, was motivated by political concerns rather than by the needs of students).

Where questions of student morality were raised elsewhere by members of staff in HEIs these, as we have already suggested, tended to be in previously advantaged institutions. At the relatively affluent and predominantly white campus already referred to (now merged with other much less affluent and mainly black campuses), the DVC for academic affairs reported that HIV/AIDS was not seen as a problem by students and staff because of dominant moral values which she described as 'Christian' and 'conservative'. This DVC's assessment was in stark contrast to the views expressed by senior management in the historically disadvantaged university mentioned above, not only in terms of the impact of HIV/AIDS on campus but also in terms of student morals. She suggested that the dominant conservative values of the campus made students less likely to engage in unsafe sexual practices. When asked if condoms were available for students on campus, she said she was not sure and thought they might be available in the residences, although there might be opposition to the introduction of these from students themselves, given their conservative values and the emphasis on abstinence outside marriage. However, she also recognised that as 'young people' they might be engaging in sex and that the importance they attached to conservative values might be problematic in that it created silences on issues related to sexuality.

This DVC was concerned that her own aims to infuse HIV/AIDS into the curriculum might meet with opposition from members of staff, partly because of their 'conservative values' and their reluctance to address the pandemic and its sexual modes of transmission. Her reasons for wanting to include issues related to the pandemic in the curriculum were to prepare students, as potential managers, to deal with the social and economic problems which HIV/AIDS would pose for their workforce, rather than addressing them as people who may themselves be HIV-positive or affected (on a personal and work level) by the pandemic.

The HICC at the same university expressed frustration with senior management (excluding the vice-chancellor) for their complacency about HIV/AIDS and for not ensuring that HIV/AIDS-related issues were incorporated into the curriculum in all subjects. He attributed this, in part, to their 'conservative moral values' and to assumptions that HIV/AIDS was not a disease affecting white people.

In the faculty of education at this university, HIV/AIDS was addressed in a life skills foundation module which all student teachers were expected to take in their first year, and was also infused into all subject-specific modules taken by students in subsequent years. In a focus group discussion with three lecturers in this faculty, one was responsible for this module, and the others taught Life Orientation for student teachers on programmes aimed at foundation phase and high school teaching; all three respondents spoke of the need to make students and learners aware of the nature and impact of HIV/AIDS, but stressed the importance of framing this in the context of 'family values'. This was the approach they wanted their students to take as potential teachers addressing issues relating to HIV/AIDS in class. More specifically, they wanted them to stress the importance of abstinence with learners at or beyond puberty, and focus on non-sexual modes of transmission and safety issues with children below the age of puberty.

These lecturers were committed to addressing their students as people who were themselves potentially affected by HIV/AIDS, unlike some of the other respondents on this campus. However, they also expressed the commonly held view that their students were less susceptible than others to contracting HIV/AIDS because of their commitment to 'conservative' and 'Christian' values, and they tended to emphasise the possibility of their students being affected rather than HIV-positive. They referred to people outside their communities (as the DVC for academic affairs had done), such as workers in their future workplaces, and to women who were susceptible to being raped. This was an issue of considerable concern given that one young woman student had recently been raped after going to a local nightclub where her drinks had been 'spiked'. The woman lecturer emphasised the 'purity' and 'innocence' of this woman in a way which implied that women students needed to be made aware of the dangers of HIV/AIDS not so much

because they might want to engage in sexual activities, but because they were at risk for forms of sexual abuse and violence outside the campus.

However, the male lecturer, whose students were going to be high school teachers, reported that his male students 'boast[ed]' in class about being sexually active with more than one woman. While this was quickly dismissed in the discussion as a typical case of empty 'bragging by boys' – maintaining the view that students were largely sexually abstinent – the respondents (and especially the lecturer with high school student teachers) started to focus more in the discussion on their students as sexual beings who may be engaging in sexual relations, and on how this made the provision of teaching modules with HIV/AIDS components particularly important.

A group of student teachers from this university (five white, one black and all female) wanted and expected to play moralistic roles as teachers in schools in relation to mitigating the impact of HIV/AIDS. Their approach towards teaching younger learners about HIV/AIDS (as was the case with the lecturer responsible for the foundation courses mentioned above) was not to raise and discuss issues related to sexuality. They rationalised this approach by indicating that foundation phase and even older primary school children were 'too young' to know about or be interested in sexual issues, yet it became clear, as they started to complain about how knowledgeable and sexually precocious some of their learners were at the primary schools where they did their teaching practice, that it was they (the student teachers) who were 'wishing innocence' (see Bhana 2006) upon children of this age.

In another previously advantaged HE institution which is now a university of technology with a predominantly black student population, three white male members of senior management also emphasised the importance of upholding what they described as 'conservative' values in mitigating the impact of HIV/AIDS. However, in contrast to the DVC at the relatively affluent, predominantly white campus in the HEI mentioned above, they spoke with passion and concern about the problem of HIV/AIDS, and how it was affecting their students, attributing this (in part) to what they saw as the sharp decline in moral values of young people generally. Their approach to dealing with the problem of HIV/AIDS was unclear and ambiguous. In part, they wanted to be able to develop programmes that would encourage students to adopt the 'conservative values' they advocated, but they also recognised the limitations of this approach and their lack of power to effect changes in students' values (given what they saw as the power of the media and peer groups, and the celebration of sexuality in these).

This focus group discussion included a black lecturer responsible for the Life Orientation programme for student teachers. He had been invited by senior management to attend the meeting because he was, according to them, the only member of staff who was dealing with issues related to HIV/AIDS. What was striking about this discussion was how the members of senior management started to question and problematise their own 'conservative values' in response to the interventions of the Life Orientation lecturer. For he elaborated on his own approach to teaching, which involved speaking explicitly and openly about sexuality and sexual practices such as oral sex, and how this not only enabled his students, as potential HIV/AIDS educators, to deal with issues and concerns which their future students might raise in relation to sexuality, but also to approach him as people who may be HIV-positive or affected by the pandemic. His intervention made the members of the management team reflect on their conservative values and the challenges not only of trying to infuse HIV/AIDS into the curriculum, but also of developing appropriate approaches and pedagogies given the predominantly 'conservative' values of the staff.

Another white middle-aged lecturer in this university in a focus group discussion drawn from the School of Accountancy spoke about the importance he attached to inculcating students with good values which he associated with 'religious beliefs'. He said he 'preached' to his students about the importance of not going to nightclubs, and was adamant that the church should play a key role in 'fighting this thing', and was the 'only place we can stop AIDS'. In line with these views, he showed religious videos in class, such as 'How great is

our God'. He also asserted constantly that the best way to 'get the message across' was to 'lead by example', and claimed that he served as a 'good role model' to students by dressing well and always being on time. He maintained that in this way students could learn 'morals and discipline'. This emphasis on educators as good role models (in the sense described by this lecturer) was also presented by the education faculty member responsible for first-year teacher training in relation to HIV/AIDS at another previously advantaged campus.

A parental approach in HEIs

Some respondents constructed themselves as 'parent figures'. This view was predominantly held by women students from the education faculty and by most senior staff who were interviewed at the predominantly white, previously advantaged campus already mentioned. These students and staff described their campus, their residences or their circle of friends as families, characterised by feelings of mutual concern about one another's welfare, and also by recognition of the moral authority of some who took on paternalistic or maternalistic roles.

For example, in the residences married staff were appointed as 'housefathers' and '[house]mothers' who were not only responsible for the running of the residences but also acted (as their names imply) as figures providing care and moral guidance for their students. At another institution, a white male senior manager argued that all interactions with students must be viewed as 'parent-child interactions', and said he played the role of a 'substitute parent' and saw himself as a 'local parent' – certainly a pastoral orientation rather than an academic one.

While they referred to pastoral support for students on issues other than sexuality, these respondents constructed their 'parental' roles in ways which seemed to preclude the possibility of students talking openly to them about problems they might be experiencing relating to sexuality and more specifically HIV/AIDS (in marked contrast to the black Life Orientation lecturer mentioned above, who was explicit about sexuality and took a non-judgmental approach to discussing sexuality). Faculty of Education staff at this campus took pride in being accessible and approachable to students with emotional problems. However, when questioned, none of the students, as far as they knew, had approached any member of staff (apart from those attending the health clinic) about issues related to HIV/AIDS.

Some students also seemed to adopt paternalistic or maternalistic roles, offering moral guidance to more junior students by accompanying them during rag week celebrations and making sure they did not, for example, go to night clubs.

A campaigning approach in HEIs

Some academic staff reported playing a 'campaigning' role in relation to generating awareness of HIV/AIDS, and being involved in institutional events or practices which sought to mitigate the impact of HIV/AIDS. This approach came from staff who seemed to play the role of 'AIDS activists', notably some of the directors of HIV/AIDS units. This position was in contrast to 'medical models' of HIV/AIDS which constructed the pandemic as a medical problem to be addressed only by professionally trained medical authorities. One such director linked the increase in 'on-the-ground initiatives and campaigns' to the decline of the medical model as the dominant way of understanding and presenting HIV/AIDS on campus.

For example, the Dean for student affairs in one university spoke positively about the installation of condom dispensers in all toilets and bathrooms on campus, in part because they 'raised awareness by their visibility everywhere'. She also referred to the educational opportunities (such as poster projects to heighten awareness) for students to engage directly with HIV/AIDS-related issues. However, she was also critical of the failure of the institution to make students sufficiently aware of the establishment of the HIV/AIDS centre eight months before.

Academic staff in various universities spoke about holding 'candlelight vigils' for those who had died as a result of the pandemic. However, given the secrecy surrounding HIV/AIDS and the general failure of deaths to

be recorded as HIV/AIDS-related, they were not aware of the identity of specific students who had died. In one university HIV/AIDS activities comprised drama activities, events organised by the university choir and visits by activists from the Treatment Action Campaign.

The campaigning role was particularly emphasised by educators who were committed to raising the profile of HIV/AIDS in institutions in which the pandemic was given a low priority. Campaigning in this context can meet with resistance. For example, one respondent who was in charge of the health and wellness centre in her institution, which provided support and counselling for HIV-positive students and also ran peer education programmes, reported that she was 'ostracised' by staff, and notably by members of senior management (excluding the vice-chancellor) for campaigning about HIV/AIDS and making it a high profile issue. This was in spite of her strategic decision to focus in her campaigning on abstinence rather than on safer sex and the use of condoms, so as not to offend 'conservative' students and staff and turn them against her.

Simply raising the issue of HIV/AIDS at this campus offended the moral values of 'powerful' figures, who viewed this respondent as a 'maverick' figure and 'wondered what this woman was going to do next'. Yet, she claimed, sexual activity was common among students on campus (even if this was denied, not only by senior management but generally by staff and students themselves), as evidenced by the uptake of condoms (20,000 in one month) from dispensers placed in toilets around campus. (Condom dispensers were forbidden in the residences at this institution.) She did say, however, that through persistent campaigning in her unit, staff complacency regarding HIV/AIDS and opposition to measures addressing HIV/AIDS were not as marked as when she started some years ago. She was able to draw on the university's compulsory involvement in the HEAIDS programme for raising the profile of HIV/AIDS education and research in HEIs to give some legitimacy to her position and concerns.

In another merged university with a predominantly white senior management, the director of the HIV/AIDS unit also complained of the 'rough ride' she was having as a result of academics' and senior management's complacency and intransigence. Initially, when she was appointed, she said she 'felt trapped', as if she was working in a 'storeroom'. But like the head of the HIV/AIDS unit above she had through 'hard work and persistence … made inroads', reflected in the establishment of a new unit in 2005.

According to some educators who identified themselves as 'activists', opposition to HIV/AIDS campaigning came from members of staff and students who claimed they were 'tired of hearing about HIV/AIDS' or experiencing what is sometimes referred to as HIV/AIDS fatigue (see Pattman and Chege 2003). This opposition was expressed mainly at HEIs where HIV/AIDS had a very low profile; this presumably reflected opposition to any attempt to raise awareness of the possibility of HIV/AIDS as a problem among students on their campus. In some instances, however, the opposition was expressed at universities where HIV/AIDS was addressed as a serious problem. For example, the institutional requirement at one such university that all lecturers spend five minutes at the beginning of each lecture to say something about HIV/AIDS was met with a mixed reception. Some staff who were interviewed welcomed this as an important and way of generating continuous awareness about HIV/AIDS, while others criticised it as a ritualistic activity which alienated both staff and students and contributed to HIV/AIDS fatigue.

In some universities, members of staff who were required to teach about the pandemic complained about HIV/AIDS fatigue. For example, the coordinator of a NPDE programme indicated that both she and the teachers on her programme felt 'saturated' with knowledge about HIV/AIDS. They asked, 'What is there that is new?', suggesting that their approach to teaching about the pandemic may be restricted to presenting facts related to HIV/AIDS.

Approaches to research in HEIs

While it was usually in relation to their teaching and support roles that educators saw a role (or potential role) for themselves in mitigating the impact of HIV/

AIDS, occasionally interviewees indicated that they could make a contribution through pursuing their other contractual obligations as academics, namely research and engaging with local communities. For example, a senior lecturer in education at a historically advantaged university spoke about her action research, which combined all three of the obligations which academics are expected to fulfill. However, this response was unusual, and more often respondents, including figures in senior management and directors of HIV/AIDS units, were unsure about the amount and nature of HIV/AIDS research being undertaken in their universities. At one university with a medical school, the DVC for research was very knowledgeable about the medical research projects being conducted in the university in the area of HIV/AIDS, but much less so about research related to the social impact of the pandemic.

One respondent who was very clear about the role academic staff could play as researchers in mitigating the impact of HIV/AIDS in local communities was the educator responsible for HIV/AIDS at a historically disadvantaged university. Here HIV/AIDS was recognised as a serious problem in the surrounding communities, and the respondent made an impassioned case for more academic staff at his institution to become involved in research on social issues relating to HIV/AIDS in local communities:

> Most research around HIV/AIDS is social and does not need expensive equipment but no-one is doing it. For example, research could be done around support groups. Other researchers come from other institutions, collect data, leave and then publish internationally under the name of their institution where the data is being collected.

Interestingly, research projects related to HIV/AIDS were often undertaken in the more affluent universities with medical schools. In one such institution, the DVC responsible for research tended to concentrate on HIV/AIDS-related projects conducted in the medical field as opposed to the social sciences.

The director of HIV/AIDS-related affairs mentioned above suggested that people with research skills could be brought into his university to train staff and help 'start collaborative projects based in the institution':

> This would help develop an infrastructure and a framework that staff can link into and build on, thus contributing to the developing of a research culture, especially in an institution like this where research output historically has been minimal.

He bemoaned the fact that there was a 'general level of inertia with regard to research at his institution', and implicated senior professors who, he argued, should 'be actively involved in research and encourage other more junior staff members to come on board'. He thought 'more funding' might act as an incentive to encourage more staff to develop and engage in HIV/AIDS-related research projects, although he also recognised the dangers of 'making people interested in research for the wrong reasons'.

But in spite of the difficulties of encouraging staff to engage in action research on the social aspects of HIV/AIDS, he had employed about 40 people in his unit who were working as researchers on such projects. The priority in these was to help the communities over and above the usual concerns with producing publications, although he stressed that it was rigorous academic research:

> [The units] are involved in action research where they go into communities and assess the situation and then devise relevant interventions. The findings may not be immediately publishable but it is research, using research methodologies...

Management support and leadership in HEIs

An important issue was the support or lack of support for HIV/AIDS initiatives or for members of staff engaged in the area of HIV/AIDS, usually in a pastoral, counselling, medical or teaching capacity. As one HIV/AIDS unit coordinator claimed, 'it's difficult driving something from the bottom … it's important to get support from the top.' Both she and a senior lecturer in education at the same university were very

complimentary about the supportive role management played at the university.

In general, vice-chancellors and management were praised for being supportive, and recognising the importance of addressing students holistically and not only in terms of their academic performance. A health promoter in a historically disadvantaged university described the rector as a 'father figure' who created an environment in which he was 'proud' to be working. The HICC chair in the same university indicated that the vice-chancellor was committed to producing 'a whole person', with emphasis not only on educating students to follow particular career paths but also to ensure that they became 'responsible' citizens. Vice-chancellors were also sometimes seen as role models: for example, a peer educator in a focus group discussion described her vice-chancellor as a 'positive role model' for talking about HIV/AIDS 'wherever possible in public fora', and in another university the vice-chancellor was criticised for not doing so. A vice-chancellor was praised by the health coordinator at a predominantly white campus for raising the profile of HIV/AIDS by getting tested. (However, she pointed out that almost all the students who chose to be tested, following the vice-chancellor's example, were not, in her opinion, the ones who were most at risk of contracting HIV/AIDS.) In a historically advantaged university, the DVC for academic affairs pointed out that there was 'a significant increase in the number of students coming forward to be tested' after senior executive figures such as deans and deputy deans led by example and were tested and photographed during a week-long SRC campaign to highlight the impact of HIV/AIDS and the importance of testing.

This kind of role modelling was also criticised as ritualistic and ineffectual: one lecturer in psychology was 'horrified' when management went for testing for, in her view, they were entrenching a message that 'we are brave' but also creating an impression that 'we are safe'.

While those who were specifically responsible for student health and welfare generally complimented senior management for the support they received, some were scathing about the lack of management commitment with respect to HIV/AIDS and its impact. In one university the head of student health complained about the failure of senior management to prioritise health by claiming that their institution's core business was education. Some respondents who presented similar criticisms saw management's complacency as leading to a vicious circle: the tendency to disregard the impact of HIV/AIDS actually served to reinforce and confirm the view that it was not a serious problem. This was very frustrating for respondents who were responsible for the coordination of HIV/AIDS programmes on a previously advantaged campus. These members of staff (interviewed individually) contradicted claims by the DVC for academic affairs that she was trying to mainstream HIV/AIDS by infusing it into the curriculum. They claimed that senior management on this particular campus did not treat the pandemic with the seriousness it deserved, and that their complacency about HIV/AIDS was rooted in common assumptions that HIV/AIDS was not a white person's problem, and certainly not one which affected students and staff who allegedly subscribed to 'conservative values'.

Complaints about the failure of academics to accept they had a role to play in mitigating the impact of HIV/AIDS in their institutions were also made by senior management figures themselves. These were aimed at senior personnel slightly lower down in the institutional hierarchy, notably deans who were criticised by senior management personnel in two HEIs for their failure to provide constructive leadership on issues such as the infusion of HIV/AIDS into the curriculum.

Complaints about lack of support for HIV/AIDS initiatives, such as infusion programmes, were also directed by senior management at junior academic staff, who were sometimes criticised for their lack of enthusiasm for such initiatives. The HICC chair in a historically disadvantaged university spoke about a programme that aimed to attract interested members of staff and train them to become leaders in HIV/AIDS support and prevention. However, there was no uptake by members of staff for this programme, reflecting, he said, the disinterest and ignorance of the majority of staff regarding HIV/AIDS-related issues.

The HICC chairs we spoke to, even in those universities where HIV/AIDS had a relatively low profile, usually displayed leadership qualities such as enthusiasm, commitment and understanding. At one HEI, however, the HICC chair explained that all her time was taken up with her responsibilities as DVC and that she knew very little about what was happening in the university in relation to the pandemic. She expressed surprise that she was being interviewed on this topic.

Peer educator approaches in HEIs

Peer education raises student awareness and provides pastoral support. This approach was praised by academic staff in a variety of HEIs. Peer education, as discussed in Chapter 3, has been introduced more generally (for example among sex workers, migrant workers living in hostels as well as school learners and university students) on the grounds of democratising pedagogic relations and facilitating communication about sensitive issues. Indeed, when explaining the rationale for peer education, some academic staff as well as peer educators claimed that peer educators were better equipped than staff members to mitigate the impact of HIV/AIDS because they could identify with students because of their age and equal status at the institution. Some respondents pointed to the leadership roles that student peer educators played. For example, a respondent responsible for staff and student wellness viewed peer educators as playing a mediating leadership role, as the 'eyes and ears of the campus' who could refer students with problems to professionals.

In a focus group discussion with student peer educators in one institution, the educators made it clear that their role was not to 'preach to students' but to 'educate in an interactive way', often breaking up into small groups and 'opening up discussions on difficult topics' and using methods such as drama and role plays. They described themselves as being 'the face of AIDS' although they also pointed out that 'some people shun [them]'.

Peer educators were said to play particularly significant roles in the residences, as well as in schools which they visited. In two institutions it was mentioned that peer educators lived in different residences, and made a point of talking to people and promoting events in their various residences. In a focus group with peer educators, they reported that when they visited schools they developed different activities based on 'the school's specific environment, using local culture and language, the language spoken'. Video clips, plays and icebreakers were used and issues such as stigma and the use of condoms were addressed. Teachers were asked not to come to the classes because they would affect the group dynamics and make it more difficult for learners to discuss issues related to sexuality and HIV/AIDS, although they did approach the peer educators on their own for help and advice.

The universities had training programmes in place for peer educators in which they were taught, in participatory and experiential ways, basic counselling skills and how to interact with students about HIV/AIDS and other health-related issues. In order to participate in these programmes, students were interviewed to assess levels of motivation and appropriate skills. After a year-long training programme, the peer education manager at one university believed that the students become 'leaders in AIDS activities even after they leave'.

In one institution, the HICC Chair (who was also the director of the HIV/AIDS programme) described two programmes drawing on the empathetic understandings and skills of students as educators and providers of pastoral support. First, there was the academic mentor programme, which started with a 'buddy system' to help new students socialise. Second, a peer helper programme had been set up to address health-related problems. In another institution the health coordinator reported that they had two peer support programmes, one involving peer helpers who worked at the centre and were responsible for counselling students with emotional problems, and the other involving peer educators who offered interactive educational programmes and were involved in campaigning about health issues such as breast cancer and HIV/AIDS. She hoped that the two roles would be combined in the future, with training programmes aimed at producing students with skills as educators as well as counsellors and providers of pastoral support and care.

Senior management figures in some universities reported that there were staff as well as student peer educators and training programmes. However, it seems that these may have a very low profile – in one university, lecturers knew nothing about staff peer educators mentioned by the DVC for academic affairs.

While research on the effects of peer educators in schools has often reported very positive findings, other research, as noted in chapter 3 (Campbell 2003; James 2002; Pattman and Cockerill 2007), has suggested that the leadership roles of peer educators may be severely compromised either by the reluctance of their fellow learners or students to accord them respect or by their own investments in asserting their authority as leaders. Generally this did not seem to be a problem in the peer education programmes we encountered, given their emphasis on developing empathetic and participatory approaches. However, in two historically disadvantaged HEIs, the student leadership in the form of the SRC was criticised for being influenced by narrow political aims and reducing HIV/AIDS, as the DVC for student affairs in one of these universities remarked, to a kind of political football. In this university, student politics was marked by conflicts between two political parties, and the positions they took on issues related to HIV/AIDS were felt by the DVC to be driven by political expediency rather than convictions. This and the fact that the SRC wielded considerable power made it difficult for him to initiate and implement policies aimed at mitigating the impact of HIV/AIDS on campus.

Approaches to mitigating the impact of HIV/AIDS in FET Colleges and Schools

The kinds of approaches adopted or advocated by our participants in FET colleges and schools seemed to be framed much more than in universities by the immediacy of the HIV/AIDS pandemic in their communities (see section on the *Immediacy of HIV/AIDS in schools* in Chapter 4). In schools, certainly, but also in some of the FET institutions in our study, this was clearly reflected in a strong commitment to engaging in pastoral duties, and in the concerns expressed by many of our respondents. It should be noted that school-based educators, in contrast to educators in the HE and FET institutions, are expected as part of their contracts of employment to assume a pastoral role, and that many of those participating in our research in schools were Life Orientation educators with specific responsibilities related to the pandemic. These educators described the pastoral and preventive approaches they were trying to adopt, and the difficulties and frustrations they were experiencing in developing these.

As with the universities, a few participants in the schools and FET colleges thought that it was the responsibility of specialised counsellors to deal with the impact of HIV/AIDS in their institutions. But whereas in the universities the argument that HIV/AIDS was irrelevant with respect to their roles as educators or academics was frequently made (and often contested), this was not the case in the FET colleges and in the schools in particular.

In this section, we outline the following approaches that emerged in our discussions in the schools and FET colleges:

- taking holistic approaches and adopting pastoral roles;
- engaging with the community;
- lack of interest amongst educators;
- taking moralistic and pragmatic approaches;
- adopting strategies to address stigma;

Taking holistic approaches and adopting pastoral roles

Our research shows that educators, most notably in schools, are developing initiatives aimed at helping learners who are HIV-positive or otherwise affected by HIV/AIDS, and/or are experiencing other social problems such as hunger. Such concerns are usually explicitly informed by familiarity with the lives of learners as members of the local community, living in the context of particular socio-economic conditions and social relations with emotional and physical needs which may not be met. As part of their contractual obligations, teachers are expected to take an interest

in the social lives of their learners and to offer guidance and support which is not purely academic; but with the impact of HIV/AIDS the counselling roles of teachers have become hugely significant. This was illustrated by the range of pastoral concerns expressed by teachers in our study and the kinds of initiatives some of them were developing to address these.

Taking a holistic approach and developing their pastoral roles and sensitivities, some educators spoke about how they looked out for learners in their classes who seemed tired or sick or hungry. For example, one principal said she was very observant, identifying learners as soon as they got sick. She would then call the parent and ask her to take the child to the clinic. A Life Orientation teacher pointed to the importance of 'knowing the backgrounds' of her learners 'because sometimes you see that a kid is misbehaving here only to find out after speaking to him that there is something bothering that kid, they just need an ear.' This teacher was thinking specifically about children affected by HIV/AIDS: 'The kids who are affected by HIV/AIDS will come to school stressed, so the school must have a role to play.' Some teachers mentioned bringing food to school to give to learners they felt might be HIV-positive or otherwise affected by HIV/AIDS.

HIV/AIDS was understood by educators taking a holistic approach as a complex social problem rather than a medical issue, exacerbated by a series of other problems such as poverty, malnutrition or hunger. Feeding schemes which had been set up in some schools to address problems of hunger in the local communities were presented as helping in particular those who might be HIV-positive or otherwise affected by HIV/AIDS. Linkages were drawn by a number of educators we interviewed between poverty, prostitution and HIV/AIDS. One respondent, an SGB member, proposed the formation of a forum in the school not only 'to approach children who are prostituting to discourage them from doing so' but also 'to find a way to help those children.' He said that discussions were going on at his school about setting up a survey of the home backgrounds of all the learners in order to identify those most at risk. Connections were drawn by a principal in another school between drug taking and risky sexual behaviour, and a survey had recently been conducted on the extent of drug use in his school.

Some educators who advocated a holistic and empathetic approach wanted teachers to be like parents, 'offering guidance as well as assisting one another' (principal). On a personal level, many examples were given of educators behaving like caring parents in relation to their learners, such as taking sick children to the clinic or home, as well as monitoring their medication. Some educators interviewed wanted to be like parents to children of child-headed households in particular. They mentioned how they could play a vital role in providing information and guidance for referral to support organisations. One teacher had actually taken into his home one of the learners whose parents had died the previous year. However, some educators seemed to associate parenthood with stricter and more moralistic forms of guidance than others.

The kinds of pastoral interventions the educators described were a mix of individual and institutional initiatives, and these were often difficult to disentangle, in part because people's participation in institutional interventions was largely voluntary. But it would be wrong to give the impression that pastoral interventions were simply motivated by particular individuals. Some schools' intervention programmes seemed to be highly structured and well conceived. For example, in one school the School Based Support Team (SBST) played an important institutional role in providing support for both learners and their parents, although all the educators assisted in providing care. Learners were encouraged to eat at school in the feeding scheme. The SBST, helped by educators, canvassed for donations of food and clothing from NGOs and from social development services. Some of the donations were given to the parents, whose average age was very young. Many of the parents were so young that they did not have identity documents. The SBST helped them to obtain identity documents and birth certificates.

Taking a holistic approach towards young people, some educators challenged conventional epistemologies which assume that knowledge is monopolised by

teachers. For example, a school principal acknowledged the importance of knowledge in dealing with HIV/AIDS in the school, but made a powerful case for acquiring knowledge through practical engagement with the problem.

> But now knowledge is something. My knowledge – I gained my knowledge from visiting that house, sitting on the same bed with that little girl, having discussions with her. What's her feeling? What's going through her head? Much more valuable than reading in a book is the girl's experience.

This educator was overturning conventional understandings of educator-learner relations, learning from the learner or at least from her engagement with the learner outside the school context. Other teachers also mentioned visiting the homes of learners they thought were ill or affected.

Some Life Orientation educators spoke about how their approach to teaching was influenced by holistic views of individuals. As one educator explained, his teaching was informed by the assumption that 'learners need more than academic growth … they also need to grow spiritually to be full members of society.' For example, he hoped that as a result of taking his courses learners would go beyond just knowing about HIV/AIDS and would want to help people with AIDS. Taking a similar line, the principal argued that the school should not just focus on 'imparting academic knowledge', but should also address social issues that lead to transmission, and promote community empowerment to involve other people in awareness raising. This pedagogic understanding is very much at odds with the one advanced by some teachers who 'did not see themselves as doing anything beyond the curriculum'.

Our participants in FET colleges placed considerably less emphasis on pastoral roles they were playing or might play in mitigating the impact of HIV/AIDS. This is not to say such roles were not raised – rather, they were addressed less frequently and were framed as institutional concerns rather than as individual ones. For example, managers in one FET college discussed how the institution could mediate more effectively the transition from school to college, and recognised the vulnerability of students and the risk of HIV transmission. However, a few of our participants in FET colleges thought they could learn from some of the pastoral initiatives which schools had pioneered. For example, campus managers in one FET college believed that feeding schemes available at schooling level should be extended to FET colleges as some students who were affected by HIV/AIDS did not have food. Responding to this, the college conducted a survey through Student Support Services to explore the nutritional requirements of students and found that many students were hungry.

Engaging with the community

While HE participants discussed engagement with the community in the context of research or community outreach (obligations which university-based educators are expected to fulfill), FET college respondents paid little attention to this. In contrast, engaging with the community was something which was raised and discussed quite frequently by school-based participants in the study. While some educators stressed the limitations of their capacity to help and support local communities, this was nevertheless an important topic for many which came from a commitment to holistic approaches.

School-based educators were themselves constructed as significant members of the community. One educator described schools as being 'a centre of hope in addressing problems in communities – they are the light'. In another school, some participants elaborated on this, and one indicated that 'the community looks upon teachers for assistance in many areas since they are the enlightened members in the community.' While they enjoyed being seen in this way, they were also concerned that they did not have the time, knowledge or resources to be able to assist in community initiatives to mitigate the impact of HIV/AIDS.

Some schools had organised interventions such as feeding schemes aimed not just at their learners but also at members of the local community more

generally. Other school-based community interventions, aimed at mitigating the impact of HIV/AIDS, included:

- Donating clothes to 'needy kids'.
- Working with NGOs such as HOPE, which gives information to the children on how to handle sick people at home. HOPE comes to the school twice a week and has been providing services to the school and community for the past three years.
- Visiting homes and hospitals, which helps educators to understand the background of the children.
- Creating community awareness by providing information, because some parents think that they are 'bewitched' when they are sick and the possibility of being HIV-positive is not immediately considered.
- Organising partnerships with the Department of Health to provide VCT and constant support for those who are HIV-positive or otherwise affected by HIV/AIDS.
- Arranging with the Departments of Home Affairs and Social Development for learners to obtain social grants.

Some educators in schools wanted to establish closer linkages between their schools and the community in order to provide parental access to information on HIV/AIDS and to generate more awareness among parents about HIV/AIDS-related issues.

Lack of interest among educators

Although HIV/AIDS has focused attention on the pastoral relations between educators (notably in the school sector) and learners or students, lack of interest in addressing the pandemic was also evident. Doing nothing or very little in relation to HIV/AIDS is still a course of action, informed by certain views and having particular consequences.

Lack of interest came through in the research in two ways. In one sense it was rarely openly admitted by our participants. Usually it emerged indirectly in discussions when, for example, Life Orientation teachers complained about lack of support from the school's leadership, or when participants demonstrated it by their lack of engagement in the discussions or their vagueness (if they were senior management figures) about school or college policy on HIV/AIDS. However, those teachers and FET college lecturers who did explicitly acknowledge that they did not engage with HIV/AIDS felt strongly about the reasons they gave. These included factors such as curriculum and administrative overload; feelings of inadequacy in dealing with these issues, and other social factors affecting learner; and a sense that their roles as teachers or FET lecturers are difficult enough as it is.

The degree of interest (acknowledged and unacknowledged) amongst respondents emerged in fluid ways through the dynamics of each research event, and is captured through the reflections of the researcher. This issue has therefore been addressed in the previous chapter (Chapter 4), and these details will not be repeated here.

Taking moralistic and pragmatic approaches

Informing social stigma in relation to HIV/AIDS is the assumption that HIV/AIDS is the product of immoral behaviour. Very few of our interviewees explicitly took this position or echoed the words of the principal who described HIV/AIDS as 'a punishment for the sins of adulterous adults'. However, many of our participants, mainly in schools but also in FET colleges, implied this by encouraging abstinence not simply as the most effective way of protecting oneself, but also as a moral ideal outside of marriage which, if breached, could lead to HIV transmission.

Campus managers at FET colleges, for example, indicated that during HIV/AIDS awareness campaigns held at the college they tried to promote a value system which emphasised abstinence.

> We must go beyond teaching subject content to teach morals. With the new FET system, we enrol students as young as 15 years old.

Abstinence then was not simply presented as a foolproof form of prevention but was framed as a moral

ideal aimed, they said, at 'preserving children's innocence'. As some writers such as Bhana (2007) have argued, adult constructions and projections of 'innocence' on children serve to regulate their behaviour, and yet are contradictory since they assume that children are non-sexual, but also construct this as a moral ideal about which children have constantly to be reminded.

Although some educators in certain HE institutions advocated abstinence on moral grounds, there was much more emphasis on this in conversations with our participants in schools and FET colleges. This is not surprising given the differences in age between school learners and university students, and also in view of the pastoral responsibilities of teachers.

One Life Orientation teacher elevated postponing sex into an ideal by associating it with a general commitment to long term 'visions and dreams' to which she encouraged her learners to aspire. Other Life Orientation teachers argued for abstention on practical rather than moral grounds by emphasising the unreliability (in her view) of condoms, a familiar position taken by a number of educators who are, nevertheless, committed on moral grounds to abstention (see for example Pattman and Cockerill 2007).

But the opposition to the promotion of condoms for young people in their schools also took an explicitly moral (and hostile form) as expressed by a principal in one school, who expelled representatives of the Treatment Action Campaign (who had been invited to his school to talk about HIV/AIDS and prevention) for coming to the school with condoms. He said that the school was 'preaching abstinence' and that his primary school learners should not be encouraged to engage in sex which, he presumed, the promotion of condoms was doing.

Another principal also dismissed a group of outside experts who had been invited 'to teach the children about HIV/AIDS' for presenting 'explicit pictures of sexual organs' which 'worried [him] a lot'. Other school principals had made sure they invited outsiders to speak about HIV/AIDS to the children who they knew would present moralistic positions condemning sex outside marriage. For example, the SGB chair in one school indicated that they had invited a pastor to 'speak to the children about the relation between moral values as contained in the bible and the fight against HIV/AIDS'.

Some educators who referred to the virtues of abstinence emphasised what they understood as 'moral degeneration' in society, especially among young people, and advocated the promotion of abstinence as a form of moral regeneration. The principal and SGB chairperson in one school supported HIV/AIDS programmes on the basis of countering 'the current moral degeneration of learners', which they argued was one of the major causes for the spread of the pandemic among young people. The importance, as they saw it, of promoting abstinence in HIV/AIDS programmes seemed to derive from the emphasis they placed on the lack of moral values regulating the lives of young people promoted, as some educators argued, by pornography children were seeing on television and on their cell phones.

It could be argued that, in taking a moralistic position, educators were contributing to the stigmatisation of HIV/AIDS. This was illustrated in a comment made by a head of department in a FET college who, when arguing against the stigmatisation of people with HIV/AIDS, highlighted the 'innocence' of some victims (infected by blood transfusions) – by implication, assuming the 'guilt' of others (infected as a result of sex or sex outside marriage). Another educator, a principal at a FET college, wanted his institution to play a role in 'encouraging everyone, including learners and parents, to be comfortable with talking about HIV/AIDS', so that the teacher can then 'play a moral regeneration role to encourage learners not to get infected'. It could be argued, however, that it is precisely by linking HIV transmission to 'moral degeneration' that makes it difficult for people who are HIV-positive or otherwise affected by HIV/AIDS to talk about this.

A few educators, more in FET colleges than in schools, took issue with the exclusive focus on abstention as an ideal means of prevention encouraged in HIV/AIDS

education programmes. One principal argued that 'we need to look at the reality that learners are getting pregnant, so abstinence messages are not working.' This was in sharp contrast to other educators who interpreted the failure of abstinence messages in education as evidence that these were not being emphasised sufficiently in a culture of moral decline. This principal advocated not only the promotion of condoms in HIV/AIDS education in schools as one form of prevention, but also their availability in schools, so that young people have access to 'the accompanying tools for prevention'. He recognised, however, that this would be regarded as encouraging sexual behaviour and would cause problems with parents. This dilemma, he said, suggested an approach which involved working closely with the School Governing Body (SGB) in HIV/AIDS work so that 'they are convinced to look beyond the moral issues'.

Promotion of the use of condoms on pragmatic grounds (and in conjunction with rather than in place of abstention) was not very common in schools, although in one school a number of teachers argued that 'kids are kids and they like to play with toys' and that 'measures' needed to be put in place to 'teach them not to compromise the safety part'. But more educators in FET colleges were committed to promoting and supplying condoms in their institutions.

For example, heads of department in one FET college distinguished between the particular personal moral and religious beliefs of educators and 'institutional needs', and argued that the latter had to take priority over the former in influencing the approach they adopted towards educating about HIV/AIDS. These institutional needs were served by the promotion of condoms precisely because of the sexual engagement of many students. Interestingly, they indicated that they themselves 'first preached abstinence' until 'they realised student behaviour was leaning towards engaging in sexual activities'. They then promoted condom use, 'emphasising that condoms were not 100% effective'. This pragmatic approach is born out of the recognition that their students are engaging in sex, and they therefore need to be encouraged to find ways to minimise the risks of HIV transmission.

Some campus managers intimated that although their college, at one point, placed condoms in the toilets in order to comply with DoE regulations, they were unhappy on moral grounds about doing so. Some indicated that there were restrictions on the availability of condoms – for example, they were not openly dispensed and were only available through the office of the AIDS Counsellor. (Compare with Jean Baxen (2006) on Life Skills educators who opposed condom use by young people but were required to do this by the demands of the curriculum.) Other managers, however, stressing the fact that many of their students were sexually active, were much more positive about providing condoms through dispensers in their institutions' toilets.

Adopting strategies to address stigma

Stigma related to HIV/AIDS was identified by many of our interviewees (including some who adopted moralistic approaches which, it has been argued, has contributed to stigma) in schools and FET colleges as a problem that posed major difficulties for engaging with young people about HIV/AIDS. The fact that students and learners were unlikely to talk openly about being HIV-positive or affected by HIV/AIDS (despite the immediacy of its impact in schools, colleges and local communities) hampered their effectiveness as HIV/AIDS educators. The stigma related to HIV/AIDS sets up a vicious circle – young people were reluctant to disclose and to talk about their HIV-positive status or being affected by the pandemic, yet it was only through being open about this that stigma could be addressed.

Significantly, very few of our interviewees spoke about the effects of stigma on themselves and how this influenced their effectiveness as educators in mitigating the impact of HIV/AIDS in their institutions. However, some teachers implied that talking about HIV/AIDS might be difficult for them because of its associations with sexuality, and several laughed with embarrassment on being asked what they taught in Life Orientation. Sex was an embarrassing topic for many educators, especially when introduced by sexually precocious learners who, according to one teacher

in school, draw pornographic pictures or roll up their jerseys to make themselves look pregnant. Another problem confronting all educators was how to deal with learners in their classes who were HIV-positive. This was raised by educators who claimed they were 'scared' and needed support; as one of them put it, 'when you have three learners infected and sickly you become affected and get no support from anyone'.

The issue of sensitivity was also raised in the context of teacher training. In the HEIs several lecturers who were responsible for teaching training programmes in Life Orientation also spoke about student teachers' embarrassment about addressing sexuality in class. One lecturer at a historically advantaged university, who was responsible for developing a curriculum aimed at preparing Life Orientation teachers, explained that as a result of their lack of confidence in dealing with sexuality, teachers often 'concentrated on the facts' and were not prepared to 'talk about emotional issues'. (In Pattman and Chege's (2003) study of young people, discussed in Chapter 3, links are drawn between teachers' embarrassment about addressing sexuality and the promotion of didactic styles of teaching, pp. 57-58.) A programme coordinator at a historically disadvantaged university responded to the concerns of teachers about broaching such a 'sensitive topic' (especially if they were themselves HIV-positive or affected by the pandemic) by acknowledging these sensitivities, and even excusing teachers from participating in particular lessons about HIV/AIDS if they so wished. Also, when HIV/AIDS-related issues were addressed on the NPDE course they were approached informally, in the form of a discussion on 'barriers to learning'. The effect of this strategy was to make it easier for the NPDE students to participate in the lessons about HIV/AIDS and even to 'volunteer to share their own personal experiences'. However, if the in-service teachers on the NPDE programme have problems but are unwilling to discuss them with NPDE staff, they are referred to counsellors in the department of psychology.

In sum, educators felt constrained because they were ill equipped in terms of training and support, and/or were scared, embarrassed or unsure how to engage with young people about the pandemic.

The approaches our interviewees developed in order to address stigma tended to be ones which attempted to present the reality of HIV/AIDS as a disease which affected ordinary people in concrete ways. This took various forms, which are set out below.

- ***Addressing and problematising discrimination, 'labelling' and social stigma with learners and students in class and/or in HIV/AIDS awareness campaigns.*** This was the most common strategy put forward by educators in schools and FET colleges both for addressing the problem of stigma and for exemplifying an approach towards discussing HIV/AIDS which is not itself influenced by stigma. A few educators also mentioned targeting parents in HIV/AIDS awareness campaigns, partly so that they may be more open with their children about HIV/AIDS.
- ***Trying to ensure that young people who are HIV-positive or otherwise affected by HIV/AIDS do not experience discrimination, and helping and supporting those who do.*** In some schools, teachers mentioned making sure learners who were HIV-positive were involved in all activities. A few teachers mentioned how school feeding schemes set up to help malnourished learners might lead to some of these learners being stigmatised as poor, a situation which would be compounded if such children were known to be HIV-positive. The principal of one school indicated that teenage girls were especially susceptible to being stigmatised by boys for participating in the feeding scheme. She spoke about how she persuaded one such girl to participate, an orphan living in conditions of poverty who did not come for food at school because she was 'shy' and felt 'degraded standing in the queue for food'. It seemed she was successful in doing this because of the interest she took in this girl, visiting her at her home.
- ***Addressing HIV/AIDS as they would any other disease.*** Some educators developed approaches to teaching about HIV/AIDS, which presented it as ordinary 'like any other disease', something tangible, real and immediate which, in some cases, personally affected them (the educators). For example, one lecturer in a focus group discussion in

an FET college spoke about how he tried to help his HIV-positive nephew deal with the effects of stigma associated with HIV/AIDS by impressing on him that it was an 'ordinary disease':

> You let them you know that AIDS is dangerous but it is not the devil. If you say it is the devil then it will mean you are rejecting the infected ones.

- ***Inviting people with HIV/AIDS to talk to learners about living with HIV/AIDS.*** A number of educators interviewed in schools mentioned that their school organised HIV/AIDS awareness functions where a HIV-positive person would be invited as a motivational speaker. For example, educators in one school had invited a HIV-positive member of the local community, and the principal mentioned inviting a former learner who was HIV-positive and now a member of the Treatment Action Campaign to speak to learners.
- ***Developing student- or learner-centred pedagogic approaches which encouraged young people to talk about issues related to HIV/AIDS.*** The kinds of pedagogic approaches some educators adopted to make it easier to address HIV/AIDS-related issues were fun activities in which the learners were active participants, such as role plays or games. In these, issues about HIV/AIDS could be raised indirectly through characters the young people were playing in contexts they had invented. Furthermore, as one Life Orientation teacher explained, they helped her to establish a 'more casual' relationship with her learners and make her 'easier to approach than other teachers'. This educator combined this approach with counselling learners individually or in pairs, discussing their home circumstances and other issues related to their lives outside the school. Rather than putting the onus on her learners to approach her about HIV/AIDS-related and other problems, and then blaming the effects of social stigma for their failure to do so, her approach was to try and make herself open and accessible. In this way learners might feel free to discuss concerns they might have outside school which they might be afraid of articulating to other teachers. She was also being proactive by approaching the learners herself, rather than waiting for them to come to her and confide in her about their problems. This was something many educators said they were afraid to do, for fear of putting pressure on young people to disclose and breach confidentiality. However, educators in other schools were providing learners with opportunities to divulge their problems while retaining anonymity, for example making available suggestion boxes for learners to leave notes about problems they might have.
- ***Educators speaking from personal experience about people they knew who were HIV-positive or suffering from other diseases.*** Only one educator mentioned talking to learners about close friends and relatives who were HIV-positive. This teacher said he shares with learners his own personal experiences of the impact of HIV/AIDS by talking in class about how he lost members of his family as a result of the pandemic.
- ***Addressing the problem of social stigma among staff.*** Many of our respondents in schools and FET colleges indicated that a key plank in any institutional approach must be to deal with the social stigma related to HIV/AIDS in order to 'get people to openly talk about the problem', but most educators envisaged this as an approach aimed specifically at learners. However, a few educators in schools did suggest that this ought to apply to educators as well and, as implied in discussions with lecturers in FET colleges and teachers in schools, the stigma related to HIV/AIDS influenced teachers in quite problematic ways.

Apart from Life Orientation teachers whose role it is to talk about HIV/AIDS and issues which may be affecting learners, this kind of topic was out of the question with colleagues. The possibility of a member of staff disclosing his or her status to another member of staff seemed even more remote than a learner doing so with a teacher. As one teacher said:

> We don't disclose it's mine and it's hers. Maybe we just see that a colleague is absent from work for a number of days, they start losing weight then maybe you think…

The principal of one school even admitted he had not been involved in providing support for educators in

the school with respect to HIV/AIDS because of the social stigma attached to discussing it among staff.

The rarity of FET lecturers talking with their colleagues about HIV/AIDS, and how it was affecting them, was highlighted by the reaction of lecturers in a focus group discussion when one of them revealed how HIV/AIDS had affected her life. She said:

> I do have a problem, I look after a person, and she is my sister. I have to take her to the clinic, hospital. It does affect us even my work here, I have told my HOD and if I ask to go and do these things she allows me to go.

The other lecturers in the focus group were surprised to hear this and also surprised that she was 'brave' enough to divulge this. As one of them said:

> You are actually brave to share your story like that, I do not think I would have the courage to do that, of course I know someone but I cannot talk about it like you have done, I still do not know how people would react to that.

While educators complained about the failure of learners to disclose whether and how they were affected by HIV/AIDS, it seemed that they too were reluctant to talk about HIV/AIDS in personal terms even if they were teaching about it. This was graphically illustrated in the case of a principal who took an active role in the school's HIV/AIDS programme, helping to organise HIV/AIDS awareness functions and inviting outside speakers to address these. Yet he admitted that when describing the school to these outside speakers (even though they were authorities in aspects of HIV/AIDS), he was afraid to divulge that some learners and their parents may have died of HIV/AIDS.

> It is difficult to say that. I don't think it is a very easy task. It needs someone who is brave to say that we have learners whose parents passed away and we suspect or believe that the parents are having AIDS. You may be taken to task by the immediate families.

IDENTITY ISSUES – GENDER, 'RACE' AND AGE

Identity issues are central to our project on educators' understandings of their roles or the roles of others in mitigating the impact of HIV/AIDS. This is because such understandings, as conveyed in the kinds of participant-centred and conversational interviews our researchers conducted were not simply (their own) descriptive accounts of these roles, but accounts through which *they constructed* these roles. As noted in Chapter 2, 2.4, and Chapter 3 3.2.3, these views often draw on certain deep seated assumptions about sexuality and the identities and roles of educators and learners and students, adults and children, males and females.

The HIV/AIDS pandemic has raised important issues about social identities, and notably gender, age related, sexual and 'racial' identities. This is largely because HIV/AIDS has become associated with sexuality (since sex is its most common mode of transmission) and, as discussed in chapter 3, much significance is attached to sexuality as a source of identification. Sexuality is, we argued, a key marker of adulthood, and this is reflected, for example, in assumptions of 'innocence' projected on to children by adults. It may also be an important medium through which girls and boys and men and women, and therefore male and female educators and learners, are defined as 'different' – as reflected, for example, in projections of responsibility and caring on to females, and untrammeled sexual desire and drive on to males. We also argued, in Chapter 3, that 'racial' identifications and differentiations were commonly made through the medium of sexuality (as illustrated in common stereotypes of AIDS as a black disease).

Identity issues relating to gender, age and 'race' were raised by our participants and were much to the fore in our interviews and discussions with them. Issues about gender identities emerged when discussing the suitability and viability of Life Orientation teachers, conveying appropriate messages in education to girls and boys, young women and men, the sexual vulnerabilities of girls and young women. Issues about 'race'

and identities were raised in interviews and discussions with mainly black participants in some of the HEIs when, for example, criticising constructions of AIDS as a black disease or through implicit identifications with same 'race' interviewers. And issues were raised about age and identities in discussions about the appropriateness of sex education for certain learners, vulnerabilities and communication gulfs between the generations. In these discussions, age seemed to stand for particular kinds of identities.

Gender

Gender emerged as an important theme in interviews and focus group discussions and was usually associated by our participants with sexuality. Discussions relating to gender (in all three sectors) focused on happenings inside as well as outside the institutions, and tended to be raised by personnel who were most closely associated with students' and learners' pastoral needs and concerns, whether by senior management figures concerned with student affairs, health workers and counselors, or Life Orientation teachers. In schools in which Life Orientation was an important part of the curriculum, gender issues were most often raised by Life Orientation teachers, and much of our data on gender themes is derived from discussions with them. What gender themes emerged in discussions with personnel across all three educational sectors and how these were addressed clearly depended on how our respondents understood their roles as educators, and the kinds of social problems in the institutional community and in the local community (and how implicitly or explicitly these were raised).

Gender (HEIs)

The significance our participants attached to gender was exemplified in some of the interviews/discussions we conducted by the kinds of relations they established with our interviewers. This is illustrated by the example described in chapter 4, in which discussion became much more open when the female interviewer left the room. The three male respondents had obviously felt constrained in what they could say when the female interviewer was present. This begs the question of how this affects their ability to deliver sexual curriculum content when female students are present.

On a previously advantaged campus, in another university, HIV/AIDS had a very low profile because of the conservative values to which many staff and students allegedly subscribed, and how even raising this as an issue led to a senior health coordinator being 'ostracised'. It may be that silences about sexuality were provoked by a strong sense that this was not an appropriate topic to address with the students (who were generally considered to be sexually abstinent) and especially with women students (who were constructed, in terms of their conservative values, as symbols of sexual purity).

A number of our respondents focused on male students when talking about HIV/AIDS, and the difficulties of engaging them more in HIV/AIDS-related activities and concerns. One respondent, in charge of a health centre on a predominantly white campus, spoke about how difficult it was to motivate male students to work as peer educators, the vast majority of whom were coloured women. She felt that women tended to be much more concerned about relationships and better at discussing emotions than men.

The director of the HIV/AIDS programme and HICC chair in one university recognised that males needed to be targeted in HIV/AIDS programmes and campaigns. The DVC for academic affairs at another university indicated that 'versions' of masculinity needed to be understood and addressed in order to deal with high levels of rape and sexual violence, although he suggested this was difficult to do. He believed that there was a perception that it is acceptable to infect women:

> This is an institutional culture that we are not very comfortable with … especially at a university that has 15% more female graduates than men. This [culture is found] across race, class and discipline.

He pointed out that his university addresses gender issues every year in an external campaign around the topic of sexuality. The topic this year was 'consent is

sexy', with 'suggestive pictures' expressing what consent means.

A health coordinator at one university wanted more men to go for testing, pointing out that many depended on their girlfriends getting tested, reinforcing the assumption that the maintenance of healthy sexual and emotional relations was women's responsibility. The respondent indicated, though, that the reason men left it up to their girlfriends to get tested was motivated by popular assumptions that women were to blame for spreading HIV/AIDS.

In one university a group of women student teachers attributed the high incidence of HIV/AIDS to men's presumed obsession with sex, and their power to impose their will:

> When boys get into relationships, the first thing that they get into their minds is to sleep with the girl, and the girl cannot say no.

These women argued that if male students had been present in the group they would have denied that they were 'only interested in sex' and would have challenged the notion that they wanted to have sex as soon as they were in a relationship. In a mixed focus group discussion with Life Orientation lecturers in another university, however, the reversal of gender roles was discussed. In response to a male lecturer who had spoken about how his male students boasted about their sexual exploits, a female lecturer said that 'girls are chasing boys now'. In another university, a manager responsible for staff wellness expressed surprise and concern about what he also saw as a reversal of gender roles:

> I got the shock of my life; it's not the men that are doing the chasing. All of a sudden roles have changed, women are running after men. They are as loose as Tastic rice.

The phenomenon of 'sugar daddies', or female students engaging in transactional sexual relations with older richer men, was raised by many respondents, especially at the historically disadvantaged institutions, where students were most likely to experience poverty. In one of these universities a group of black teacher trainees explained that as many students came from poor families 'they [women students] have to sell their bodies'. Some of these trainees also mentioned that male students have 'sugar mommies', although this was disputed by other members of the group. As discussed in 5.1.1.3, the 'sugar daddy' phenomenon was well known and was a source of both concern but more often amusement for members of staff.

In one historically disadvantaged university, the DVC for Student Affairs argued for gender segregation in halls of residence, on the assumption that the mixed residences encouraged unsafe sexual practices as well as forms of sexual harassment and violence. This position, he said, was resisted by SRC members who felt this was patronising. Gender segregation in halls of residence at some university campuses was taken as the norm, and at one previously advantaged campus was interpreted by some of the interviewees as a feature of the university's 'conservative' ethos which made a virtue of and fostered 'gender difference' through certain forms of segregation notably in living spaces. However, this DVC's concern with mixed residences seemed to be motivated not so much by conservative sexual values, but by the realities of unsafe sex and forms of sexual harassment and violence taking place in these. This was in the context of an impoverished university in which many students were having to squat in each others' rooms because of the lack of available accommodation, and in which heavy drinking, especially among men (encouraging irresponsible sexual behaviour, according to the DVC), was a common activity on campus, given the lack of alternative sources of entertainment in or close to the university.

One lecturer in education reported on the positive effects of HIV/AIDS modules on both her male and female ACE students' relations with their partners. She found that husbands of teachers in the programmes 'have commented on their wives' changed behaviour' and that men doing the course 'comment on their own changed attitudes: I respect my wife more'. The HIV/AIDS coordinator in the same university also gave an example of a woman student empowered by the

module. At a talk she was giving she took out a female condom and showed it to the males:

> Everybody must empower themselves and you must empower yourselves and not depend on your partner to bring your own condom.

One lecturer who taught a module on HIV/AIDS mentioned that when her male PGCE students did address HIV/AIDS, they tended to be more confident than women:

> The men students create an impression that if you have a problem, talk to me. Women students are more worried about what the children will say and find it difficult to deal with children using colloquial language or swearing about sex. I get the impression that female teachers will get embarrassed…

According to a group of male and female NPDE students at a formerly disadvantaged university, they as teachers have an important role to play in mitigating the impact of HIV/AIDS as parents are reluctant to talk about issues relating to sex with their children and they are 'second best choice' to do so. However one of the men said that *both* boys and girls do not take HIV/AIDS seriously, and when he taught grades 5, 6 and 7 they just laughed and found it very amusing.

Gender (FET colleges)

In discussions about the kinds of messages to be conveyed through HIV/AIDS and sex education, girls were usually singled out as the target audience. In part this was because girls and women were seen as particularly sexually vulnerable. For example, the Head of Student Support Services in a FET college blamed the spread of HIV/AIDS on poverty, and focused on the vulnerabilities of female students who turned to transactional sex with older men in order to meet their financial needs. But the focus on young women in HIV/AIDS education also reflected popular assumptions about girls and women holding positions of responsibility in sexual relations, and being the ones with the power to decide whether sex was to take place or not and, if so, whether in protected or unprotected form. Girls were often the target of a particular tone; for example, in discussions about young people and declining morals, concerns were expressed by a group of FET educators about girls (not boys) becoming too focused on sex as a result of the LoveLife campaigns.

In many of these discussions, females and males were constructed quite differently in relation to sexuality. An explicit example of this is given in the extract below from an interview with a Life Orientation lecturer in a FET college:

> The focus should be on young girls as they are the ones that should say no if approached for sex. It is the boys who initiate sexual activity. The advice they are given is 'wait for your time'. And the right time is when the students are responsible.

The boys are constructed as initiators of sexual activity and girls as the ones who have to deal with this, and who are ultimately responsible for sexual relations taking place, at the right time. Of course, this also implies evaluating females (much more than males) in relation to perceived sexual norms and values (see Pattman and Chege 2003).

While there was little evidence of girls being explicitly blamed for not being sufficiently responsible, they were, nevertheless, said by a few respondents to be more 'sensitive' or 'serious' than boys and, as a result, expected to 'say no' or 'insist on condoms' (Life Orientation teacher, FET college). The focus, here, is again on young women and not young men as the ones responsible for controlling and regulating sexual behaviour.

The possibilities of educators playing a supportive or counselling role in relation to students seemed to be circumscribed by the gender of staff (mainly) and students. In a discussion with lecturers in a FET college, there was a general feeling that it was easier for students to talk to lecturers of the same gender as themselves about problems, and especially about sexuality. In one FET college, lecturers said that the person dealing with HIV/AIDS issues was having difficulty, as a female, being able 'to reach out and talk to males' (it is not

clear whether, if this person had been male, he would have been described as having difficulties reaching out to females). Reflecting the lack of close professional relations generally between male and female staff and students, the male Head of Student Support Services in a FET college said how 'proud' he was 'that even female students trust [him]' and 'confide' in him.

In a focus group discussion with lecturers in a FET college, it was generally agreed that gender was not particularly significant in affecting relations between staff and students, although one lecturer gave an example of a young woman who was raped who came to see her and to whom she was able to give advice. It seems less likely that she would have reported this to a man or received the same constructive help:

> One student came to me and told me that she was raped by a person from Lesotho. I asked her to go to the police station to report the case and she said she had been there a number of times but the male policeman kept laughing at her and had not opened a docket. I encouraged her to go on a day when there was a female officer, and I phoned my friend who is a female officer to get days when she was going to be there so that this girl could find her. This girl said people say she is HIV positive and yet she has not even gone for the test.

Gender (schools)

In the schools, gender emerged as an important topic when some of the Life Orientation teachers who were interviewed reflected on their lessons and the different ways, they said, boys and girls behaved in these. While popular constructions of girls as more sexually responsible and mature than boys may lead educators to focus more attention on them, boys (for whatever reason) seemed to be viewed as much less responsible and serious than girls when sexuality was addressed in class.

For example, a Life Orientation teacher who taught Grade 11 learners (16-17 year olds) pointed out that in discussions on HIV/AIDS, 'the boys are very playful and they do not take the topic seriously but girls are more serious'. She attributed this to girls being socialised to do the 'right' thing while boys are expected 'to take everything cool'. Other Life Orientation teachers agreed, noting that boys 'do not usually take LO lessons on HIV/AIDS seriously' and were often disruptive 'saying things to make the girls in class uncomfortable'. In another school, teachers said that girls take the lead in the discussions, with boys often 'blaming the girls'. And in one school, the Life Orientation teachers indicated that the girls listened when the teachers talked about HIV/AIDS, while the boys took the information as a joke.

One head of Life Orientation reported that the participation in their class by girls and boys was much the same. She said that both boys and girls were receptive in Life Orientation classes which dealt with sexuality, and gave the impression that they knew about HIV/AIDS and were enjoying the subject. Significantly, in this school, boys and girls participated in the Boys' Empowerment Movement and Girls' Empowerment Movement respectively. These were UNICEF initiatives developed in schools in Africa in which the onus was put on young people, participating in various out-of-class activities, to reflect critically on social issues affecting them and help and empower each other. In these groups, the girls identified teenage pregnancies and the boys substance abuse as major social problems, which they were trying to address.

Another Life Orientation teacher also pointed to the importance of empowering young people, especially girls, in Life Orientation lessons. One of her key aims was to teach about the importance of gender equality, and she took issue with conventional gendered practices and institutions in the local community. She encouraged her students not to be influenced by their families, where their fathers were seen as bosses and mothers were submissive to their husbands. She taught girls to be assertive and say 'no to sex'. She also encouraged those sexually active girls to say 'no to sex without a condom'.

However, another Life Orientation teacher, who was also committed to empowering girls, was concerned that condoms were usually given to females not

males, since this, in her view, reinforced the popular idea that girls and women are 'spreaders of the disease'. The selective focus on girls for distribution of condoms was confirmed in another interview with Life Orientation teachers. They pointed out that the Department of Health provided a mobile clinic, which visited once a month and consulted only with the girls for contraceptives. Such practices may contribute to misogynistic views about girls and women as spreaders of diseases, but at the same time they construct females as responsible (landing them with responsibilities in sexual relationships) and males as irresponsible (freeing them from responsibilities in sexual relationships).

One Life Orientation teacher spoke about how she tried to encourage both boys and girls to think reflectively and critically about their lives and identities (as a way of empowering them and helping them to develop healthier relations). To this end, she asks learners to keep journals, in which they are supposed to write about their lives. Significantly, she found girls to be much more 'open' than boys. She was one of the few teachers who addressed the difficulties boys had engaging seriously and reflectively with emotions and feelings, and she said she tried to do this by 'talking to the boys separately' and encouraging them to 'write in an open and reflective manner'.

With the girls, this teacher spoke about her commitment to encouraging them not to get pregnant, and she was proud that pregnancy rates had dropped among learners in the school, for which she took some credit. Clearly, she enjoyed particularly close relations with some of the girls. She mentioned examples of pregnant girls coming to apologise to her for falling pregnant. The girls feel like they have 'let me down' if they fall pregnant. She feels as if 'she has failed in her duty'.

By far the majority of Life Orientation teachers who were interviewed were women, and the topic of whether women made better Life Orientation teachers than men or whether gender made no difference to one's ability to teach Life Orientation (not whether men made better Life Orientation teachers than women) was discussed and debated in many focus groups.

Most educators thought women made better Life Orientation teachers than men because of qualities such as empathy, care and concern associated with motherly roles. On this theme, one Life Orientation teacher suggested that female teachers were able to 'treat the learners like their own children' and address their problems whereas 'male teachers always refer learners with problems to female teachers'. Indeed, in one school the principal admitted that whenever female members of staff come to him about an illness, he feels uncomfortable and sends them to the deputy principal who is female.

A female Life Orientation teacher thought 'women as mothers are able to talk more freely than men' and that both girls and boys were more likely to 'approach women' about 'sensitive issues' or issues relating to sexuality. Mixed gender focus group discussions where this issue was addressed were sometimes marked by gendered humour, with women claiming female teachers were more patient than men, and men disputing this. One Life Orientation teacher thought that women find it easier talking about 'sexual matters pertaining to females', and men about 'sexual matters pertaining to males', though the view more generally was that men were much more uncomfortable and embarrassed teaching about sexuality (whether to girls or boys) than women.

One head of Life Orientation noted that learners take the subject more seriously if a female is teaching it:

> I have noted that the learners do not take the male teachers teaching LO seriously. When it comes to topics like a healthy lifestyle and changes in body parts, when a male teacher is facilitating, the learners would laugh and laugh and not take him seriously at all, but when a female teacher is facilitating discussion on the same topics the learners would be attentive and take the message seriously.

Clearly, the idea of a man teaching about sexuality in class was very much at odds with their views on

masculinity, whether this was because masculinity was associated with sexual irresponsibility as implied in the accounts of boys' and girls' behaviour in Life Orientation above, or with emotional detachment.

Some Life Orientation teachers linked the common view that women were more open about sexuality and more approachable to young people than men to African 'cultural beliefs' about the responsibilities of mothers, not fathers, to talk about sexuality with their children. In another focus group discussion with a Life Orientation teacher and HIV/AIDS committee member, it was asserted that, according to 'cultural values', it was not acceptable for adults, irrespective of their gender, to talk about sexuality with young people. However, it was generally more acceptable for women and mothers to take this responsibility and they would therefore make better Life Orientation educators than men.

In fieldworkers' reflective reports focusing on what the participants were like in terms of the emotions they expressed and the dynamics of the interview, one common theme to emerge was how often laughter was recorded when participants were discussing gender in conjunction with sexuality. Laughter, our researchers suggested, seemed to signify embarrassment, and was a powerful indicator of how problematic it must be for some participants to deal with sexuality in class as Life Orientation teachers.

'Race'

'Race' was a key theme in the HE institutions interviews, but conspicuous by its absence in schools and FET colleges.

'Race' (HEIs)

When 'race' emerged in interviews and discussions with white participants usually it did so implicitly, through, for example, unconscious (and taken for granted) identifications made by white participants with white researchers. (See chapter 4.) This was apparent in the use of 'we' and 'them', and the construction of presumed 'race' differences in relation to HIV/AIDS. Usually this involved (however subtly) rendering HIV/AIDS as a black problem. This was rarely made explicit, and references were often made to 'cultural' differences between students at different (predominantly black or white) campuses, in some cases to explain the presumed low incidence of AIDS at a predominantly white campus.

Perhaps the most striking examples of understandings of HIV/AIDS (usually implicit) as a problem for black staff and students (and resistance to this stance from black respondents) were provided by respondents at a previously advantaged campus in a recently merged university. As we have already mentioned, the DVC for academic affairs attributed the low profile of HIV/AIDS at the campus to the 'conservative' values of Afrikaans-speaking students (although 18% of the students on campus were not from white Afrikaans-speaking backgrounds). A manager responsible for curriculum issues shared this assessment, and believed that the impact of HIV/AIDS would be greater on the other campus (with predominantly black students). 'Conservative' behaviour, he indicated, was seen in the minimal use of drugs and engagement in sexual activities, and that these 'conservative' values therefore helped to promote an environment in which students were less at risk of contracting HIV/AIDS. Although he assumed that students at this campus were less at risk of contracting HIV/AIDS than those at the other two campuses, he acknowledged that there was no statistical evidence to confirm this.

Conspicuous by its absence was any reference in these accounts to 'race' or colour (the dominant social marker of 'race' in South Africa). When asked about whether students at the other campuses were different from those at her campus, the DVC for academic affairs did not refer to 'race' but to cultural values, and indeed referred to 'race' or colour only when making it clear that she was not implying that these were necessarily rooted in being black but in conditions in the urban areas from which many black students came, and which she associated with more liberal lifestyles. She also added that there were black students who had 'conservative values' similar

to those of the white Afrikaans-speaking students at her campus.

The perceived complacency of senior management was strongly criticised, as we have already mentioned, by two senior black staff and the HICC chair. These respondents believed that the 'softness' of senior management towards HIV/AIDS at their campus reflected perceptions that HIV/AIDS affects black staff and students. She urged for more education on campus to address myths and stereotypes surrounding black people and HIV/AIDS, especially since 18% of students at the campus were black, and she wished that senior management would give HIV/AIDS a much higher profile and take a more 'hands-on approach', as she had done in her previous university, now the black campus in the merged university.

The HICC chair also highlighted the problem of apathy and complacency among white people on campus towards HIV/AIDS. However, he argued that one cannot blame them as white people are not exposed to the realities of HIV/AIDS as black people are. Criticising management for being detached in relation to HIV/AIDS, he argued that this was not below someone's dignity and suggested that senior management across all structures (such as finance, curriculum and research) should become involved in issues related to the pandemic. This, he felt, may require that government push the HIV/AIDS agenda on campus: 'I wish that someone with clout should inform senior management that they must get involved.' HIV/AIDS, he believed, is 'the social responsibility of everyone and is part of good corporate citizenship.'

He was critical not only of how the idealisation of 'conservative', Christian values was implicated in the construction of HIV/AIDS as a 'black disease', but also how this may lead to staff engaging in discriminatory practices in their teaching, in terms of issues such as gay rights (he cited a recent example of discrimination by a lecturer on campus) and in their attitudes towards people with HIV/AIDS. In comparison with this campus, the exclusively black campus was not only much more open about HIV/AIDS but also, he suggested, less discriminatory in terms of attitudes of students and staff towards people with HIV/AIDS. He believed that staff on the prominently white campus felt that they were employed only to teach and do research and not to address human rights issues, and that they needed some form of training in human rights to prevent discrimination, especially if they wanted to play a role in mitigating the impact of HIV/AIDS.

The health coordinator was also critical of the dominance of what she referred to as 'conservative', Christian values on campus which meant, in her opinion, that HIV/AIDS was not taken seriously, in contrast to what she saw as the much more positive approach to the pandemic on the predominantly black university campuses. For example, she felt that the other two university campuses had a far better HIV/AIDS communication strategy. On her campus, students did not want HIV/AIDS posters on campus and ripped them down. On her campus, in contrast to the others, condoms were only allowed to be distributed in public spaces such as toilets.

She argued, however, that rather than criticising the white students for their 'conservative values' and engaging in 'shock treatment' through poster campaigns, health promotion programmes needed to accommodate their views, values and reference points. Illustrating this, she explained how students on each campus relate differently to videos used in health promotion campaigns, with some of the students on her campus criticising the same videos (which students on other campuses welcomed) for being 'too black'. There were very few white peer educators on this campus, and this respondent's intention was to 'mingle the black peer educators more with the white peer helpers so that HIV/AIDS is not stigmatised as a black disease.'

Constructions by white staff and students of HIV/AIDS as affecting black people were reported or exemplified in interviews and focus group discussions with a range of respondents in a number of universities. In a historically advantaged university, the head of staff wellness, a coloured middle-aged woman, expressed concern that white staff at all levels, from senior management to 'lower' support staff, distance

themselves from HIV/AIDS events. She also noted that the vast majority of the staff peer educators (as was the case with the student peer educators on a predominantly white campus) were black, in this case 55 out of 60.

In a focus group discussion at a historically advantaged university, white women lecturers reported being aware of the extent of the impact of HIV/AIDS in relation to students being affected and HIV-positive, and claimed they all knew of at least one student who had passed away as a result of an AIDS-related illness. However, they believed that HIV/AIDS was something that affected black students only. In another focus group discussion at an institution with mainly black students and predominantly white senior management staff, participants expressed concern that there was little 'moral discipline' in the 'black culture' with regard to how women were treated. This group comprised three white middle-aged respondents and one black male respondent. Opposition by black students to constructions of HIV/AIDS as a 'black disease' was also reported in this same university. In a focus group discussion with three black women teacher trainees, white students were blamed for not participating in HIV/AIDS events. These student teachers claimed that this was because white students saw the 'management as too black' and they wanted to leave to go to an Afrikaans-speaking university nearby so they could 'learn in Afrikaans'. Although senior management in this university was actually predominantly white, the university was constructed as black (perhaps because of the large black student population and also because of its relative lack of resources).

A black lecturer in psychology at a historically advantaged university mentioned that those students who were 'most condemning' of people with HIV/AIDS were white, which aroused the anger of black students, presumably, in part, because of the perception that they were constructing HIV/AIDS as something 'other' and 'black'. In this context, one of her students, a black HIV-positive student from Botswana, admitted to her that she would certainly not disclose her status to her classmates. Another student who had been gang raped before she came to university and was HIV-positive also admitted that she was scared her peers might find out and condemn her. 'She's scared of them condemning her… I know when they sit at tea and there is a fly-away comment entrenched in bias and discrimination.'

In the same focus group discussion in which 'black culture' was blamed for its treatment of women, the white respondents claimed that they would find it difficult to 'talk the learners' language' and thus address HIV/AIDS, and one participant also wondered whether, in spite of identifying 'a number of problems in the black culture', he was 'qualified to address these issues'.

While attitudes towards HIV/AIDS seemed to be quite polarised on 'racial' lines, there was some evidence of identifications being made across 'races'. In one case, the catalyst for this was assumptions about shared experiences of poverty. A white male lecturer from the school of accounting expressed a strong commitment to mitigating the impact of HIV/AIDS and attributed this to a 'strong identification' with impoverished black students. He explained that as a 'poor white Afrikaner' who was alienated because of his poverty, he could strongly identify with black students and the poverty they experienced.

The lack of white participation in HIV/AIDS initiatives in HEIs was presented as a problem by a number of mainly black academic staff. However the coloured male HICC in a historically disadvantaged university observed that this was a problem which was common to these types of universities where, he claimed, parts of the population had a 'lower appetite' for HIV programmes, precisely because of popular constructions of HIV/AIDS as a 'black problem'.

When addressing the issue of the failure of white staff to participate in HIV/AIDS related activities, the HICC, a coloured respondent in a historically advantaged university was, like the white health coordinator on a predominantly white campus, keen not to be seen to blame white staff or students for their complacency. He argued that in order to encourage white staff to be more involved in HIV/AIDS initiatives, there

should not be a 'racial blame and shame' approach and that HIV/AIDS work should not be imposed on staff. Instead, he encouraged a gradual approach as the propensity to work in the HIV/AIDS area was an 'acquired value'. He also indicated that he believed that white staff should increasingly be drawn into HIV/AIDS activities, and the message that they have a meaningful role to play in mitigating the impact of HIV/AIDS should be reinforced.

While 'race' was an important issue which was explicitly raised and addressed in many interviews and discussions, it was, as we have suggested, sometimes raised without explicit references, for example by referring to 'culture' or through identifications such as 'we/they' among respondents of the same 'race'.

'Race' (FET colleges and schools)

Responses related to 'race' were uncommon in the FET colleges and schools.

Age and Sexuality

This section highlights the ways in which age and sexuality feature in respondents' accounts of HIV/AIDS.

Young people in South Africa have gained a great deal of visibility in the context of HIV/AIDS due to the alarming extent of their vulnerability, particularly for those aged 15-24 year olds (see Pettifor et al 2004). South African youths have been accused of being 'promiscuous and hypersexual' leading to stereotypes that such behaviour generates rapid HIV transmission in this age group.

Age and sexuality (HEIs)

At one university, a respondent typified the views of many, suggesting that young students might not feel comfortable talking to an older lecturer about sex and HIV/AIDS. A middle-aged respondent at another institution noted the challenge of teaching about HIV/AIDS to young people, commenting that 'I know it is difficult at our age to do this.' However, trainee teachers at the same university felt that often when teachers are of a similar age to students this leads to the educators and students having sexual relationships. A male lecturer at another institution maintained that many staff cannot teach students about HIV/AIDS as the students are 'too young and not married'. Morality was also steeped in the arguments raised by other respondents at this institution about young people and sexual permissiveness. It was also argued that it was likely that the HIV/AIDS rate was high on the campus and throughout the country because of the absence of parental supervision resulting in inappropriate student behaviour. Campus life was thus viewed as a place of sexual freedom and a 'reservoir of infection'. At another university, students on the SRC supported this by stating that when students start university for many this can be their first experience of 'being in love' and of being outside parental guidance. Given their age, they are 'in a hurry to experience everything' but the students argued that they are still 'very ignorant'.

Young students were generally viewed at this institution from different perspectives as sexually immoral and spreading the disease without being regulated and controlled by adults or parents. This view at the university was extended to blame young unmarried staff members. It was suggested that because many staff on campus are young and are not married it was likely that they would have multiple partners, thus increasing the risk of transmission. Marriage was presented as the morally sanctioned 'place' for sexual relations, and youth and young people were constructed as vectors in the spread of the disease. Marriage was seen as safe in terms of HIV transmission.

In relation to HIV/AIDS work on a satellite campus of one institution, it was noted that there is a need to treat the issue of 'sexual behaviour' differently as students were 'grown-ups' and were married with children of their own. Respondents felt that the younger school leavers (18-22 years of age) on the main campus had different needs.

Some of the participants at one institution noted that if the person who deals with HIV/AIDS education is young, the intervention will be more likely to succeed as students will relate better to a young person. In this

regard, one young teacher noted that if staff wanted to teach about HIV/AIDS, it was imperative that they

> … come down to their [students'] level, [and] speak their language if you want them to listen to you and open up. Don't come from an adult intelligent thinking.

He added that 'I am a youngster myself, so they feel comfortable, they open up to me.'

Age and sexuality (FET colleges)

At one FET college, both the black and white female Heads of Department were critical of the moral decay of the youth. Implicit in their argument was the sexual scourge associated with the freedoms given to young people. There was a sense of resentment directed at the perceived general moral decay in youth, evidenced by a general attitude of entitlement resulting from a strong emphasis on human rights. The white head of department at this college stated that young people were not scared of HIV/AIDS. She argued that sex was no longer taboo and that within a human rights culture in South Africa sex was devoid of morality. She was critical of the sexual permissiveness of white children and offered the following opinion:

> Sex is not something that is taboo any more. Anybody can do it. And I think it came with Human Rights. You have a right to be sexually active. You have a right to steal and go to jail and then be released. It's my right to do this. I have a right to practice sex and I have a right to steal because I don't have food to eat. It's just that we are so much stressing the fact that we as a human have got rights, that they are not scared of any implications any more.

The black head of department at the same college noted that when young people become pregnant 'it's no longer a shame – I can go and abort when I want to, even at the age of sixteen.'

Sexuality and age relations are intricately related to pregnancy. Pregnancy at age sixteen is viewed negatively, a consequence of too much freedom for young people a moral and social transgression. It is clear from both interviews that changing policy discourses embedded within a rights-based culture are criticised for sanctioning sexual and reproductive rights for young people. This culture is blamed for sexual and moral decay amongst youths and by implication HIV/AIDS. The black head of department links pregnancy and sexuality with secrecy and is critical of girls who do not feel shame. The unsanctioned pregnancy of young girls is constructed here as a social violation. Embedded within her argument is the disruption of relations between adults and young people and she is unhappy with the convoluted power hierarchies which see young pregnant mothers in public.

The black female vice-principal of a FET college notes that whilst it was culturally unusual to talk to very young children about sex there was a need to turn around cultural stereotypes about age and sexuality. She elucidated that educators need to be trained properly to talk about HIV/AIDS every day so that it becomes 'common conversation' amongst people and not limited to being talked about at meetings. She argued that 'culture can change' and that there was a need to work at changing people's beliefs about talking about sex. At one FET college, the female student support staff indicated that students are more comfortable with the counsellor than with many other college staff because they think that she is younger than they are. Students are able to identify with a person closer to their age.

At one FET college, the lecturers referred to problems related to changing people's beliefs, stating that some students do not take awareness raising seriously. Some of the students who entered FET colleges were from Grade 9 and were regarded as 'childish' or immature in dealing with HIV/AIDS. Childishness is embedded within a growth metaphor directly related to age. At specific ages children are seen to have particular rights or duties which define their relationship to others and adults. At each age are normative expectations whether cognitive or behavioural that bring age and development together (Renold 2005). Here, the lecturers judge Grade 9 entrants into FET as being developmentally lacking in terms of dealing with HIV/AIDS

and, by implication, sex. This can be framed as a generational 'put down' by adult lecturers' construction of young people. Whilst recourse to developmental ages and stages meant that some youths were judged as childish, other lecturers judged youth as being too promiscuous.

Age and sexuality (schools)

At a rural secondary school, the Life Orientation teacher felt that grade 10 learners were more sexually active than grade 11 and 12 learners because more girls in grade 10 get pregnant than they do in the other grades. She felt that grade 12 learners are more mature and that grade 10 girls become victims because they are younger and therefore immature. The teacher here uses developmental arguments to position younger girls (in grade 10) in relation to the age of girls in grade 11 and 12. These arguments are laden with age-related protection around sexuality. Older girls are seen to be more mature and younger girls become victims of sex and pregnancy.

Life Orientation teachers at an urban secondary school highlighted the age gap between parents and children that made it hard for the two to communicate at the same level. One teacher who attended a workshop noted that 'children thought that their parents were not attentive to their needs and that their ideas were outdated'. The inability to communicate with parents is related to the age gap but embedded within this is the ability to communicate about sensitive matters.

At an urban primary school, teachers pointed out the difference in the ways that grandmothers were able to disclose a child's HIV status. They felt that grandmothers are less concerned with stigma. Parents are afraid that if they disclose their status, they will be victimised, perhaps as a result of the prevalence of mother-to-child transmission. The fact that grandmothers could disclose meant that they could ask for available resources.

At a rural primary school, teachers confirmed that that they are teaching about HIV/AIDS from a very early age as learners are exposed to sex but children do not really understand what sex entails. The role of the teacher is to make the learners understand the repercussions of engaging in sexual activity. Here sex and young children are placed in the domain of negativity leading to a culture of fear and protection of children from the taboo activities of sexuality. At the same school, the Life Orientation teachers believed that the messages that children received about HIV/AIDS were not age-appropriate as sex is fore-grounded more than the HIV/AIDS-related risks.

In chapter 3 we discussed anxieties which teachers experienced as a result of being expected to deal with sexuality and children in school (see Bhana 2006; Baxen 2007; Pattman and Chege 2003). Focusing on HIV/AIDS as opposed to sexuality would seem to be one way in which some Life Orientation teachers minimise anxiety.

At an urban primary school, the Life Orientation teacher said that because of the age of the learners the school emphasised abstinence. However, she believes this message is not working because of lack of coherence with other sources of messages which appear to be encouraging learners to engage in sex but take preventative measures. The teacher's views here articulate the paradox of the sexual and desexualised child. On the one hand, abstinence attempts to preserve the illusion of the asexual and innocent child and protecting children from the evil world of sex and sexuality. However, in the teacher's own words it is paradoxical as there are other messages which confirm prevention and in doing so acknowledge that children do engage in sex. An SGB member at an urban primary school indicated that the national messages on HIV/AIDS are of prevention, yet at primary school he would prefer messages of abstinence.

A school governing body member at a rural primary school expressed the concern that media messages on HIV/AIDS were not differentiating audiences according to age groups. In these messages, there was promotion of use of condoms and this may make learners in primary school also think the messages are for them. Here, the fear of sexuality and the contamination of primary school children featured prominently.

A school governing body member at a rural secondary school suggested that the school works with learners who are older than 14 and that this will strongly influence its role in mitigating the impact of HIV/AIDS. She believes that the 16 year olds see themselves as adults and believe they can do what they want. Moreover, most parents are working and this leaves the learners with a lot of unsupervised time to engage in sexual activities. As a result, a lot is needed from the school in terms of raising awareness among learners on the dangers of unprotected sex. The major themes of age, sexuality and the paradox of protection – control versus the sexual child – are intricately embedded within these views.

This section has demonstrated the intricate relationship between age, sexuality and HIV/AIDS, producing a context for the regulation of sexuality and what is permissible to speak about in school. Whilst the primary school is seen as a greenhouse of protection, older children are accorded different rights and access to sexuality education but their sexuality is still regulated, controlled and sex is made taboo.

DENIAL, STIGMA AND DISCLOSURE

In order to fully understand the impact of HIV/AIDS, we must address not just the social problems which affect various groups of people (for example poor people) but also how HIV/AIDS has been constructed as a social problem. HIV/AIDS is constructed as different from other killer diseases partly because the primary mode of transmission is through sexual contact. Because of the sexual dimension, HIV/AIDS is often associated with stigma and people affected are often problematised and blamed. As discussed in Chapter 3 and earlier in this chapter, stigma promotes secrecy and denial and adversely affects both prevention and treatment for individuals, communities and whole societies. By denying the disease, people are able to continue with habitual behaviours and reproduce them.

Examples of denial and stigma were frequently presented in the discussions and interviews we conducted and, in this section, we report on the various forms they took. While linkages were established in these accounts between denial, stigma and disclosure, in other accounts denial seemed to be linked with complacency and associated with particular perspectives in the institution and society, rather than with fear of stigma.

Evidence of denial (HEIs)

In this section, we present typical responses of HE respondents related to denial of the existence or seriousness of the pandemic, noting that denial of the importance of the pandemic was in many responses linked to fear. Issues related to lack of openness and stigmatisation often emerged at the very beginning of the interviews, especially in those universities where HIV/AIDS was a high profile issue, in response to a question about the extent of the impact of HIV/AIDS in their universities. In some institutions, respondents often referred to the difficulties of obtaining exact information about HIV prevalence among students on campus because of the stigma attached to the disease and the failure of students to 'come out' as HIV-positive or to be tested.

For example, in one university, the coordinator of the HIV/AIDS unit spoke about the limitations of the support group initiatives that had been developed in response to the pandemic because of stigmatisation and silences. She also spoke more generally about the difficulties posed by the lack of openness about HIV/AIDS for addressing its impact at the university. She suggested that discrimination arising from stigmatisation was hidden rather than overt:

> Our weakness is our support groups… We don't have people who are HIV-positive who will speak up… The environment has to be more conducive if people are to open up… There are still people who will discriminate but won't try to be openly discriminatory but will inherently have some discriminatory actions.

She indicated that one of the consequences of HIV/AIDS, as it was experienced at the university, was absenteeism, which management and supervisors tried to address through the provision of support and care

networks for affected or HIV-positive students. But because of the silences around HIV/AIDS, combined with the lack of general staff support for these initiatives, these networks had limited functionality.

At universities where HIV/AIDS was accorded much less significance, some interviewees responded to the question about the impact of HIV/AIDS in their institutions by indicating that they were not aware of the impact as no research had been undertaken on numbers of HIV-positive students.

At one institution, participants noted that an obstacle in 'fighting the epidemic' was an 'it won't happen to me mentality'. They agreed that both staff and students displayed this mentality. Such views reproduced a false sense of protection and reinforced the perception of the disease as something to do with others. This view was commonly expressed by respondents – for example, according to the head of staff wellness at a historically advantaged university, a major barrier to mitigating the impact of HIV/AIDS is that both staff and students deny that the pandemic could affect them. In this regard she claimed that staff and students are 'in a mode of consciousness where they act like it will never happen to me'.

Another typical response was provided by the head of student health at one institution, who noted that 'the engineers' do not want to participate in this HIV/AIDS study and that this is based on the presumption that the pandemic has nothing to do with them. He stated that 'people in academia do not want to participate in HIV/AIDS studies… based on the presumption that you don't have to deal with the students' problems.' This is in line with the view of those who do not consider their roles to be pastoral. This was despite the fact that their students are 'disappearing' from class, or are late because they are not well. He referred to this as 'the missing person syndrome'. He felt that a very strong campaign is needed to overcome obstacles related to people denying they have any responsibility with regard to the pandemic.

Denial of the pandemic was also noted at institutional level by many respondents. For example, a senior manager at a historically disadvantaged university noted that she 'had not seen much by way of messages around campus.' Compared to her experience at another institution, she felt that at her current university HIV/AIDS was not given the attention it deserves. Besides the availability of condoms, she had not seen any posters and was not aware of messages using other media, such as the university radio. She argued, like other respondents, that people are 'sick and tired' of HIV/AIDS. She cited the example of the HEAIDS workshop and noted that while many people were invited including managers, the latter did not attend nor send any form of apology. She argued that senior management had a responsibility to address the pandemic, or other levels in the university hierarchy will not attend to it either. She also noted that some people attended the HEAIDS workshop for an hour or two and then disappeared, giving the impression that it was not considered important. She also felt that a 'denialist' culture existed among students, who generally felt that 'it won't affect me'.

At a historically advantaged university, a senior lecturer in the faculty of education noted that school principals she trained were 'burying their heads in the sand and not realising the bigger picture.' Another lecturer in the same faculty felt that teachers are in denial and questioned how can they teach Life Orientation and tackle secrecy and prejudice. These problems were noted as challenges for academic staff as well. The Deputy Vice-chancellor at the same institution felt that it was important to canvas consensus among academic staff and determine how to move forward. He also noted the lack of commitment and dedication to the cause from all stakeholders, as well as the lack of funding, which limited the scope and depth of HIV/AIDS education on the campus. This respondent went on to focus on different perceptions and beliefs among academic staff related to issues such as condom use and whether or not HIV causes AIDS.

Denial and silence are also linked to 'race' and class inequalities. At another university the HICC chair noted that 'there is a lot of denial – [people say] it's not our disease, it's someone else's disease… It's a black disease not a white disease, it's a gay disease not ours, it's

a disease of the poor not of the middle class, a disease of uneducated not at the university… as long as it's not me.' (see also the section on 'Race'). These comments richly illustrate the ways in which HIV is regarded as a disease of the 'other' and is embedded within social relations that are sexual, economic and racial.

At another university, two lecturers observed that the staff were unwilling to engage in HIV/AIDS activities and that such a problem was common in historically advantaged universities where certain parts of the population, it was suggested, had a 'lower appetite' for HIV/AIDS programmes. They noted that this mirrored the society's views that HIV/AIDS is 'not a white problem'.

Evidence of denial (FET colleges)

Denial of the existence or seriousness of the pandemic was not thematic in interviews and focus group discussions at FET colleges. However, at one FET college, management noted that it is difficult to get exact statistics as people in the community are not ready to declare their status and even if they know they are positive, they keep it to themselves.

Evidence of denial (schools)

The principal at a secondary school noted that the community was happy to live in 'blissful ignorance' regarding HIV/AIDS. He indicated that he abandoned the idea of testing as a principal since the learners tested received very negative feedback from the community. People do not want to know their status. Not knowing enables the continuation of habitual behaviour and reproduces denial and silence.

The principal at rural secondary school noted that there were many orphans at school. Teachers often suspect that their parents had died of HIV but, within the rural context, the people believe that death is due to being bewitched. Social and cultural contexts are important to consider since ignorance about HIV/AIDS was prominent. However, ignorance, denial and displacing blame for deaths to bewitchment must also be seen in the context of shame and stigma attached to the HIV/AIDS.

Teachers at an urban primary school noted that in dealing with ignorance and the cultural context of bewitchment, it was necessary to educate grandparents about the disease. In the context of this school, being located in the poorest of socio-economic communities, it is the grandparents who look after children when parents are either working or living elsewhere largely for economic reasons. Teachers noted that grandparents commonly believe that the children are bewitched. This belief is a denial of the disease, and delays the start of medication. Teachers at an urban secondary school in Gauteng confirmed that some school children believed in bewitchment and some believed that HIV/AIDS was related to poison. Others define HIV/AIDS in cultural terms as *isidliso, amadlozi* and others talk of it as cancer, so there is still a lack acceptance and a denial of the disease. This view was confirmed by teachers and the head of department at an urban secondary school in Gauteng. Denying HIV/AIDS and displacing it to poison and to other kinds of diseases produces an environment that erodes the possibilities of addressing HIV/AIDS.

The principal at an urban primary school demonstrated how denial of the importance of the pandemic was linked to fear. He said that the school's relationship to the community was based on parent attendance at meetings. He gathered from these meetings that the community is afraid of talking about HIV/AIDS: 'When you talk about the impact of AIDS, you just read from their faces that people are not having this knowledge so they say it's just a disease like any other you know'.

At a rural primary school, teachers indicated that silence about HIV/AIDS was based on stigma that comes from moral judgment that labels affected people as 'bad'. At this school, unlike others, HIV/AIDS prevalence was not high in the local community and this seemed to underpin denial of the existence or importance of the pandemic.

One SGB member at an urban secondary school pointed out that teachers shared with them some of the challenges they faced in the classroom that were the effects of HIV/AIDS. No child had ever disclosed

their status, but through physical appearance, it was claimed, one could 'see the symptoms'. The environment of discrimination was thus based on assumptions that were not grounded in medical expertise.

This section shows how fear, secrecy and denial are interrelated. At a rural primary school, teachers noted their fear in talking about HIV/AIDS. At an urban secondary school, the teacher pointed out that she had not come across any incidents of HIV/AIDS and she was not sure if there was a problem with HIV in the school. She pointed out that there was a secrecy that engulfed HIV and so it was not taken seriously and yet it was killing people: 'I don't think there is a way of knowing who is HIV-positive or not because we are secretive about it. I also don't know how we start talking about it. It has been around us for too long now since the 1990s and by now we should have found a way. We laugh about it instead of taking it seriously.' Secrecy and dismissing HIV as a non-issue was thus also a problem.

Denial, ignorance and pregnancy are also intimately related. Teachers at an urban primary school noted how age, peer pressure and sexual relationships created vulnerability to pregnancy. One teacher noted the anomaly of having children aged 14 in grade 6. Children in grade 6 are usually 12 if they have entered school at age 6 or 7 as government policy stipulates. But local contexts and the problems associated with access to schools and parental support and migration means that sometimes children are not the general age in school. The teachers noted that peer pressure leads to sexual relationships and pregnancy. Another dimension of pregnancy and HIV/AIDS was the issue of grants. Some teachers thought there was a link between pregnancy and the child support grant. 'It's something like a competition. They are happy about the grant. They want to fall pregnant so that they can get the [child support] grant. They are not interested in the epidemic.' In other words, the social grant for HIV/AIDS and for having a child are considered more important than the scourge of the disease. Whilst these teachers said that they teach about the disease, they felt that children did not take it seriously because of the advantage of the social grant.

Denial of the importance of the pandemic and the widespread prevalence of pregnancy at an urban secondary school were reported as problems by the head of Life Orientation. She stated that there were 270 learners in grade 12 in 2008 and more than 20 girls were pregnant. This indicated that the messages being passed on to the children around HIV/AIDS, STDs and other life skills issues were not being internalised by the learners: 'We do teach them about HIV/AIDS and other life skills in class, but the question is do they take it seriously? We ask them to develop posters. In grade 10 to 12 they presented challenges they face as young people, they know and understand high levels of pregnancy as one of their challenges so I don't know, but we need to do something.' Teachers at the same school said they were trying very hard to teach the learners, but the fact that they still had high rates of pregnancy meant that the message was not getting through. 'Learners have relationships and we suspect they are not using protective equipment since there are high levels of pregnancy. These are the symptoms that one notices but what can you do?' She felt that maybe inviting experts on the subject from outside to come and explain to the learners about the dangers of getting pregnant at an early age would help. The Headmaster and the SGB member at an urban secondary school noted that awareness around issues of HIV/AIDS was not enough. The SGB member pointed out that: 'There is awareness but children are usually interested in sexual parts so I doubt if it really works, because you see children being pregnant.' The Headmaster shared that there were currently three pregnant girls at the school and some who had already given birth were now back at school.

Disclosure of HIV status (HEIs)

It was generally agreed that the stigma and taboos surrounding HIV/AIDS means that staff and students will not disclose their status, or the ways in which they have been affected by HIV/AIDS. HIV/AIDS is thus embedded within a social network of secrecy and silences. Disclosure, however, is an essential part of interventions, access and adherence to treatment, but in a context of secrecy, silences and stigma, disclosure is thwarted. According to one respondent, whose perceptions were typical, the university encourages

testing but not disclosure. At the same university, a male academic confirmed this and noted that students 'hid' their status from each other, which he thought was an impediment to 'fighting the scourge'.

At the same university, academics noted that students would not disclose their status and were 'not honest' as they fear that if people know they are HIV positive there will be 'whispering', and they 'think they will be excluded'. HIV/AIDS is situated within a web of representations including stigma, fear and anxieties, which continue to flourish despite HIV/AIDS interventions.

Another academic at the same institution observed that, after testing, students do not openly disclose their status if they are HIV-positive. The respondent also noted that if the HIV-positive status of an individual student became public knowledge the emotional and psychological consequences were predictable. The individual whose HIV-positive status was now public was 'no longer that happy clappy person, but someone who was quiet and who isolated themselves'.

However, there was limited evidence of disclosure at some institutions. At a historically advantaged university, the head of the HIV/AIDS office observed that although disclosure was not common a few staff members and students have disclosed their status. A manager responsible for health services at the university noted that to date only one person had identified himself as being HIV-positive.

Disclosure of HIV status (FET colleges)

Again it was agreed that the environment on most campuses did not encourage either staff or students to disclose HIV status. College managers noted that staff members do not approach them to talk about HIV/AIDS. Even if a college is committed to addressing HIV/AIDS, without disclosure there is no access to support and resources. The silence around disclosure also makes it difficult for management to know the extent of the problem on their campuses.

At one FET college, caution was expressed with respect to disclosure. Being over-supportive, it was argued, could lead to fashioning HIV-positive status as something to achieve rather than avoid and prevent. The campus management suggested that disclosure must be managed so as not be glorified or aggrandised, as people will come to see disclosure as something to aspire to rather than prevent. The argument was that too much publicity praising those who 'come out' as HIV-positive could have the effect of viewing HIV-positive status as power. One of the campus managers said:

> I sometimes see cases where it looks like some children will want to have AIDS because we have made so much about it that it ends up being nice to do. 'I'm positive!' in public … 'I'm positive!' No! We don't want them to be positive. Sometimes I think we make it look like it's nice to have. In trying to be sensitive and nice and supportive we make it a fashion and a craze.

The paradox of coming out openly as an HIV-positive person is that the burden of secrecy and shame is released, but then it is seen to be a fashion which others will be inspired to follow. This was the argument presented by the campus manager. HIV-positive speakers may be a fundamental component of successful HIV/AIDS education campaigns at FET colleges, but disclosure requires a conducive environment and adequate organisational support.

At one FET college, lecturers noted that students did not disclose even though they had suspicions judging people from 'the way they conducted themselves'. In cases where this conduct was affecting the performance of the learners, the lecturers had referred those learners to the student support services for counselling. A head of department confirmed that students do not approach lecturers with their problems unless they are approached by the lecturers about absences. Clearly students are not able or willing to disclose in an environment where they do not feel comfortable to do so. At another FET college, lecturers noted that if students test positive little else is known about the extent of the impact of HIV/AIDS as they do not bring their problems to college. The climate of fear, stigma and shame associated with the disease coupled with an institutional environment that does

little to address it disables support for people living with HIV/AIDS.

A head of department at one FET college indicated that one of the reasons why students were not willing to disclose their HIV status was that there was always an unasked question about how a person had become HIV-positive. The assumption was always that infection was as a result of promiscuity. The CEO and campus manager believed that the lack of disclosure and knowledge of the extent to which students are affected is a result of the stigma still attached to HIV/AIDS. One Life Orientation lecturer noted that the geographical and cultural context embedded within stigma, myth and denial precluded disclosure. She alluded to the urban-rural divide and inserted cultural contexts which made disclosure difficult. She noted that in the colleges students are from rural communities and many thought of HIV/AIDS as a myth. She felt that 'urban students know more'. She said that in rural areas, AIDS is not mentioned when someone dies and if a person discloses their status, others stay away from them. Rural students needed additional support in addressing these myths.

Other lecturers in the same institution pointed out that they have noted a significant increase in the number of students dropping out. Their feeling was that most of them choose this route instead of disclosing their positive status. One lecturer commented that 'Most of the learners chose to drop instead of disclosing, you only get to know about it later that it was because of HIV/AIDS.' One Head of Student Support Services explained that she did not know of any students who are positive because the problem is rarely talked about. The silence around HIV links to earlier comments about shame, stigma and discrimination. This was confirmed as the Head of Student Support Services claimed that many students are not free to go for testing. Only 59 students at one campus opted to be tested when the college arranged for a testing occasion. Whilst colleges do provide testing opportunities, students' freedoms are constrained by an environment that does not support and address issues like stigma, fear and discrimination. As noted, students feed into the reproduction of stigma and the cycle of non-disclosure.

At another FET college, a lecturer indicated that one student approached her the previous year and disclosed her HIV status. She tried to give her advice, talked to her and noted that the student looked less stressed. However, the student dropped out and did not come back. Supportive environments need to be created by lecturers in an environment and an ethic of care. Some lecturers highlighted their pastoral work and encouraged this community practice. Lecturers were of the opinion that staff should act like a family and support each other, including developing enough trust to allow them to disclose their status. One lecturer explained that she has one student in her class who approached her and told her that her mother had died AIDS/AIDS. Because of this experience the lecturer explained that she now talks about HIV/AIDS issues with her class. The Head of Student Support Services at another college gave an example of the positive impact of the care ethic. A female student who is HIV-positive came to her, and she managed to counsel this student and get her accept her condition and to live positively. This student, unlike others, persisted with her education. Such pastoral care enables communication and an environment of trust, but this is only possible if lecturers establish the right type of relationships with students. Part of the problem in achieving this was that there was too much social distance between students and lecturers for the former to develop enough confidence in staff.

There is certainly a need for more comprehensive assistance to students, and whilst the micro level of support was necessary this had to be matched by broader institutional support to enable disclosure. One way in which disclosure could be enabled according to lecturers at one FET college was through incentives. She cited the example of communities where people divulge their status because of the grants they can access. Normal et al (2007) note disclosure as an essential part of behaviour modification and access to HIV-positive people. They add that there is a need for HIV interventions to increase levels of disclosure which, in turn, leads to greater access to formal institutional support and opportunities.

Heads of Department who were interviewed had divergent views about enabling disclosure and its effects.

One white woman respondent suggested that an open environment (e.g. providing free condoms) was a 'passport to have sex, irrespective of age'. Whilst the argument has been made that institutions must be able to provide an enabling environment for disclosure, the same respondent stated that provision of support to people living with HIV/AIDS indicates tacit approval of supposedly promiscuous sexual activity. She suggests that there needs to be acceptance that AIDS disclosure results in alienation. This illustrates vividly the ways in which key actors within an institution shape the climate of disclosure. Moralistic and discriminatory accounts of people living with HIV/AIDS remain common and can explain why students and staff cannot disclose.

However, this was not the only version presented. Another member of the same focus group, a black female, argued that discriminatory attitudes like the ones presented above partly explained the difficulty in disclosing HIV status. She argued that people living with HIV/AIDS need support, including staff members. The Campus Manager at this college suggested that it was necessary for disclosure to be managed in terms of confidentiality and that both staff members and students do not want to be visible in managing their HIV status and want to access resources secretly. The lecturers confirmed the need for Heads of Department to assure lecturers that their problems will be treated confidentially.

At one FET college, the female Assistant Director of Human Resources noted that people did not really open up to her about their HIV/AIDS status although they knew the field in which she worked. She suggested that it was important that staff and students access people from outside the college in whom they can confide. She said that a route to the problem of visibility and loss of confidentiality in the college was to encourage links with outside organisations.

Disclosure of HIV status (schools)

A dominating theme across schools was 'no disclosure'. Most respondents, from principals to SGB members and LO teachers, agreed that a key problem with HIV/AIDS was around disclosure. It was not easy to talk about it and people 'kept quiet'. This was a major obstacle to addressing the situation, and to providing support in schools, to both learners and colleagues.

Lack of information on affected learners, and even affected families in the community, is a major problem with various consequences. Numerous examples were given in the interviews. Teachers pointed out that only in very few cases do parents and relatives come to openly tell the school that the learner suffers from AIDS, and sometimes this happens after the learner has died. A principal reported that sometimes the school only got to know about someone if and when they investigated poor attendance. Another principal felt that knowledge about the extent of the impact of HIV/AIDS in the school is severely constrained by the fact that the problem is not openly talked about. For this reason, data on cases directly affected by the problem cannot be captured by the school. She felt unable to assist because of the secrecy problem:

> Normally people think that AIDS is some separate topic that you deal with on specific occasions … but we try to raise it at every platform that is available. I am sure there are more than the seven families affected in the school but not everyone is disclosing their status, not everyone is at the point where they are prepared to state 'I am positive'.

One LO teacher suggested that the impact of HIV/AIDS in the school is underestimated as there is no disclosure, so no concrete evidence is available. 'There is no disclosure so it's not easy to know … there are no reports. There is no information where you can go there and say this is the situation.' An SGB member expressed concern at the fact that HIV status is secretive and there is no readily available information. He said this presented a problem as all children look the same and one never knows what would happen if the children are playing and one of them gets hurt.

The tragedy that can result from non-disclosure by learners was illustrated by another school principal, who told the story of a girl who passed away in 2004, when she was in Grade 2. She explained that for a long time they did not realise that the girl was HIV-

positive. By the time they realised, it was too late. She lived with her grandmother. The girl was raped by her father, but never told anyone. The father also passed away. One of the challenges they face at the school is the secretiveness of learners about issues of sexual abuse, which can result in HIV infection. Teachers felt frustrated in cases where they were aware of something going on, but were not informed about it, and in some cases were even told by member of the community that these matters 'did not concern them'.

An SGB member indicated that there was a lot of secrecy around HIV/AIDS and parents and teachers were not willing to disclose their status or that of the learners. One of the learners was beaten up by the others for disclosing her status to the SGB member because she needed his support. The SGB member went to her support group so as to learn how to better support her and discovered seven other learners from the school attending the support group because they were HIV-positive. These learners were not happy that the concerned learner had disclosed and exposed them in the process. However, this attitude changed when they realised the teacher would keep their secret and wanted to help. The learners are now in high school and they still visit the teacher.

A LO teacher spoke about his experiences at school which highlighted the silences around HIV/AIDS:

> I had a child who came and told me that her mother had died; she did not share with me what was the cause of her mother's death. So one never knows if the deaths are related to HIV/AIDS or not. The other day the English teacher was telling me that he once asked the children to write an essay entitled 'The experience I would never forget' and he said when he went through those assignments he found out that a lot of them were talking about the passing away of their mothers or sisters. He pointed out to me that reading the circumstances of these deaths as they were narrated by the students had made him think they were talking of HIV/AIDS-related deaths.

Teachers also stressed that it is difficult to isolate the impact of HIV/AIDS from that of other problems, because there are no records of whose parent died or was affected by AIDS. The secrecy associated with AIDS makes their role very difficult.

Lack of disclosure also affects staff. One principal stated that he was unaware of any staff members being HIV-positive or otherwise affected by HIV/AIDS. Trust was lacking in the relationship between staff members. Without disclosure, it was not possible to provide support but, at the same time, the response to disclosure could not be predicted. Even among the teachers, there was no openness because of the stereotyping that comes with HIV/AIDS and that was what made people sensitive about issues of disclosure.

Stigma prevents disclosure as noted by teachers and the head of department at one school. It was suggested that disclosure by teachers would be easier if they had already obtained support from outside organisations. School management at another school noted that they not offering any support to affected and HIV-positive teachers because none had come to them with the problem.Teachers expressed the difficulty of confronting their colleagues regarding their status. It is hard enough to confront a colleague about bad breath. Yet teachers are only able to support their colleagues after disclosure.

Disclosure within the school could result in discrimination from their colleagues. Life Orientation teachers at one school were not aware of colleagues being affected, and thought that stigma and lack of trust were significant factors in this regard. In this climate, provision of support to colleagues is difficult. The principal indicated that the school had lost two teachers who were suspected of having AIDS but who never disclosed. Teachers noted that HIV/AIDS is associated with being sexually transmitted, 'doing wrong' and being promiscuous, and that is why people are afraid to disclose their status.

The principal narrated the story of a female teacher who did not want to disclose her HIV status, did not want to test, did not want to attend the clinic, and was in 'complete denial', even though she told her colleagues that her child was given Nevarapine when

she was born, which was an indication that she had tested positive and that she knew her status. The sick teacher's boyfriend got sick, and she told them that he had tested positive. He passed away not long after the baby was born. The principal and teachers eventually requested the teacher's mother to take her for testing, which she did. She was diagnosed with tuberculosis and got treatment, before having to start on ARVs. She got better, but stopped taking her treatment. She would lie to her colleagues to say she was taking treatment, and she eventually passed away, leaving three children, two of whom are twins and learners at the school, and the new-born baby.

Non-disclosure pervaded school communities as well. Nobody talked about HIV/AIDS and, even when people died, no-one declared their status. LO teachers at one school felt that they could openly talk about HIV/AIDS issues with other staff. However, they face problems talking about these issues in the community. This is particularly so with churches which do not encourage the use of condoms, and instead emphasise abstinence.

One SGB member believes that the extent of the impact of HIV/AIDS is probably greater than what is known in the school but many people are not disclosing because of the stigma still attached to the pandemic. People disclose selectively to their close relatives or to people in the area in which they live. A deputy principal stated that there was communication about HIV/AIDS at the school but it was a sensitive subject because of the stigma attached to it. He felt that disclosure by public figures or national icons (for example, the disclosure by Nelson Mandela that his son having died of an AIDS related disease) had impact and could encourage people to feel free to disclose their HIV status. A principal suggested that two factors aggravate the issue of stigma particularly: the first is the Christian view of being punished for the sins of the parents; the second is related to the fact that the disease is transmitted sexually.

Another principal said that even if learners become open at school, and talk to teachers, the parents will sometimes not talk about it. A domestic worker's child was raped, and her mother and the family for which she worked decided not to talk about this, and just let it go. Where parents do not want to talk about issues of rape that their children have gone through, teachers find it difficult to inform the police or social worker. LO teachers thought that parents do not disclose details of the children's illness out of fear of stigmatisation and discrimination rather than that the teachers may not be approachable. Parents may imply that children are suffering from HIV/AIDS, but do not talk openly.

Non-disclosure was not the only theme that prevailed in respondents' views about HIV/AIDS. There was evidence that disclosure did take place and various consequences discussed. One teacher reported a positive effect of disclosure in her previous school. After some learners disclosed their status, a wonderfully supportive spirit had developed. Everyone in the school started to contribute 20c to 50c weekly, which the guidance teacher used to provide groceries for these learners. After that the whole school was like a family. Teachers at another school noted that they do play a pastoral role with their learners whose parents had passed away. They reported cases where learners in their classes had disclosed their positive status. In one case, the teacher thought that the learner was disclosing to her in order to test the teacher's response and whether she could be trusted. Teachers need to be understanding in these situations. The LO teacher at one school indicated that the school had about ten learners who were HIV-positive and many who were affected by HIV/AIDS. Some of the learners' parents disclosed willingly but with others, the school management responded to the symptoms that were evident among the learners and called in the parents for an interview, leading to the revelation that the learners were HIV-positive.

A Life Orientation teacher and HIV/AIDS committee member at one school noted that a learner had lost her mother as a consequence of HIV/AIDS, and had approached her teacher for information. Teachers said that learners seemed more relaxed after sharing these kinds of issues, particularly when they found that their confidence had been treated discreetly.

In other cases the consequences of disclosure were not so positive. Some school environments were not seen as supportive of disclosure, with teachers and management insufficiently trained to deal with the consequences of disclosure. At one school, teachers admitted that there are a few learners in the school who are HIV positive and who have divulged their status to some teachers they confide in. It was also revealed that two learners died the previous year in 2007 due to AIDS. The two learners quietly withdrew from school and died before their status was divulged. This has not led to the development of support systems by either the school or the teachers.

Teachers at another school stressed that it was crucial to protect the status of an HIV-positive learner from other learners as this could lead to discrimination against the HIV-positive learner; they noted that even adults do not treat HIV-positive people fairly. Lack of openness is a problem; as one teacher pointed out,

> We cannot ask openly whether a child has eaten or has taken medication because it will attract the attention of the other children who may discriminate against them on account of the illness. They would isolate that child, not play with that child, and not eat with them.

Some Life Orientation teachers noted that there are learners who appear to be HIV-positive and isolate themselves; the role of teachers in response to this is crucial, but they can't do anything unless the learners speak to them. If teachers knew the status of a learner, they might be able to help without letting other learners know about it.

The issue of disclosure is, then, closely linked to concerns around confidentiality. On the one hand, people are scared that if they speak about HIV/AIDs it will not be treated as confidential and others will get to know as well. This brings in issues of trust. On the other hand, some teachers pointed out that the notion of confidentiality and how it is interpreted presents a problem. Learners may think it means you cannot share information with anyone; even if they confide in one teacher, it may mean that this teacher cannot access support resources. Some teachers felt they were prevented from sharing information about the HIV-positive status of any specific learner with other teachers because of considerations of confidentiality. Teachers at one school thought that their efficacy was reduced because of their fear of dealing with confidentiality. They felt that perhaps workshops could be helpful, especially if those people giving the workshops could come to the school and address the learners.

The principal of one school noted that the issue of confidentiality and disclosure at times burdens the one that has been informed, as the information received cannot be shared with other teachers/learners. Providing support for an HIV-positive teacher without disclosing the status to the other teachers presents a challenge:

> I did not disclose it to other teachers, but some teachers started complaining that the teacher was receiving special treatment.

The principal felt that the issue of confidentiality makes one 'suffer on their own'. The person confided in becomes affected and will also need counselling.

Respondents also commented on the effect that disclosure had on them personally. The following examples were given. A principal described his first experience of HIV/AIDS disclosure as follows:

> The teacher confronted me and disclosed her status. I was shocked and from that day I started understanding the problem.

The principal at another school described how a little boy came into his office and told of his HIV-positive status, and how unpleasant the medicines made him feel.

> When that little boy was standing here that day and he said 'Sir I want to tell you something. Sir I'm HIV-positive. I'm getting this medicine that makes me feel very sick.' What do you say to that boy at that moment? You can't tell him 'Oh man! Don't

> worry, it's not serious.' He knows that it's serious. That was for me an experience. That was quite difficult. You must be prepared for this. What are you going to say? You must think before that … When this little boy entered my office, and was standing here, for me it was shocking. At that stage I didn't know what to say. After a few seconds I got my mind together. You must be positive. If you know that you've got a disease, but life is going on. Like cancer, the same with HIV. It's not a death sentence. And this is the message I gave this little boy.

The LO teacher at another school indicated that when three of her female learners disclosed that they were HIV-positive, she was stunned and did not immediately know what to say to them. This, for her, pointed to the disjuncture between what textbooks say and what one is capable of doing when confronted with a real life situation.

> You don't really know what to say. You might be saying the wrong thing when you think you are saying the right thing. I just said no, keep strong, that's what I always tell them. That it's not the end of the world. Some people also might not be HIV-positive but they might have life threatening diseases that might make them live shorter than you. That's what I tell them.

Another teacher noted:

> If someone comes to disclose their HIV-positive status to you it's not so easy to take it. It starts by haunting you before you can accept it. You are the one who somebody has just opened up to.

When it came to the discussion of mitigating the impact of the pandemic, teachers emphasised again that 'as long as people do not disclose we cannot support'. Strategies for dealing with stigma and disclosure have been discussed above under 5.1.2.5.

Voluntary counselling and testing

One of the major problems in South Africa compared, for example, to Uganda (which in the 1990s had the highest HIV prevalence rate in the world, and has since enjoyed a dramatic reduction in prevalence) is the 'invisibility' of the pandemic as a result, largely, of the social stigma attached to the disease and fear of 'coming out'. This is one of the major reasons why many people are reluctant to go for voluntary counseling and testing (VCT). This was confirmed by many respondents in our study, who believed that stigma was a major reason why many students and staff were not being tested.

Voluntary counselling and testing (HEIs)

In a focus group in a historically disadvantaged university, a peer educator indicated that 'peer pressure' and the fear of being 'associated with anything to do with AIDS' meant that students were reluctant to go for testing since 'as a society we don't want to deal with the reality of AIDS; we are scared to be tested'. A psychology lecturer also reported that students do not want to be seen having tests and so go off campus to be tested. There is, he said, 'a strong perception that they would be rejected if seen'. In a focus group discussion with teacher trainees at another university, the participants also claimed that a major reason why students did not go for testing was that they were 'afraid' of finding out their status. One participant explained that:

> People are afraid as they know they are doing bad things, they become scared, then they will not go for the test.

Staff as well as students were reported to be afraid of testing. Indeed, in some accounts staff were said to be much less 'open' than students, and much less likely to go for testing (at least on campus). For example, the HIV unit coordinator at one university pointed out that there was a support group for students run by a HIV-positive female student, and also reported that 'students openly discuss VCT and are assertive in their views'. However, she claimed that 'we are not there yet with an open environment' and mentioned problems with staff who, she said, 'are in general more conservative with regard to their views and not that open and won't go for testing'. An education manager

at a historically disadvantaged university was concerned that more staff were not involved in testing and promoting testing, and attributed this in part to 'AIDS fatigue', but also to an assumption that this was a 'student issue'. He argued that 'it is important that they redefine their roles to engage in a broader engagement with HIV/AIDS.'

A very powerful example of how one male lecturer was awoken from his complacency about HIV/AIDS (at least in terms of its impact on students rather than staff) emerged in a focus group comprising white and coloured lecturers in accounting. The respondent said that many lecturers were ignorant about HIV/AIDS and that he had also initially not been aware of the severity of the pandemic. To demonstrate this he recounted an incident in which a student came to him and said that she had missed his class test as she had gone to get her test results. He thought she meant her test results from another subject until she said 'Sir, I tested positive'. Since then he has been more aware of 'this factor'.

According to some of our respondents, VCT campaigns had taken place in their universities with mixed degrees of success. The success of two campaigns reported was attributed to the degree to which staff participated, thus emphasising the importance of the role of staff in being seen to be committed to the fight against HIV/AIDS. A manager at a historically disadvantaged university indicated that VCT campaigns which the university ran were successful in drawing large numbers of students to be tested, and suggested that this was possibly due to management openly supporting the campaigns and volunteering to be tested. By contrast, the Dean of Education at another university expressed concern about the poor example management was setting to students when only half went to be tested after all had initially said they would. 'We must be an example and get across to students that testing matters,' he said.

Testing was presented as particularly important in a focus group discussion with three white managers and a black Life Orientation lecturer in that it tended to discourage people from engaging in unsafe sex even if, as in the vast majority of cases, the results were negative. Respondents felt that this was because it helped to focus people's minds on HIV/AIDS by bringing the pandemic closer to them. These respondents agreed that testing for HIV was 'not just diagnostic' but that it was also important with regard to the prevention of HIV/AIDS and that often testing negative plays a role in discouraging high-risk sexual behaviour. The Director of Staff Wellness at this institution gave an example of a peer educator who accompanied a nervous student for testing. He reported that 'on getting a negative result, she pledged to God that she would never indulge in sex again as she had had such a fright'. The educator observed that 'there is a sudden drastic change in behaviour after a person has been for testing.'

However, it was noted that at a VCT drive at the same university, in which 2000 students came to be tested and only two were found to be positive, these figures did not reflect the impact of HIV/AIDS on the student community, as 'those that have reason to be afraid do not come to be tested.' A similar point was made by the Head of the Wellness Clinic on historically advantaged campus, to the effect that even though significant numbers of students came to be tested, those who were most at risk and who lived outside the residences in the local town were least likely to be tested.

Some respondents working in the area of health and HIV/AIDS spoke about the particular initiatives they undertook to encourage students to go for testing. For example, the health promoter at a historically disadvantaged university pointed out that his role was to encourage others to go for early testing, to be open about their status and try to change their behaviour. He provides supportive counselling, runs support groups and gives motivational talks. A student intern at the HIV/AIDS unit at another university spoke about how she advocated testing and aimed to 'change the perception [that] what you don't know can't harm you'.

A peer educator in a focus group discussion at one university spoke positively about the success of the VCT campaigns, especially in encouraging men to

become involved. He mentioned how they used effective marketing strategies to recruit volunteers for VCT, such as making postcards with sweets with the slogan 'a sweet thing will happen to you', because 'everyone wants free gifts'.

A number of concerns were also expressed by respondents about students engaging in unsafe sexual practices and trends towards more students being HIV-positive. The student intern at the HIV/AIDS unit mentioned above pointed to the worrying increase in the number of teenage pregnancies, indicating that many students who might be joining their university in the near future may be engaging in unsafe sex. Respondents who expressed these concerns felt that the uptake of VCT services needed to increase.

Other respondents expressed concerns about VCT facilities at their universities. For example, the Head of Student Health at one university pointed out that since the university clinic could not do anything except testing, students preferred to go to clinics outside the university, where they had to wait in long queues. A professor in a faculty of health and other sciences was disillusioned that there was no VCT service on campus:

> I have to be very critical about HIV, we are not really positioned in this university for accommodating the students for free testing, for VCT sites, for any of that, as we are not really registered as a VCT site.

Voluntary counselling and testing (FET colleges)

In the FET colleges visited, reluctance to be tested was motivated, in part, by fear of finding out that one might have a life-threatening disease, but also by stigma, as suggested in the following extract from a discussion with Heads of Departments:

> People don't want to be associated with AIDS. As a result they wait until it is too late. People are scared to get tested. This means they do not get to know early if they are infected to enable them to look after themselves well.

While some educators spoke about the difficulties of testing arising from fear and stigma, they also provided examples of student participation in testing drives at the FET colleges.

In some institutions, it is difficult to develop schemes on campus because of the lack of qualified staff to provide voluntary testing and counselling. One FET college took advantage of the visits from the South African Blood Bank in order to provide HIV testing. Students were encouraged to donate blood, and trained counsellors from the Blood Bank informed all those who were HIV-positive. Another FET college utilised the services of Right to Care, an NGO which provided voluntary counselling and testing for their students.

In one FET college in which voluntary counselling and testing was available at all campuses for staff and students, the first testing involving about 70 students revealed that only two were positive. And in another, the institution's first organised initiative on testing in which, again, 70 students volunteered, none of the students tested positive.

However, in both of these cases it may have been that the students who volunteered for testing were the ones who did not engage in risky behaviour and were sure they were HIV-negative. This was the view of senior management. These tests may then have created a false sense of optimism about the extent of HIV/AIDS in the college.

In stark contrast to the results in these FET colleges, tests conducted in 2007 in another FET college by an external agency which was invited to the campus showed that of the 100 students who were tested (in a total population of 3000) 60 tested positive.

Encouraging students to go for voluntary testing and counselling presented serious challenges in FET colleges, and one strategy suggested by the Head of the Department of Life Orientation in one College was to invite 'champions or ambassadors' who had tested who could act as 'good role models' and help to remove the stigma of testing.

Voluntary counselling and testing (schools)

In schools, voluntary testing and counselling (VCT) was much more problematic. Although a number of principals and teachers wanted to provide VCT facilities for both learners and staff and/or conduct VCT drives, most of our respondents indicated that there was opposition to this which came from various quarters, such as teacher unions, teachers and SGB members. Perhaps because of this opposition, informed by assumptions that learners were too young to be tested (and to cope with their status if they were found to be positive), testing seemed to be raised less often as a significant issue by educators in schools than by those in HE institutions and FET colleges.

A few school principals were keen for learners and staff to be tested, with one principal stipulating that the promotion of VCT for learners and staff was written into the school policy on HIV/AIDS. However, there was evidence of only one school running a VCT drive and this had been stopped, according to the principal, because of teachers' concerns that they may be forced to be tested and because of pressure from teacher unions. The reluctance of educators to be tested was seen as a major problem by Life Orientation teachers largely because they suggested that this discouraged learners from getting tested.

In another school, Life Orientation teachers pointed out that earlier in the year the school had started making arrangements for learners to be tested. However, some teachers were concerned about the impact of this exercise if learners were found to be HIV-positive. The principal in this school indicated that although he had spoken to the clinic about learners being tested and the clinic was obliging, there was opposition to this from the SGB who were concerned about the clinic's capacity to do pre-counselling and post-counselling if learners were found to be HIV-positive. Some of the parents in the SGB also indicated that it was better for them not to know that their children were HIV-positive as they would 'chase the child away' from home.

In another school, the principal thought that if they instituted testing on the school's premises people would be reluctant to take up the opportunity and would not disclose their status anyway (which he viewed as a major problem); he also assumed that the Department of Education would not allow testing in schools.

SOCIAL PROBLEMS

HIV/AIDS is not just a medical problem, it is also a social problem, and it has become not just a topic of concern for medical personnel but also for people working in the social sciences. Like any widespread disease or pandemic, HIV/AIDS does not take place in a social or cultural vacuum. It has had and is having devastating social and economic consequences, notably in countries in Southern and Eastern Africa, where large numbers of people are living with HIV or are affected by it (for example, caring for close friends or relatives with HIV/AIDS or being orphaned as a result of their parents dying from opportunistic infections precipitated by AIDS). While HIV/AIDS is often said not to discriminate against particular groups of people, it is much more prevalent among people in poorer communities and is hitting those people and education institutions with fewest resources to cope. Poverty was raised as a serious concern by many of our respondents (especially in schools) and in some accounts it even seemed to transcend concerns with HIV/AIDS. Violence (and notably sexual violence) was another concern some of our participants raised, with reference to gender power relations.

Poverty

The descriptive analysis of data related to poverty follows for each subsector.

Poverty in HEIs

Issues related to poverty were raised most often by members of staff in historically disadvantaged universities. The example of contexts in which isolation, lack of entertainment, over-crowded accommodation and lack of financial resources has led to risky behaviour has already been cited.

While some members of staff in these universities emphasised the links between poverty and student susceptibility to HIV, others took a very different line, putting the blame on the students rather than their material living conditions for engaging in unsafe sexual practices, couching their responses in the moralistic language of 'promiscuity'. Women students were blamed for engaging in immoral practices, as in the cited examples of young women seeking 'sugar daddies' and manipulating different men to support their various needs.

The Head of Student Health at one historically disadvantaged university recognised links between poverty and students engaging in unsafe sexual practices, constructing such students as 'promiscuous', but also associated this behaviour with 'greed':

> Poverty makes promiscuity … promiscuity is not just about poverty but also about greed … it is a two-headed monster.

Some respondents spoke about poverty and its impact on students without passing moral judgments. For example, three white members of senior management and a black life orientation educator at a predominantly black university mentioned that 'due to poverty many young female students engage in prostitution.' In the same university, three black (male and female) teacher trainees claimed that as 'many students came from poor families they have to sell their bodies.'

Poverty in FET colleges

A number of our participants elaborated on how poverty put their students at risk of contracting HIV/AIDS, and this was almost always in relation to the effects of poverty in encouraging female students to engage in unprotected sexual relations with older, richer men usually off campus (although this was disputed by the Head of Student Services in one FET College who argued that student girls engaged in unprotected transactional sex with male students on campus):

> Some students come from richer families and the poorer ones want to compete. They trade sexual favours for money. This is with richer, older men. These men wait outside the hostels waiting for young girls.
>
> Young girls, as young as fourteen, are forced into prostitution in order for them to be able to look after their siblings.
>
> The financial background of sugar daddies outside the school won't allow us to keep our students in class. There are young people supporting their siblings who need to eat.

Also motivating some poorer women students to engage in unsafe sex, according to a Head of Student Support Services, was the prospect of obtaining child support grants. This was an issue also raised and discussed by teachers in schools located in relatively poor communities. Concerns about child support grants promoting unsafe sex have been expressed more widely and reported in the media. There is a thin line here between drawing attention to the appalling conditions of poverty which may motivate young women to get pregnant, and problematising the young women themselves for cynically exploiting the system of maintenance grants. In the rhetoric of some, the focus is on the grants themselves and how these promote 'bad behavior' among girls. Most participants, however, expressed concern about the inadequacies of public schemes and services to help HIV-positive students living in poverty or affected in other ways by HIV/AIDS.

The CEO and campus managers in one FET college were concerned that the withdrawal of essential services like the clinic and access to specialists by students meant that students now had to rely on private institutions which they could ill afford. They argued that re-opening DoE specialist services to FET colleges would assist many students to access help to deal with the impact of HIV/AIDS. One manager was concerned that many HIV positive students whose CD4 count was not sufficiently low to qualify for ARVs were not able to buy 'boosters' that cost about R600.

Lecturers at one FET college indicated that poverty affected many of their students who were malnourished

and wanted to see government providing a feeding scheme for students. This would greatly benefit HIV-positive students who needed a well-balanced and nutritious diet and, because of poverty, were not getting this.

In many of the merged FET colleges there were striking disparities between campuses in terms of resources, and one campus manager argued strongly for funding for two of the campuses which were in the poorest areas where there was no food. She advocated bursaries for students and the establishment of health centres, since the college struggled on these campuses to get the students into class because of their poor health related to poverty.

Poverty in schools

As with the FET participants, many of the educators in schools spoke about how poverty influenced some girls to enter into sexual relations with 'sugar daddies'. Indeed this was the example educators kept giving when discussing linkages between poverty and susceptibility to HIV/AIDS.

In one school, Life Orientation teachers stated that young girls were involved in prostitution, and when asked why they were, these girls pointed out that they needed to survive and in some cases even look after their siblings. Another educator indicated that girls in her community had transactional sex with older men in order to survive in the context of high levels of poverty, a situation greatly facilitating the spread of HIV/AIDS.

> Older men are the ones infecting the young girls and the younger girls then take it to the boys. There is a need to encourage the young girls to stop dating their fathers. But that would only stop if we address the issue of poverty.

Educators also spoke about schoolgirls who were involved in sexual relationships with taxi drivers in order to get money for school fees and lunch. They said that seeing girls derive these benefits encouraged other girls to engage in similar behaviour. An SGB member indicated that young children – both girls and boys – some of whom were learners at the school, waited at the side of the road to be picked up for prostitution by men in cars. Some of the young people who got into relationships to support themselves were part of the growing number of orphans in their school, according to the Life Orientation teachers.

Not only did poverty, according to many of our school educators, encourage girls (and boys) to engage in transactional sex with older men, but also, as some of our FET interviewees mentioned, to get pregnant in order to obtain child maintenance grants. Educators in a number of schools across the quintile range expressed this view. One SGB member indicated that although the social grant comprised little money, 'the poverty that these girls live with makes them regard the grant money as a lot of money as there will be no food in the house because of high levels of unemployment in the area.'

Poverty also resulted in many cases of sexual abuse of children in families going unreported. This was the view of an SGB member who indicated that when sexual abuse by fathers of children occurred in families, mothers were often unwilling to report the matter because they feared the father who was a bread winner would be sent away to jail and they would starve.

Poverty contributed to children learning about sexual activities at a young age, according to educators who explained that because houses were so small and sleeping spaces so close, often very young children saw their parents having sex, something which, they suggested, might encourage them (the children) to imitate them.

It was clear in the accounts of many educators that HIV/AIDS was just one of many serious problems which affected schools and the communities in which they were located, and some school educators felt overwhelmed by the range of problems they faced, with HIV/AIDS, in this context, not being regarded as a particularly pressing concern. But HIV/AIDS was, according to many of our FET and school participants, closely linked to conditions of poverty, and

some of our interviewees elaborated on school-based initiatives seeking to address (explicitly) the needs of people experiencing poverty and also (implicitly) the needs of HIV-positive people or those affected in other ways by HIV/AIDS.

For example, one SGB member indicated that the school puts on a feeding scheme for learners as well as their parents and other members of the community. He explained that this addresses people with HIV/AIDS since many of the people who attend these are HIV-positive. They are the parents of learners who have lost their jobs and have little money to afford food. As a result, the school raises funding so that learners from affected homes can at least get a meal a day.

> Grade 12s are raising funds for the feeding scheme through physical activity. These are the same learners whose parents are infected. Because they are the learners with the most need. You won't always see the word AIDS. The things we do at school level are not only to speak about the problem but to address the problem holistically.

This scheme, then, was an intervention born out of a 'holistic' understanding of the problem of HIV/AIDS which situated it the particular local social context marked by poverty, hunger and unemployment. Not only did it provide support to HIV-positive people and those affected in other ways by HIV/AIDS, but by satisfying basic hunger needs of the beneficiaries helped to reduce the chances of people engaging in transactional sex for survival purposes. Also, according to the SGB member, issues relating to HIV/AIDS and how to deal with it and avoid it were discussed when people came to the feeding schemes. This enabled forms of community-based HIV/AIDS education to take place with many people who were affected or HIV-positive or susceptible to contracting the virus, without drawing attention to people's status. Since these feeding schemes were not cast as HIV/AIDS intervention projects, people were not discouraged from attending in a community where stigma around AIDS was rife.

Schools clearly functioned in some communities as important centres offering support for communities experiencing poverty and related problems such as HIV/AIDS. In addition to providing feeding schemes, some schools helped with funeral costs, a significant aspect of life in schools.

But some schools could hardly function themselves, so poorly resourced were they. One educator said: 'We have a structure, a building that is called a school, but inside it is empty; there are no resources at all. We need so many resources beyond dealing with HIV.' In another school, the Life Orientation teachers not only spoke about their lack of resources, but also about the poor state of the learners, some of whom came barefoot to school and had to travel long distances. In this same school, teachers reported on the growing number of orphans, some of whom were trying to support themselves and their families. Given their breadwinning responsibilities, they found it difficult to concentrate in school. One educator from this school said he tried to encourage learners from poverty stricken homes to work hard at school so that they can 'get out of this poverty cycle', but in view of the kinds of poverty-related problems many of the learners experienced this was not an easy task.

Violence

Violence in HEIs

Where issues of violence were raised by educators at HEIs in our study, it was always associated with males, and with violence perpetrated by men against women. The Deputy Vice-Chancellor for Academic Affairs at a historically advantaged university drew attention to the gendered nature of violence, pointing out that the university is struggling to understand how to challenge the notion of violent masculinity that exists. But he also pointed out that the extent of violence on campus is difficult to assess because only reported cases come to his attention, and, as numerous studies have shown, sexual violence, for a range of reasons connected with fear, shame and embarrassment, is grossly under-reported.

A peer educator in a focus group discussion at a historically disadvantaged university also spoke

about the problems of dealing with gendered forms of violence. He said that when the institution thought it had made progress, 'then something bad happens'. He cited a recent example on campus of a female student having been murdered by her boyfriend. At a historically advantaged university, the DVC for research also referred to a highly publicised incident of rape in a university residence which had resulted in an enquiry being set up into gendered violence in the residences.

As has been explored in a number of studies on young people and sexuality in South Africa and elsewhere, heterosexual relations are often entered into on the basis of males providing material goods and females being expected to 'return the favour' (sometimes under threat of violence) through sex. An obvious case of this is in the 'sugar daddy' phenomenon. But it was also manifested in less striking and more mundane everyday activities with younger males and females, as emerged in a focus group discussion with student teachers at a historically disadvantaged university, who provided a powerful example of how sexuality could be tied to violence, or at least the threat of violence. They said that they had heard from some young girls that they had boyfriends who bought them fish and chips and they therefore felt obliged to offer sexual favours in exchange; in addition, this would mean that they then would not be threatened by violence.

Violence in FET colleges and schools

Sexual violence was a topic raised by some educators in FET colleges and schools, and although, in this section, we provide examples of accounts of this, violence is also referred to in other sections such as those dealing with gender and poverty. In HE institutions attention was to the kinds of masculine identities and ideals associated with toughness and assertiveness which might predispose young men to engaging in acts of gender-based violence. The accounts of sexual violence provided by our interviewees in FET colleges and schools were less analytical, and narrated in terms of incidents of violence experienced by learners, and some of the difficulties educators face in responding to these. All these accounts are derived from our participants' own experiences in their roles as educators, and speak to the immediacy of learners' experiences of violence. Some educators mentioned learners disclosing acts of violence perpetrated against them when they were dealing with HIV/AIDS, rape and abuse in lessons. A typical example of this is the account of one female educator in a school, who said she was 'shocked when one learner just disclosed in class that she was once raped by a man who gave her sweets'. When asked if she reported this to her parents, the child said she didn't because she was scared.

In the same school, some educators reported concerns about abuse of learners at home and outside school and the difficulties of being able to establish whether this indeed was happening given the 'secretiveness' of some of the learners. The interviewer records:

> They quoted a case where they even reported the case to the police, the social workers, etc; and the father who was sexually abusing the child was arrested temporarily; the child later changed her mind and did not want her father arrested, so she changed her story and the man was released. They were not sure what more they could do as teachers in the case. They raised the point that they had come to the community to work or teach, and these issues sometimes got them into trouble with members of the community; that is, coming to the community to expose sexual abuse that, according to some community members, "did not concern them".'

In another interview, the SGB member spoke about the large number of rapes in his school and the difficulties of pursuing the perpetrators of these. Although the cases came to the SGB for mediation, parents of the perpetrators often paid parents of the victims R2,000 as compensation for not reporting their sons. Levels of sexual violence were high in this school according to this respondent and educators interviewed, and this posed major challenges which, they felt, needed to be addressed in Life Orientation and HIV/AIDS programmes.

RELATIONSHIPS

In this section, we examine the sorts of relations different education institutions were establishing with outside agencies, groups and communities in the light of the impact of HIV/AIDS. To what extent were these institutions offering support to the community by developing appropriate initiatives and programmes to mitigate the impact of HIV/AIDS? By the same token, what support, if any, was being offered to education institutions by government departments, NGOs and other bodies to mitigate the impact of HIV/AIDS? We also address, briefly, particular kinds of relations established within the institutions between staff/students/learners in response to HIV/AIDS (although these are also addressed in other sections, notably the first section above on *Approaches to mitigating the impact of HIV/AIDS*).

Relationships with external parties (HEIs)

At one historically advantaged university, the Vice-Chancellor noted that 'quite a number' of students get involved in community-based organisations (CBOs), for example working with orphans and shelters, and in these contexts encounter issues related to HIV/AIDS. This was, he felt, an important contribution as it makes students aware of social problems and broader challenges. This is particularly important as students at this university came from relatively privileged backgrounds, and he believed that they needed to be prepared to understand and cope with broader societal challenges.

The Dean of Students at this university noted that outreach programmes do not interest enough people and only a relatively small group of passionate students who see themselves as 'activists' participate. But many outreach programmes continue to operate with student volunteers. The HICC chair at this institution noted that community interaction is his portfolio and that 'we have excellent contact and partnerships' with an NGO and with the Department of Health.

At this university, a respondent responsible for HIV/AIDS coordination noted that a drama group has an outreach programme for farm workers. Other activities include door-to-door information sessions, distribution of condoms at taxi ranks as well as:

- Community projects and launches – for example, they recently helped a clinic with its launch;
- Peer education;
- Spreading messages to other satellite centres; and
- A wellness programme situated within human resources which takes responsibility for World AIDS Day and a candlelight memorial day.

Participants at one university claimed that the government and the community outside of the school and university had a critical role to play in mitigating the impact of HIV/AIDS as a 'teacher can't do it alone'.

NGOs were regarded by many respondents as critical in HIV/AIDS testing and campaigns, and particular insights in this regard were provided by two respondents. At one university, the head of the HIV/AIDS office noted that when NGOs came to provide VCT services on campus, staff were more inclined to participate in testing than they were when the university itself ran VCT campaigns. Another respondent, the head of staff wellness, believed that the role of outside organisations and NGOs was critical as often students 'don't want to speak to people inside'. This respondent also felt that 'outsiders' may be more appealing to staff.

Relationships with external parties (FET colleges)

Relationships with the community

At one FET college, the CEO and campus managers noted that relationships with the community are important and have been largely ignored within the college, where staff and students have been the focus. This needs to be taken up by Student Support Services so that when HIV/AIDS events take place, the community is informed and may also participate. The CEO and campus managers felt that the college may be able to provide support to child-headed households. They requested support from qualified social workers

who could help to improve the service provided, in the form of mentoring or offering counselling in the student support offices on the campuses.

Some Heads of Department felt unsupported by the parent community in providing guidance to the students:

> Parents do not realise their responsibility any more. Some of our students come from rural areas. They stay in the city and never go home during the semester. Parents give the children money to come and live in the city, but they have no control over that. They expect us to take control. So what control do we have? We only see them until half past two or three. They are on their own. When I think of how children were raised a few years back and how they are raised now, I think it still comes back to "It's your right to be free and to do what you want to do". Not even your parents can tell you what to do any more. It comes with no rules. You can smoke from twelve, even in your parents' house. I think it's a lapse in moral values overall in the whole of society.

Reference was made to statements made by political figureheads indicating a similar lack of regard for provision of guidance: 'They think they can just take a shower.'

The Heads of Departments suggested the establishment of parent support groups to improve communications between the college and the parent community. It was suggested that informative talks could be given to the parents, and that this would be particularly useful in the rural areas where students' home backgrounds lack an education foundation. This was confirmed by one FET college, where it was argued that improved communication between parents and Heads of Departments could result in informed support for students with problems, especially in a more open climate of disclosure.

Although relations with the community are improving, they are not yet open enough for any impact to be made. The college approach to parents tends to be restricted to matters of finances, or to take place in parents' meetings, which few parents attend. Different strategies need to be adopted to bring the parents to the college. Heads of Departments at one FET college noted that if the college were able to make more resources available to the community, this would improve relations substantially. FET managers at this college noted that one of the college's strategic objectives is to respond to community socioeconomic needs, which could be done through outreach programmes. To this end, the college attempts to open up activities to the community as far as possible. For example, seminars on HIV/AIDS would be treated in this manner. It was reported that this is not done sufficiently, however, although the community is invited to all college functions. The VCT service was open to the community, although it was not known how many community members had attended.

A FET college manager also supported relationships with the community as the students come from the community and the college is dependent on the community for their enrolment numbers. It was felt to be in the college's best interests to establish a supportive relationship with the community. However, lecturers agreed that meetings for parents at the college are not well attended.

Heads of Department at one FET college were of the opinion that for colleges to play a more meaningful role, they should establish strong linkages with community stakeholders. However, one manager noted that as the college is understaffed they cannot and do not do any work with the community.

Heads of Department at another FET college indicated that they do have linkages with the community: in particular, they collaborate with local mining companies for whom they train employees. At the moment, the campuses maintain some working relationships with external stakeholders such as mines, testing stations, and different government departments such as the Department of Education and the Department of Health, and local municipalities. Some of these stakeholders come to the college to talk about drug abuse and healthy eating habits. Managers admitted, however, that these relationships are managed on an ad hoc basis.

Relationships reported as 'cultural differences'

The lecturers at one FET college believed that parents in 'the African culture' do not talk about sex to their children:

> So when you start this discussion in class, the students say they cannot discuss this with you because you are an adult.

Other lecturers felt that every household must instill morals in their children. They went on further to state that families needed to uphold strong cultural and religious beliefs. They emphasised that these factors should be in place when the children start school:

> We get most of the students when they are in their teens, 18 to 20, which is already too late for them to start learning these things. Maybe at least start at age 12 or even 10 years. One cannot be sure [about starting] in grade one, I have heard of children that are in grade 2 and are already sexually active.

Some of the lecturers also pointed out that whilst parental involvement was being advocated as a good idea, people needed to remember that it was taboo for parents to talk to their children about sex 'in most of the black cultures'.

> Even for parents it is taboo to talk about sex with children. There are things that I myself cannot talk about in front of my sister. The same goes for some of the students, they may not like to talk about such matters with us as adults.

The lecturers at one FET college believed that another worrying issue was that men are few in number and therefore the issue of multiple partners cannot be eliminated totally. It was pointed out that in other cultures polygamy and polyandry still prevail. The question was how one deals with the issue of HIV/AIDS in such a cultural context.

Open discussion of HIV/AIDS at FET colleges was thought to be restricted by 'cultural traditions in the black communities', although these are changing to variable extents:

> As a community if there is a gathering, we have representatives. Males are the ones in the forefront. Females don't talk, they are in the background. Men do the talking. Men do the negotiations. When our children become involved in relationships, a girl does not have the right to ask a boy if he is HIV-positive or not, or to suggest that they take a HIV test. Women hear from men.

Heads of Department at one FET college felt that rural communities are likely to be more traditional, and restrictive with respect to women:

> Some places people are still like that, more so in the rural areas. But traditions are changing. Brothers tell the sisters what they are to study, because the mothers do not even know what careers are available. For girls, study may even be a privilege. Decisions are taken for you, and you just have to follow. You can't change it anyway.

The college intake is drawn from remote rural areas as well as the city. In this context, Life Skills teachers struggle with mixed gender classes, and are 'too scared or embarrassed' to do other than talk generally. Heads of Department at another FET college noted that classroom discussions are complicated by traditions related to initiation schools:

> If students have been to initiation schools, and the lecturer has not, then relating is a difficulty. There is no common ground. The level of respect is non-existent. The one is regarded as a man and the other is a boy or a woman, either of which is inferior. [They say] "You have no right to ask me questions about this because you are not man enough. So you and I don't have common ground."

Culture was also racialised, with lecturers at one FET college noting that black parents reportedly were reluctant to broach some subjects with their children.

Relationships with government

According to one FET college they need to forge a relationship with social workers of the Department of Social Development so that when a student leaves the college she or he may receive continued support from a specific social worker. (However, the acute shortage of social workers in the country needs to be noted.) Respondents reported that two workshops had recently been organised at a nearby high school and the Department of Education had invited educators involved in Life Orientation and student support liaison officers from schools and FET colleges. Respondents suggested that government departments need to work together, particularly Departments of Education, Social Development and Health. The AIDS Counsellor at one FET college also addresses issues of drugs and alcohol abuse; for awareness campaigns in this regard, she invites speakers from the police, the Trauma Centre, the Department of Health or clinics to address the students and provide information. If the SRC is involved in the arrangements, student attendance reportedly improves. The Trauma Centre makes the services of a doctor available in cases of rape.

According to the Dean of Student Affairs, the Deputy Campus Manager and the Student Liaison Office there was no support from the Department of Education, although the college had been chosen by the Department of Education to pilot student support even in other FET colleges. However, they reported that the college had received a recent invitation to participate in a meeting organised by the Department of Education to deal with some issues relating to the impact of the pandemic. The college cooperated actively with the Department of Education's NewStart and AidsWise programmes that promote voluntary testing.

Relationships with NGOs

At one college, the CEO and campus managers were in dialogue with one of the NGOs that had provided VCT services, aiming to provide a permanent and regular service for students in particular, but also for staff. Relationships with NGOs and other outside bodies were regarded as important additions to available expertise and to links within the college. Collaboration and partnering were important strategies to this end.

CEO and Campus Managers at one FET college noted that two of the campuses had the services of two psychologists and one counsellor from a university, and also from hospitals next to the campus, who would visit the college when needed. The Student Support Services Officer had identified the need and made the contact. The service was provided at no cost to the college. This was mutually beneficial in that the psychologists and counsellor were trainees who were being exposed to real practice through their service provision on the campuses. The hospital trainees were from a cohort of people available. The psychologists required no payment, only assistance with transport.

These relationships were felt to be an important addition in the college, but effort was needed to sustain them. If arrangements were made whereby these people were regularly available, this would constitute a support structure in which relationships could be built and trust developed. It was considered important to sustain the service; support requires a level of formalisation rather than constituting just a series of events.

One Student Liaison Officer noted that the campus had recently held an AIDS Awareness function at which VCT had been provided by an NGO; 65 students had tested, and the Student Support Officer (SSO) had received statistics related to the results. Another NGO occasionally came to the campus to provide VCT, although this organisation had not visited yet this year.

The Student Liaison Office at another college felt that it was under-staffed. There was a need for a psychologist, but there was none in the staff establishment. The office tried to provide basic counselling for students through available remedial educators, and where these were unable to help, students were referred to professionals off campus. Referrals were made to a local clinic where appropriate.

Relationships with NGOs had been an important source of support according to managers at one FET

college. The initial VCT service had been sponsored by Right to Care, an NGO. Right to Care had also initially sponsored the staff training, with the support of a foreign donor. Initially this training had cost the college nothing, but the college is now required to pay for it.

An Assistant Director: Human Resources said that while she was in charge of HIV/AIDS issues she tried to encourage each institution to establish a 'pact' with some outside organisations working in the HIV/AIDS field such as Treatment Action Campaign (TAC), and that this had been done except on one campus. It is the initiatives of lecturers working at the college that usually result in these pacts.

The Dean of Student Affairs and the Deputy Campus Manager at an FET college said that NGOs such as the Aids Training Information and Counselling Centre and Love Life – with private companies sponsoring this – have come to the college to raise awareness with an 'entertainment' approach. They said that the 'fun' approach to awareness is inspired by the changing age group of students enrolled, who are mostly 15 to 16 years old. The respondents reported that Right to Care provides excellent voluntary counselling and testing; this NGO identifies students to involve in their team.

According to managers, their college invites NGOs such as DramAide to create more awareness. Their approach is based on entertainment and the impact has been positive – more than 200 students tested voluntarily during the last visit. The Head of Student Support Services reported that the students get support from NGOs such as Life Line and Love Life, who are invited to address them. The college also uses intern psychologists from a university, who facilitate referrals of students with various problems.

The head of student support at another FET college indicated that although there was no specific budget for HIV/AIDS, funding for HIV/AIDS campaigns could be accessed from the student support budget. In addition, the college had funding from a Danish organisation which supported the college with specific interventions.

Relationships among staff

The lecturers at one FET college stated that they have a very close relationship with the student support services and that they had drafted a working plan together to make their referral system more workable. They had referral forms that lecturers completed and the student support counsellors reported back to the lecturer that they had taken up the case even though they did not disclose what the problem was. The lecturers said that they did not have any other form of support when they were burdened with student issues:

> We just talk among ourselves depending on who you are comfortable with. Maybe management has wellness programmes. We lack information on this because we have not experienced it.

Heads of Department at another FET college pointed out that it was on rare occasions that the lecturers turned to them for support on matters around HIV or AIDS:

> This is my first year as the head of the department. One of my lecturers lost her husband and I came to know about that, but no one has ever approached me regarding AIDS or problems with a partner. I only had one student who shared when I was in class regarding his brother who was HIV-positive.

She explained that with this particular student she offered support by giving him extra lessons and that helped because at the end of the year he passed with good marks.

Lecturers felt that discussions with colleagues were an important source of support for LO lecturers. The Head of Student Support Services at one FET college believed that lecturers do not seem interested in supporting the students at all. When a student has problems, he reported, the educators just want to refer them immediately to the SSO, whereas they could provide a measure of counselling themselves. Disciplinary matters are included amongst these problems. The respondent reported that:

> Every time they see me they say "I have a student who struggles in my class. I'm going to bring that student to you." Instead they can just simply talk to the student and try to get the student to be motivated and participate in class. They always want to throw all this to us instead of maybe meeting us half way. Some of the things that they bring to me are things they can handle on their own, but they always want to refer just to get rid of the students in front of them. Like if the students start to fight they can simply solve it, but no they will bring the student to me and say "This student was fighting. Can you deal with that?"'

The SSO felt that the responsibility for student support belongs to everybody, and it would be better if people worked as a team. According to the Head of Student Support at another FET college, the role of lecturers is to identify students with problems and refer them to Student Support. College managers noted that academic staff also need counselling: 'They need to understand why they should help.'

One AIDS Counsellor felt that some of the educators on the campus were somewhat unsupportive; they seemed to distance themselves from the work that was being done, and the support work seemed undermined, whereas educators and the counsellor should be supporting each other as team members. Some of the managers had been found to be very supportive, which was appreciated, but generally respondents at this college felt a need for their work to be recognised.

Managers at another college expressed the opinion that maintaining a teamwork approach to relationships with staff helps in enhancing the managers' supporting role. The CEO and campus managers felt that it is important to maintain cordial relationships with staff if the latter are to be free to approach them about their personal problems.

Relationships with students

Lecturers pointed out that they forge different relationship with various students:

> Different relationships are built with students based on background, others find it easier to talk to other lecturers but others not. I am lucky because of the subjects that I teach; I have not had any [bad] experience or problem.

The lecturers at one FET college reported that they have noted an increase in student absenteeism. For some students that are constantly absent, staff have noted a loss in weight, skin rashes and sores, but they did not know whether these students were HIV-positive. They pointed out that some of the students, when asked why they were absent, would point out that they were experiencing a lot of stress. The respondents felt that perhaps the stress was related to them finding out that they were HIV-positive. According to lecturers, students opened up or not depending on the relationship they have with particular lecturers:

> If you are close to the student, and inquire about how they are doing and what is happening around them, chances are they will see you are committed to their success and will find it easy to talk to you. This does not work with everyone though.

Another lecturer said that recently she had a student who told her that she was in an abusive relationship and had had the person arrested; he was now in prison. This girl was feeling guilty and if the respondent had known that the college had a network of psychologists she could have referred her to one of them.

Lecturers were thought to be approachable to extent that students found them to be trustworthy. Many of the group seemed to have been approached by students. Lecturers felt that they were able to respond to students' approaches adequately as a result of their training.

Student Support Services at one college has managed to establish trusting relationships with students. The head reported that he emphasises confidentiality and that students know they can talk to him without worrying about whether he will reveal what they have told him to other people. He is proud of the fact that even female students trust him enough to confide in him.

The Heads of Department at another college expressed disbelief at the level of promiscuity in the institution. They gave examples of 'unconventional' behaviour and argued that some students seemed to be in college to get the freedom to do things they could not do at home. For these students, the college education was not as important as sexual relationships.

Lecturers at another FET college indicated that students were very keen to talk about HIV/AIDS as discussions always ended up addressing sexuality. Students were often relaxed and very open in the discussions, sharing information about their relationships that often surprised the lecturers.

A Head of Life Orientation noted that relationships with students could also be sexual. Policy regulates relationships between students and staff, but sometimes this is ignored and relationships develop.

Relationships with external parties (schools)

Relationships with the community

According to LO teachers at school, an important role of teachers was to create community awareness by providing information, because some parents think that they are bewitched when they are sick and the possibility of being HIV-positive is not immediately considered. One principal also felt that the community is important, and encouraged learners to be taught about HIV/AIDS so that they can teach their parents and 'help the entire community'. He and other teachers in the school teach ABET in the afternoons, and they include HIV/AIDS issues in order to help community members to change their attitudes towards the pandemic. The belief that the community and community attitudes were important was commonly reported in the school subsector.

Negative experiences in community relationships were also evident. For example, teachers at one school noted that school-based initiatives included gardening and sports, but reported that the community has vandalised the facilities and as a result the school has discontinued this initiative. One SGB Chairperson explained that the clash between home-based teaching and school-based teaching on HIV/AIDS is caused by the fact that the community is divided into old-fashioned and modern households. The notion that HIV/AIDS is taboo in school communities was widely reported and seen as damaging to schools' initiatives. In some schools, myths and superstitions, sometimes associated with 'bewitchment', were also seen as damaging as they delayed the start of medical treatment. Discipline problems among boys were sometimes reported in relation to initiation schools, as the boys are told during initiation that they were men, and it is difficult for teachers to discipline them particularly in the presence of girls. Teachers at one school reported that parents do not want to discuss sexual matters with their children because they think that it will encourage the children to become sexually active.

However, educators were often not willing to succumb to what they saw as dangerous community perceptions and behaviours. For example, educators at one school reported that they wanted parents to know what they teach at school about HIV/AIDS regardless of tensions and clashes that may arise due to 'different cultural values' such as how to talk about issues related to sexuality.

Relationships with NGOS and government departments

Partnerships with NGOs and government departments were common in the school subsector. For example, the Chair of the Welfare Committee at one school listed a number of partnerships that the school has forged to mitigate the impact of HIV/AIDS. These were with the Social Welfare Department, a local clinic, Dance4Life, DramAide, Generation Vuka and INK. In addition, the Department of Education has trained learners to be peer educators. There is also informal support in some schools: for example, according to an SGB member, there is a Department of Health official in the SGB who is trained as a paramedic and is responsible for the first aid kit at the school. Many schools reported various relationships with NGOs and government services that supported their efforts in mitigating the impact of the pandemic.

However, a concern commonly expressed was that while government health services were provided, they were not addressing the deep issues facing learners:

> Three months ago, people from Health Services came to visit the school, but all they did was check eyesight, hearing, and chest problems and nothing psychological as these learners face a lot of emotional challenges.

Other problems experienced in relationships with external service providers related to community perceptions. One educator reported community suspicions of the effect of health awareness campaigns on children's sexual behaviour:

> In a community-based meeting organised by health professionals to conduct an awareness campaign, parents said that we are giving their children the licence to be sexually active, while we encourage learners not to be involved in sexual activities.

An SGB member also noted that there were not enough community health workers to deal with HIV/AIDS-related problems in the community; it was felt that while community health workers can play a role in the school, this would not be effective as 'they can't even cope with the work in the community'. The notion that relevant services are overstretched was commonly reported. In one school, for example, it was reported that social workers had not been successful because there were too many problems facing the school.

The assessment by educators of the effectiveness of such services varied. For example, educators at one school pointed out that since forging links with the Department of Health they were beginning to see a drop in the rate of pregnancies. An SGB member noted that children do not take the teachers' message regarding HIV/AIDS seriously, and that receptivity improved if the clinic or a social worker came to the school and spoke to the children together with the teachers – learners were reported to respond more positively to people they are not familiar with, whereas with their own teachers 'there is a lot of joking and laughter'.

Appreciation was also expressed in many schools for the role that the Department of Education is playing in dispensing information and interventions to educate the educators so that they understand the disease better, although many educators felt that they need more workshops and materials from the Department on how to provide relevant support in a meaningful way.

Relationships with students

As has been discussed, many educators reported that they found it difficult to openly discuss HIV/AIDS-related topics with the learners, especially but not only with young learners. Many had difficulty referring to 'private parts' and could therefore relate to problems parents faced in talking openly about sex and HIV/AIDS with their children.

Some positive evidence emerged, however, of new relationships developing between educators and learners. For example, a teacher noted that before she went for training her relationship with learners was that of a teacher: 'I used to see myself as a teacher, and saw learners in another level that was lower than mine.' She maintained that after the training her relationship with her learners changed and she was able to 'bond' with them. This new relationship, which is indicative of a new pedagogy that a number of educators talk of, is not without problems, as she also reported that learners now say things they would otherwise have been embarrassed to say – 'they are too open', she reported, and referred to her feelings of guilt about this openness.

Many educators pointed out that the choice of which educator a learner approached depended on the relationship of trust or 'bond' that existed between that educator and the learner. Some educators reported very supportive relationships with learners affected by the pandemic – one educator, for example, reported that if a child's parent was HIV-positive he would sit down and try to show that child that it was 'not the end of the world' and that there were people who could help the child to move on with his or her life. Teachers at one school thought that the learners found

educators more supportive and trustworthy than they found their own parents; these educators referred to cases of sexual abuse in which the mothers had heard of the situation first from the educators.

Many educators reported the need for more support in managing relationships with affected learners. Educators at one school, for example, felt that they need support on how to handle HIV-positive learners as other learners start asking why a given learner is treated differently. The LO teachers reported particularly difficult episodes which are typical of the experiences of many other educators interviewed:

> One teacher had an experience where the child burst into tears when talking about HIV. The teacher in question did not ask the child why she was crying, but she assumed that maybe she had been affected.

Educators at some schools expressed concern about educators who develop sexual relationships with learners, especially when they know that they themselves are HIV-positive.

CURRICULUM ISSUES

What place, if any, does HIV/AIDS have in the curriculum? Whether or not HIV/AIDS should be included in the school curriculum and, if so, how it should be addressed, has been the subject of much debate. Today it is taught in Life Orientation programmes, in schools and FET Colleges in South Africa. This has become a compulsory subject in schools. When curriculum issues were discussed in interviews and focus groups with teachers, they were almost always related to the teaching of Life Orientation. Including HIV/AIDS education in the curriculum in higher education is not always easy, as many of our respondents noted. Indeed, as we saw in the section above on *Approaches to mitigating the impact of HIV/AIDS*, there was considerable resistance by members of staff in certain institutions and teaching certain subjects, to the incorporation of HIV/AIDS into the academic curriculum.

Curriculum Issues in HEIs

Senior managers

At a historically advantaged university, the director of the HIV/AIDS unit felt that all graduates must be 'HIV competent'. At a historically disadvantaged university the director of the HIV/AIDS unit stated that an attempt is being made at the institution to infuse HIV/AIDS-related issues into the curriculum by undertaking 'real' projects. He indicated that this requires time and effort as well as guidance in planning and implementation. At another university, the Deputy Vice-Chancellor for Academic Affairs noted that his role is to deal with the academic curriculum, and that the institution was in the process of developing a life skills programme for all students that will include modules on maths, academic literacy and HIV/AIDS awareness across all faculties. He mentioned that the institution's HIV/AIDS unit had developed a pilot module for teaching students about HIV/AIDS that is unique to the institution. The Director of the HIV/AIDS programme mentioned that the institution collaborated with other countries on ways of mitigating the impact of the pandemic; peer educators undertook visits to these countries and the Vice-Chancellor had accompanied them.

This respondent referred to a university-wide e-learning project that was under way, and felt that all professional courses should include a section on HIV/AIDS to illustrate its relevance to difference professions. He provided the example of management science students who had to engage with communities on HIV/AIDS issues. In the ICT sector a curriculum integration model was also used. He also noted that there was a debate about whether all students should do a core course in HIV/AIDS education. He noted that the University of Malawi's course, which was compulsory for all students, had lost its thrust by 'trying to do too much', and he expressed caution about mainstreaming HIV/AIDS education. At another university, the Deputy Vice-Chancellor for academic affairs made the point that integration of HIV/AIDS issues into the curriculum is obvious in faculties such as Health Sciences and Law, but not so obvious, in for example, Mathematics:

> We have insisted that HIV/AIDS be in the curriculum in one form or the other. So, for example, in applied mathematics where they work with population modelling in relation to HIV/AIDS, this has resulted in a significant master's programme. They develop models to see how HIV/AIDS affects the workplace. Like what happens if you stop taking ARVs after two years. It helps students to think about what it means to be HIV-positive in a discipline that in the past would not have discussed it. So in varying degrees we have been successful at infusing HIV/AIDS into the curriculum.

This DVC did not advocate a separate course on HIV/AIDS in each faculty, but recommended that an issue it should be 'stitched' into the normal curriculum.

A senior manager at one university noted that changes that integrated HIV/AIDS into the curriculum needed commitment and required an institutional 'driver' to align the curriculum with the required processes. While she highlighted the fact that a workshop to discuss these issues had been held recently, she was doubtful that it had progressed 'even an inch'. She referred to the apathy amongst senior managers – in particular, deans – and noted that four deans did not attend the curriculum integration workshop although three of these attended the social function afterwards. She stated that this raises questions about their commitment to driving the curriculum integration process and impacts on the ability of the institution to drive the process forward.

The director of the HIV unit at the same institution noted that the unit was facilitative and acted as a catalyst for actions across the university. Its core responsibility is to mainstream HIV into all aspects of the curricula, but the director noted how difficult this was because of lack of knowledge of models of integration that can be used and best practices, and lack of competence among academic staff in HIV/AIDS issues. This respondent noted that academic staff members ask 'Is it really my role?' She cited their lack of knowledge as a reason for non-involvement and resistance. However, she noted that many do get involved, for example in a module which addresses feelings and changing perceptions about HIV/AIDS. She noted that while knowledge is needed it does not necessarily lead to behavioural changes.

The Dean of Education at one university stated that the first-year students were involved in a service project that constituted 25 hours of work. She wanted to change this by breaking it into two parts: 15 hours in year one and 10 hours in year 2. This, she argued, would give students time to reflect and act on their experiences. She also noted that students did not volunteer to go to HIV/AIDS centres and stated that staff must engage students to facilitate this. She noted that life orientation modules were designed to allow students to interrogate their own identity, as well as gender and 'race' issues in relation to HIV/AIDS. She mentioned that mathematics educators have developed material for the e-learning course that provides integrated material on mathematics and HIV.

Responses from senior managers regarding curriculum integration show support for the approach, with examples of integration in various disciplines. They provide evidence of collaboration across countries as well as within faculties, but they also indicate elements of resistance and the need for 'institutional drivers'. The next section focuses on the obstacles cited by academic staff in dealing with HIV/AIDS and curriculum integration.

Educators other than senior management

Not knowing how to approach HIV/AIDS in classrooms, being under-prepared and lacking knowledge of the pandemic are major anxieties for educators. At a historically advantaged university, two educators believed that staff may be fearful of integrating HIV/AIDS into their work due to their lack of knowledge. In this regard the head of the HIV/AIDS office observed that staff are likely to ask themselves:

> 'What do I know of HIV/AIDS? How can I stand in front of a classroom, in front of students and I don't even know what AIDS is about?' Lacking the skills, knowledge and experience in dealing with HIV/AIDS in the curriculum induced a great

> deal of anxiety and resistance among respondents. Many felt that this was not a question of pedagogy but related to issues of knowledge – the lack of knowledge of the pandemic exacerbated their sense of powerlessness.

Another obstacle related to recalcitrance in implementing new policies that demand the integration of HIV/AIDS into the curriculum. At the same university the HICC chair noted that resistance from academic staff to integrating HIV/AIDS into the curriculum arose from the fact that staff were 'very traditional', and may be resistant to bringing in 'peripheral' issues:

> Many academics see it [HIV/AIDS] as peripheral; it does not fit squarely into their discipline.

The head of the HIV/AIDS office added to this by noting that 'It is a great concern that well into the epidemic, educators sit back and say, I am not willing to do this [teach about HIV/AIDS], I've been appointed to only focus on [my discipline].' Respondents noted that integrating HIV/AIDS education into the curriculum is difficult in the face of well established academic practices. There is also evidence that integration is not easy in specific disciplines, which will be raised later in this section.

Two HICC chairs noted that there were no rewards offered for teaching HIV/AIDS – it does not count for points and is not a significant factor when staff members are being considered for promotion. The correlation between teaching in one's discipline and research productivity with promotion in higher education is well established; teaching HIV/AIDS, by contrast, is seen by many as an 'add-on' and an intrusion into the 'traditional' function of academic staff.

Reluctance to engage with HIV/AIDS education also arose from time constraints. Female lecturers at one university identified limited class time as a barrier. One said that she needed to use all the class time to teach her students. She said: 'I'll give advice if students come to ask, but in class there is no time.' This was confirmed by teacher trainees at the same institution who maintained that other than the compulsory life skills course they were doing, no lecturers discussed HIV/AIDS or related issues. They assumed that this was because lecturers were 'too busy with other subjects and don't have time.' However, they believed that all lecturers should integrate HIV/AIDS into their classes.

The obstacles to integrating HIV/AIDS-related issues into the curriculum also related to disciplinary orientations. At one university, a zoology lecturer said that he could see how HIV/AIDS-related teaching could fit into microbiology, but only from a biomedical perspective and not a socio-psychological one. Many respondents noted that disciplinary orientations make it difficult to address areas that are unfamiliar. For example, another lecturer commented that she taught chemistry, which she felt was not conducive to teaching about HIV/AIDS in an integrated manner. It was suggested that it was only staff who had a personal interest in HIV/AIDS or who did research into HIV/AIDS who were able to integrate relevant issues into the curriculum. She felt that generally, teaching staff do not integrate HIV/AIDS into the curriculum and believed that this curriculum integration should be enforced. The Director of Staff Wellness at one university observed that other than the HIV/AIDS module that was being used in the teacher education programme, he was not aware of any other department where HIV/AIDS was taught as part of an 'infused curriculum'. The Coordinator of the National Professional Diploma in Education (NPDE) at one university also noted reluctance in some disciplines to address HIV/AIDS in the curriculum. She commented on her experience of dealing with in-service mathematics and science teachers, who tend to think that issues relating to HIV/AIDS should be dealt with by Life Orientation teachers and yet also harboured fears relating to what they might have to do if someone approached them to discuss an HIV/AIDS-related issue.

Some pointed to the seriousness of HIV/AIDS and the need to address it. At a historically advantaged university two respondents were of the strong opinion that HIV/AIDS should be 'infused' into the curriculum. The HICC chair at the same university stressed the centrality of integrating HIV/AIDS into the

curriculum despite problems and obstacles. He noted that it would be worth getting 'lessons from other universities' to see how they had done this. He said that 'off-the-shelf products' from other universities should then be modified and lecturers should make them part of their own programme. He recommended that by integrating HIV/AIDS issues into the subject-specific context, lecturers could create awareness in a subtle way rather than in an overt way. Cooperating with other higher education institutions and modifying their curricula was suggested as a strategy.

At the same university, a male accounting lecturer posited that integrating HIV/AIDS into the curriculum was dependent on the subject being taught. He argued that it would be difficult to integrate life skills issues into financial accounting, but more feasible in management accounting. To support this position he gave an illustrative example explaining that financial accounting was based on 'very rigid rules' and is an 'exact science' where 'one plus one always equals two.' He contrasted this with management accounting, where there are 'different ways to get to the same answer'. Other discipline-specific strategies were mentioned by respondents who provided divergent views from the overall negative perceptions of the integration of HIV/AIDS in the curriculum.

At one university, a faculty of education lecturer stated that he includes activities to challenge students' negative perceptions of people living with HIV/AIDS. All educators, he argued, should include HIV/AIDS in their subjects. He was very positive about the ability to integrate HIV/AIDS in the curriculum and felt that the student teachers in his classroom must be prepared to accept this responsibility. He noted that his courses exposed students to various materials, and he provided an enabling environment for discussion. The first-year students had to do 'service' at NGOs, and these NGOs could have a focus on HIV/AIDS. This was confirmed by another lecturer in the faculty who notes that in the service learning module some students chose to work with HIV/AIDS organisations and that this improved their commitment and their awareness of themselves as teachers, as they saw the difficulties within communities arising from HIV/AIDS.

Another lecturer in the same faculty noted that all students are compelled to register for a HIV/AIDS module in teacher education. He noted that the Postgraduate Certificate in Education (PGCE) comprised more mature and perceptive students who were compassionate in relation to HIV/AIDS issues. He noted that 'you pick up … a type of perception that we are hoping to get – there shouldn't be exclusion.' Another lecturer at the same university stated that teachers need skills to create a comfortable environment for children; her work in HIV/AIDS was based on the Norms and Standards for Educators and she believed in the importance of a 'pastoral community of practitioners'. She highlighted the need for lessons to be made relevant to the schools' and learners' contexts.

At another university, a lecturer noted that he was resistant to imported programmes in his modules, which failed to make an impact because they provide generic modes of intervention. His approach was based on 'local is lekker', ascribing significance to local knowledge and experience in dealing with the subject in his lectures. He also noted that teaching and learning about HIV/AIDS was not only about knowledge and facts. His methods engage students in a process in which they create interventions that stem from their own situations. His starting point, he noted, was that 'we are complicated beings and do not understand why people take risks that expose themselves to danger and illnesses.' The starting point for teaching about HIV/AIDS, he argued, is the personal and this will be 'transformatory' for students.

Another lecturer at the same university stated that students need to question facts and this went beyond biomedical attempts to address the pandemic. He noted the impact of poverty on HIV/AIDS and encouraged his students to understand the facts and then examine how various factors affect communities. He suggested in his modules that thinking about HIV/AIDS must relate to global economics and its impact on life in South Africa. Additionally, he argued that such factors must be situated historically to understand behaviours that affect HIV prevalence. Another education lecturer at the same university, who stated that teachers were 'fed up' with informational workshops, engages

his students by getting them to visit HIV/AIDS agencies, and promotes reflections on their own vulnerability and their communities. This, he believed, had an enormous impact on some students.

At one university an education lecturer stated that in teaching Life Orientation and Life Skills she has had to prepare materials on biological, social and cultural issues for learners across the different phases and bands of education. She shows her students how to integrate materials on HIV/AIDS into the learning process even when focusing on career education, or on citizenship.

In the psychology department of the same faculty, a lecturer noted that the department had resisted the pressure to offer a HIV/AIDS module to all students since there was much integration already in their modules. Psychology students, she argued, were given relevant HIV/AIDS information in development and counselling training as well as in a course on coping skills that is incorporated into Health Psychology. A number of other courses dealt directly or indirectly with the pandemic. This lecturer pointed out that educators in psychology play an important role in provoking responses in their students that relate to prejudices, behaviours and attitudes around HIV/AIDS.

One lecturer who had a particular interest in HIV/AIDS and who sat on the HICC committee at her university had developed an initiative for addressing HIV/AIDS with her students outside the formal curriculum, starting a journal club where students could write and talk about HIV/AIDS. She said she hoped to invite speakers to this forum.

An education lecturer provided the following information to illustrate the curriculum offerings and the integrations. In the first year of the Bachelor of Education, an integrated citizenship module focused on HIV/AIDS. In the third year, students begin a five-credit programme, but a problem remained around capacity as the faculty did not have lecturers with the capacity to teach it. She had spent time developing the pastoral roles of pre-service teachers. At the Master's and Doctoral level, she believed that students must be encouraged to work on HIV/AIDS research. The in-service National Professional Diploma in Education (NPDE) had an HIV/AIDS module which reached 750 students (seven of whom died of AIDS-related illnesses). Another in-service programme, the Advanced Certificate in Education (ACE), taught listening skills which, she argued, differ from counselling skills. She mentioned that the course included gender issues, biomedical aspects of HIV/AIDS, socio-cultural factors, ethics and managing care and support in schools.

Such integration addresses the key concerns around HIV/AIDS, including co-factors in the spread of the pandemic as well as a focus on the gendered dimensions of vulnerability (see Pettifor *et al* 2004). She also reported that students had to do a research project which aimed at improving their critical perspectives on HIV/AIDS. She pointed out that one student started a club for orphans which developed great confidence in the children at school, and argued that the aim was to develop resilience in rather than pity for people who are HIV-positive. Her teaching in the faculty of education was aimed at moving teachers away from being dependent and towards believing in their own skills in addressing HIV/AIDs issues.

The NPDE coordinator at another university stated that while there is an HIV/AIDS policy for schools, teachers are not familiar with it: so during the course on professional literacy the policy is examined and unpacked so that teachers can implement it from a well-informed position. Another role of the NPDE staff, she added, was to reach out to teachers in the NPDE that have problems, some of which are related to HIV/AIDS. Students in this module were also required to present evidence in the form of portfolios on the theme 'Healing the system'. The portfolio generated a proposed action plan around HIV/AIDS in their schools.

At the same university, other NPDE lecturers confirmed that they were able to use a topic on population growth to introduce sexuality. They noted that while integration is not happening regularly it happens at opportune or appropriate times and places. Another female lecturer pointed out that an assessment

standard that revolved around 'the right to say no' was important in providing an opportunity to engage with HIV/AIDS and other sexuality-related issues and behaviours.

Space was also provided for students to talk about their problems in the modules and it was reported that they were assured of confidentiality. They were also referred to counsellors in the department of psychology if they did not want to divulge information to their course lecturers. The coordinator also reported that when HIV/AIDS issues are to be broached during the NPDE course the issue is initially approached informally in the form of a discussion on 'barriers to learning'. There was also acknowledgement of the sensitivity of the topic. The students are warned of the topics to be covered and given the option to participate or express their discomfort and ask to be excused from the session if they so wish. She noted that as some students are affected by HIV/AIDS or HIV-positive and can get very emotional. This strategy also allows students to prepare and sometimes results in their volunteering to share their own personal experiences. Students are not forced to participate or to disclose their HIV status.

The NPDE coordinator at this institution also highlighted the important role of academic staff in training teachers how to teach taboo subjects such as abstinence and condom usage. However, she noted that teachers have complained that whereas they are taught how to deal with their learners, no-one talks about helping them as individuals to deal with the emotional consequences of dealing with such issues (a topic raised by teachers in the school sector interviews as well). Of significance here is the way in which the module and the experiences of teachers within their schools and communities (and in their personal lives) are enmeshed in integrating HIV/AIDS into the curriculum.

The coordinator added that in the first year the module 'School and the Community' puts across the idea that schools are not 'alien' but are the fabric of the communities where they are based, and HIV/AIDS issues are discussed in this context. In this module, students also learn about systems and procedures that need to be in place to deal with HIV/AIDS-related issues. She reported that during the delivery of this module it became apparent that teachers were not aware of the national HIV/AIDS policy for schools.

Curriculum issues (FET colleges)

Curriculum policies for FET colleges have expanded the sphere for communicating about HIV/AIDS. The expectation of curriculum policies is that life skills lessons in particular might encourage people to make informed sexual choices to stop the spread of the disease. Questions remain though about the most appropriate way to integrate HIV/AIDS education into FET colleges.

At a historically disadvantaged FET college, the campus management noted that in the past the college syllabi did not offer an opportunity to contribute to HIV/AIDS education, but with the introduction of the new curricula there was an opportunity to address life skills in the classes through the compulsory Life Orientation subject. Policy changes thus enabled new possibilities in this sector, through the Life Orientation curriculum which was considered the place where knowledge and information is made available to students.

However, there are limits to the effect of the Life Orientation curriculum and the ability to introduce sexuality into HIV/AIDS education. College management noted that the curriculum may help students to understand, but students are their own agents and have their 'own traditions'. They noted that the time to deal with HIV/AIDS education is limited, and that it is very hard for the students to talk to adults about their sexual lives. Students who are HIV positive are still embarrassed and ashamed. The links between curriculum policy and practices to improve health are complex (see Walt 1994).

Lecturers felt that not only those teaching Life Orientation had a role to play. They were positive about the ability of the broader curriculum to address HIV/AIDS education, and noted that the requirement of integration across subjects gave them an opportunity to address HIV/AIDS in most subjects. At one FET

college the lecturers pointed out that Life Orientation as a subject was very popular among the learners; talking about sex and condoms was very interesting for them and generally the attendance for that subject was very good. The student liaison officer noted that with the recent introduction of the new curricula the college client base had changed from young adults to juveniles. The curriculum addressed these young people directly through Life Orientation which was compulsory. The same officer also noted that it would be beneficial if the SRC programme was aligned to this curriculum.

But there were also problems noted in Life Orientation. At one FET college, the lecturers said that students did not think the subject was important because it does not 'count' in terms of marks. However, they also noted that lecturers need to find ways to link the subject to what the students do and integrate it into their lives. At another FET college, the lecturers noted that Life Orientation was given less importance than other subjects in terms of the time accorded in the timetable. They also said that lecturers who taught Life Orientation were responsible for large numbers of students, and the corresponding burden of assessment and administrative tasks. Female lecturers felt that Life Orientation was regarded by the other lecturers as of lesser importance. Life Orientation lecturers felt that they play a 'mothering' role for the students and that other lecturers need to join them in this effort if the messages are to be heard.

One group of lecturers noted that the structural organisation of different departments within their college had led to difficulties with the perceived importance of the subject and its delivery. Whilst the introduction of the new curricula had included the fundamental subjects Language, Maths or Maths Literacy and Life Orientation as common compulsory subjects for students of all departments, lecturers for these subjects in the college were staff members of the different departments, whether Engineering, Business or other, and reported to different seniors in those departments. This had resulted in an inconsistency in the manner in which Life Orientation was being treated in the different departments. Respondents felt that generally there was a lack of understanding of the subject on the part of managers. One lecturer noted:

> They should be made aware because then they will understand what we are dealing with. Often there is a lot of misunderstanding. Even though all of us teach exactly the same subject we do not have the same seniors. We are not from the same departments, and every department does their own thing. They do not work together. But we learn. Maybe I struggle and I find out I can go to her. So we skip the seniors. We decide let's do this and this. And then I go to my senior and I say "This is what all LO teachers …" [and the response is] "No you can't do this because that's a different department." But it's still the same subject. It's embarrassing and that's for me a serious problem on our campus.

Support from management was seen as an important factor affecting the quality of subject delivery lecturers could provide for their students. The lecturers noted that there was a need to create awareness of the importance of Life Orientation. They felt that managers did not realise its importance because they do not have the background information. They also felt that students regarded Life Orientation as being of lesser importance. The respondents suggested that the institution should have a policy for the subject and acknowledge its importance.

Some lecturers at the same FET college felt that HIV/AIDS should not be included in Life Orientation, since this reduces its impact. They noted that students became tired of dealing with HIV/AIDS repeatedly in LO. As Mitchell and Smith (2003) note, the overemphasis of HIV/AIDS has produced a context in which people are tired of HIV/AIDS messages. The lecturers suggested that the programmes should address more than just the knowledge component:

> They know very well where it comes from – where's the do's and the don'ts. You can really ask them, because when you are in the LO class, they can tell you more – that you don't even want to hear. It's not training as such. It's a bond you have to set with them.

What is argued here is the need to move beyond simple instructions focusing on 'do's and don'ts'. The lecturer highlights the need for bonding with students

in order to develop the kind of relations that allow for comprehensive HIV/AIDS education. Lecturers indicated that part of the problem was the fact that HIV/AIDS was still regarded as a Life Orientation issue and that other lecturers in the college were not integrating HIV/AIDS into their programmes.

Whilst the curriculum policy context has been well received by participants, there is a lack of instrumental implementation of these policies in practice. FET managers noted how sexual issues might preclude fuller discussions of HIV/AIDS issues and lecturers noted that the policy context allowed for integration across the curriculum.

Some noted that commitment to the subject was a critical factor for successful LO Skills lecturers. Many lecturers were specialists in a different field, and had not received training in the subject. This was particularly problematic as they noted that they would be teaching without any opportunity to prepare themselves for subject delivery.

At one FET college, the lecturers felt that their teacher training equipped them to deal with HIV/AIDS related issues. They referred to learning materials and noted that it was not just the presentation of the materials that was problematic. They also noted that access to the internet was an important resource for them to utilise. The same lecturers said that it was important to be creative about how to present information on HIV/AIDS. They said that if the progression in the guidelines was followed it was bound to be boring for the learners. One lecturer said he had changed the strategy and used people's experiences and posters to teach, and that students 'loved it'.

On the other hand, some lecturers felt they needed to be trained in the approach to adopt when talking about HIV/AIDS issues. They felt inadequately equipped to deal with issues and behaviours associated with HIV/AIDS.

At one FET college, the issue of discussion of sensitive matters was raised. One lecturer reported that some of his students had complained to his senior about him and his open discussion of sexually transmitted diseases in class. The lecturer had been reprimanded by his senior and told that the students are still minors and that the discussion should not be so open. The lecturer consequently felt that his treatment of the subject was restricted and that certain information must be hidden. In addition, he had been told to remove a poster dealing with STDs that had been obtained from the hospital.

As we have seen before, conflicting notions of what to present and how to do this were embedded within approaches to sexuality. Issues around sex were seen by some lecturers as taboo, and these educators attempted to sanitise the curriculum of sexual issues. At the same college, it was suggested that whilst lecturers had been trained with respect to the LO subject, many of the senior lecturers had not been trained and did not appreciate the need for discussions of sexuality. Here age relations suggest that older staff members were less open to discussions of sexuality. One Head of Student Support Services noted that students laugh when she talks to them about sexuality. However, this does not dissuade her from talking more deeply about sexuality. She recommends that HIV/AIDS issues be talked about across the curriculum, by all staff. She believes that this is the only way students can take HIV/AIDS issues seriously.

Curriculum issues in schools

The Revised National Curriculum Statement (Department of Education, 2002) recognises the duty of the State to ensure that schools and teachers provide adequate information and education on HIV/AIDS in the context of Life Orientation. The question of the most appropriate places to include HIV/AIDS is largely a curriculum issue. HIV/AIDS must be incorporated into the curriculum so that learners understand the facts and practices. There are many debates about the most appropriate place to address HIV/AIDS. Arguments range from teaching HIV/AIDS as a separate subject, integrating it into an existing subject and infusing it across the curriculum.

There was a great deal of support in schools for curriculum intervention in dealing with HIV/AIDS,

as exemplified in the following extracts from the dataset:

- A principal at a rural primary school noted that HIV/AIDS is part of their curriculum. HIV/AIDS, he argued, is included in the foundation and intermediate phases (grades 1 to 6). In the foundation phase, HIV/AIDS falls under Life Skills, and in the intermediate it is a separate learning area, Life Orientation. He asserted the need to talk to learners about how a person becomes HIV-positive. He also noted that they warn children about being touched in their private parts by adults, and against being given sweets and money by older people.
- A principal at an urban secondary school also expressed confidence in the Life Orientation curriculum. The Life Orientation teacher and the HIV/AIDS Committee members noted that Life Orientation included tolerance of HIV-positive people. They felt that the subject is enjoyed by learners, particularly those aspects of the subject dealing with relationships.
- At a rural secondary school, the Life Orientation teachers found that learners liked Life Orientation, particularly HIV/AIDS issues and elements regarding sex, which they claimed children enjoyed talking about. It was reported that traditionally the children are not being given factually correct sex education at home. Many had been told that babies come from an aeroplane, so they find that discussions about sex are revelatory. The curriculum in grade 12 particularly appeals to the learners, with its reference to learners' daily lives. They noted however that some of the younger ones are less comfortable in talking about sex.
- The importance of Life Orientation was confirmed by LO teachers at an urban secondary school. They felt that they play a very important role when they deal with HIV/AIDS issues in Life Orientation. They noted that some of the issues they dealt with included sexuality, abstinence and the dangers of early pregnancy and contracting sexually transmitted diseases.
- This was confirmed by teachers at an urban secondary school. The Life Orientation teachers felt that LO as a subject is broad and interesting to teach; the children are attentive and participate actively in it.
- Support for LO as the major vehicle for addressing HIV/AIDS was suggested by teachers at school. The teachers believed that the school has a role to play in mitigating the impact of HIV/AIDS since the school is the first point of contact with knowledge and determines the direction that learners may take in future. They noted that LO lessons cover HIV/AIDS adequately.
- Educators at an urban secondary school noted that the LO curriculum included topics dealing with physical training, food and nutrition, the environment (gardening, recycling) and relationships. They thought that the curriculum was broad enough to cover all aspects related to HIV/AIDS.
- At an urban primary school, educators felt that they were not just Life Orientation educators as they taught other subjects. They pointed out that Life Orientation can be included in all subjects if one is 'creative'.
- LO educators at a school stressed that HIV/AIDS is part of the curriculum and all educators have to teach it, either as part of LO or integrated into learning areas for senior phase teachers. HIV/AIDS is addressed in topics such as impact on the economy and health.
- The deputy principal at a primary school believed that LO played a significant role in mitigating the impact of HIV/AIDS. In LO, teachers use examples of bad decision making by learners to raise awareness. NGOs are invited to give talks, and trips are arranged to go and visit AIDS patients so that learners can see at first hand the effect on a person's body. The teachers at this school specified that they addressed HIV/AIDS in topics on abuse, the human body and a balanced diet. Their approach was giving learners information, inviting learner input and using group work to get learners to talk to their peers about HIV/AIDS.
- The positive view of Life Orientation and the curriculum was shared by educators at an urban secondary school, and at a rural secondary school educators confirmed that HIV/AIDS was important to the children and that they needed to be educated about it. The LO educator stressed that

> LO as a learning area gives a platform to discuss HIV/AIDS issues. Topics such as puberty force the educator to explore HIV/AIDS.

One school principal suggested that his role in mitigating the impact of HIV/AIDS is to make sure that the teachers are implementing the curriculum. He also supports the teachers through procurement of the relevant textbooks and sourcing library books if there is any content that they would like.

Some educators indicated that they are approaching HIV/AIDS in the curriculum from a health perspective. This includes looking at what learners ought to eat and what responsible behaviour they have to exhibit to stay healthy.

At a junior secondary school, educators added that the experiences of teachers with deaths related to HIV/AIDS as they affected both learners and teachers meant that teachers are very vigilant in their approach to HIV/AIDS. They added that it formed a large part of their LO and Life Skills components, and they go out of their way to conscientise learners about it, and about how HIV is transmitted. They also teach about sexual abuse, since there is a lot of it in the community, and young girls fall victim to 'guys working in the big cities'. In this way they were able to address gendered vulnerability to the disease as well as economic vulnerabilities.

At one school, LO educators addressed issues related to HIV/AIDS by drawing on wider issues. The discussions that arose when the topic of HIV/AIDS was discussed assisted the learners to open up, and at times they mustered the courage to share their experiences with educators. The educators stressed, however, that the need for trust between educators and learners was crucial.

Whilst support for LO was clear and teachers seemed able to use the LO curriculum to mitigate the impact of HIV/AIDS, there were also complexities. At one school, the principal noted that HIV/AIDS was addressed in the curriculum through Life Orientation but not all teachers talk about it. At another school it emerged in the discussion that not all educators are integrating issues on HIV/AIDS into the curriculum. One of the educators indicated how HIV/AIDS issues were peripheral to her when she pointed out that she teaches about HIV/AIDS during her free time.

One educator indicated that current education programmes were effective and that the problem rested with the learners who had an 'I don't care' attitude. The educator believed that if there was change then learners would not get pregnant and become HIV-positive.

At one school, the LO educator stated that it was difficult to integrate HIV/AIDS into every subject and that maybe Human and Social Sciences educators would be able to do that due to the nature of the topics their subjects covered. The teachers pointed out that it would be difficult for HIV/AIDS to be integrated into Mathematics, for example, as the subject had a 'prescribed way of being taught'. Others, however, felt that it is possible to integrate HIV/AIDS into the curriculum. The examples they cited were Mathematics and Agriculture. Some teachers felt that they were taking responsibility for integrating HIV/AIDS into the curriculum, either through learning area requirements or through giving 'moral lessons'.

Some teachers said that integration of subjects gives them the licence to discuss HIV/AIDS in their own subject areas. Other teachers noted that integration of subjects allows for cooperation between teachers of related subjects. It was suggested that the teachers must learn to plan together at their schools. LO teachers at one school felt that HIV/AIDS should be integrated in all subjects across the curriculum, not just in LO. The principal at another school noted that HIV/AIDS should be a cross-curricular concern.

LO teachers at several schools felt that all teachers should deal with HIV/AIDS in their respective learning areas and it is the responsibility of all teachers to raise awareness of the pandemic among learners. Even teachers who did not teach LO could integrate HIV/AIDS into the curriculum: for example, in Social Science topics related to population could be used

to talk about various aspects of HIV/AIDS. An integrated approach would depend on teacher creativity. Teachers should also intervene if they think learners are old enough to think about engaging in sex and inform them of the dangers of HIV transmission.

Positive views of HIV/AIDS education were evident at a school where the LO teacher's perception was that teaching about HIV/AIDS has become 'less heavy' for teachers as the topic has been around for a long time and learners are exposed to it in primary school so by the time they get to secondary school they know a lot:

> It's not a new thing. AIDS has been around for quite some time now so it's a normal lesson. Five years ago it was a topic where you did not know how to start but now they learn it at primary school and there are billboards everywhere … so it is not heavy anymore for both the learner and the teacher. It used to be heavy for me, but not any more.

Life Orientation teachers at one school were supportive of the implementation of sexuality programmes as a means of allowing teachers to focus fully on issues related to HIV/AIDS. All respondents supported the idea of offering programmes of this nature, suggesting that it would help learners to disclose their status. However, no such programmes were running in the school. They noted that in order to deliver programmes of this nature, training by the education department would be required, as well as permission from the department to commence such a programme. They added that if teachers are to undertake this responsibility, material resources are needed such as pamphlets related to HIV/AIDS from the Department of Health.

At another school, teachers and the head of department noted that the school needs to develop a 'culture of talking'. It was reported that teachers do talk about HIV/AIDS and learners are given many assignments related to the pandemic. The older learners, it was reported, are well informed. One respondent felt that the learners know more than the teachers.

Availability of LO teachers was also a problem in implementing the curriculum. One principal pointed out that they do not have LO teachers but that some addressed life skills issues when teaching their subjects. At another school, teachers noted that HIV/AIDS is restricted to the Life Skills curriculum. In Life Skills, however, younger children in grade 1-3 are told not to touch blood, to use gloves; it was only in the senior phase of primary schooling that HIV/AIDS is addressed in LO.

At one school, Life Orientation teachers were of the opinion that although the curriculum includes HIV/AIDS issues, it does not cover enough on the problem; HIV/AIDS, they said, is just a small section of the syllabus. Some of the topics dealt with in LO are HIV transmission, ways of preventing the spread of the virus, and how to live positively if one is HIV-positive. The rights and responsibilities of HIV-positive people are also addressed.

Another issue was the ability of teachers to teach about HIV/AIDS. At one school, Life Orientation lessons were not considered effective enough as a strategy for disseminating information on HIV/AIDS, mainly because of the limited knowledge teachers have about the pandemic.

The principal at the same school stated that the challenge they meet in implementing the HIV/AIDS programme is that the outcomes-based curriculum is too demanding; teachers do not have enough time to deal with HIV/AIDS issues. The principal noted that the implementation of national policy on HIV/AIDS is constrained by the fact that what is taught in Life Orientation is peripheral to the curriculum; it is also not examined.

Life Orientation teachers at another school said that all they are doing is talking about HIV/AIDS with learners during LO lessons. They feel they should play a more effective role. They also feel that HIV/AIDS should be taught across the entire curriculum and by all teachers, not just by Life Orientation teachers. LO teachers felt that learners are excited to talk about sexuality, although they do not take the lessons seriously and the lessons do not seem to have much positive effect on learners in terms of reducing HIV

transmission. Some LO teachers said they were concerned that learners thought of LO as a 'free period', yet examinations that included questions about HIV/AIDS resulted in very low marks, indicating a lack of understanding of the facts.

The role of school management in the curriculum was cited as an important area needing attention. One school principal and a SGB member noted that school management did not expect teachers other than Life Orientation teachers to deal with HIV/AIDS in their teaching. Neither was there evidence that management monitors the effective implementation of the Life Orientation learning area.

HIV/AIDS fatigue was also mentioned as a major problem. LO teachers expressed concern with HIV/AIDS fatigue among learners, indicating that the materials produced for use in LO and for information dissemination generally should be more appealing to learners and recapture their interest in HIV/AIDS.

At one school, teachers emphasised that although the curriculum encouraged them to adopt an 'ABC' ('abstain; be faithful; condomise') approach, the message they were conveying to the learners was that of abstinence. However, they also indicated that they were aware that learners were engaging in sexual activity so they also encouraged those who were HIV-positive to seek treatment.

At one school, the LO teacher believes that teaching values is an integral aspect of mitigating the impact of HIV/AIDS. She felt that learners no longer develop strong values at home and are keen to experiment, so giving them knowledge without instilling values would be a waste of time as they would still be at risk.

A COMPARATIVE SUMMARY OF STAKEHOLDER'S VIEWS

This summary deals with the views of stakeholders with interests in educators and the impact of HIV/AIDS. Respondents included leaders representing the main teachers' unions, and representatives of Government departments and organisations with specific interests in education. We sought to elicit their views about

- the impact of HIV/AIDS on the education system and what they and their organisations were doing in response to the pandemic;
- some of the problems and challenges they faced when developing such responses;
- the support or lack of support they received from various organisations (government and non-governmental) and from personnel, including educators.

Union representatives

One of the striking features of in the interviews with union representatives was the impact of HIV/AIDS on educators in terms of loss of lives and employment conditions. We begin by focusing on the interviews conducted with different union respondents and commenting on similarities and differences between them.

On the impact of HIV/AIDS on union members, it was noticeable that two of the three union representatives interviewed had much more to say than the third. The latter respondent, representing a predominantly white membership (which he reported was becoming more mixed 'racially') noted that according to a recent study only 0.4% of white educators were HIV-positive. However, this respondent stressed repeatedly that '0.4% is 0.4% too much'.

The other two union representatives spoke in much more detail and much more specifically to the impact of HIV/AIDS on their members. One representative referred to this as 'devastating', and focused on loss of life and absenteeism among members in schools, especially in rural schools with limited resources. The other representative also spoke about loss of life among members and how the susceptibility of educators to HIV/AIDS was compounded by a culture which arose with the migrant labour system under apartheid, with school-based educators being part of this system and often separated by necessity from their families. Like his counterpart, this respondent was clearly

referring to African union members who worked in predominantly rural areas.

Only one union representative raised concerns (addressed in some of the literature reviewed in Chapter 3 and reported by some of the educators in mainly rural areas in our study) about teachers being burdened with pastoral concerns and other teaching commitments on top of an already heavy teaching commitment, compounded by lack of resources and high learner-teacher ratios. Later in the interview he compared the membership profile of the two unions with stronger positions on the pandemic, noting that his union's members tended to be located in poorer communities. This perhaps explains why he focused so much on the burdens practising teachers face in their schools as a result of HIV/AIDS. He pointed out that the other union's membership was mainly located in 'functional' schools.

Interestingly, too, this union's representative, in contrast to the others, spoke about the reluctance of many educators to engage in HIV/AIDS work and to attend training sessions because of already being 'overburdened' with work generated by the pandemic.

Both of these representatives, however, reported that poverty (which one of the two respondents associated only with the rural schools in which members were located) compounded the effects of HIV/AIDS in schools and was an overriding concern in the school communities. The representative with members predominantly located in poorer communities indicated that HIV/AIDS was ranked 6 out of 10 in members' list of priorities. Poverty was not an issue which the other respondent raised; he indicated that in some of the communities in which members were located poverty was an issue but did not attach the same degree of importance to this as the other respondents or link it to the pandemic.

There were also significant differences between the union representatives in what they said and did not say about HIV/AIDS training courses they organised for their members. Whereas two of the three representatives seemed quite enthusiastic about such courses and were keen to talk about them, the other representative (with members predominantly located in poorer communities) spoke about the reluctance of teachers to attend workshops, and their cynical view about their worth or effectiveness. Presumably the views of members of this union were influenced by their heavy workloads and their daily engagement with social problems, which they felt were not ameliorated by attending workshops on HIV/AIDS.

One of the three representatives reported that his union advocated the use of condoms during training sessions it organised with its members, but that the union did not provide testing facilities at these sessions or distribute condoms, a position which the respondent attributed to the 'conservative values' of the union's membership.

Both of the representatives with stronger positions on the pandemic introduced 'race' when asked about the impact of HIV/AIDS in different kinds of schools. One of the two respondents was keen to dispel the view that HIV/AIDS was a 'black problem' (a view which, he noted, used to be held in some of the formerly white schools) and went out of his way as a white union leader to say he had been tested to ascertain his HIV status. The representative with a more conservative membership suggested that the higher incidence of HIV/AIDS among black educators might be attributable to cultural values related to gender and multiple sexual partners. This respondent also stressed conditions of poverty and lack of knowledge as causal factors in the spread of the pandemic.

Statutory Institutions and Government Departments

The remaining interviews we conducted were with personnel in leadership positions in statutory institutions and government departments with particular interests in education and the curriculum. The representatives from these institutions stressed their concern about the impact of HIV/AIDS in relation to how it was affecting educators, but less so than the union representatives, focusing more on the responses of educational institutions (in terms of developing appropriate ways of addressing HIV/AIDS in the

curriculum, formulating HIV/AIDS policies, et cetera) and providing support structures and training to facilitate the mitigation of the impact of the pandemic.

Representatives of two of these institutions focused on establishing frameworks or key principles to enable institutions to develop their own policies and initiatives, influenced by their own concerns. One respondent stressed the importance of using frameworks and principles to inform professional development programmes and other interventions related to HIV/AIDS, and emphasised the importance of educational institutions 'coming up with their own decisions'. This respondent also referred to the need for communities to develop their own positions that reflect their interests and values – for example, whether to promote abstinence alone in educational messages aimed at young people or whether to also encourage safe sex through condom use. One of the key concerns of this respondent was to systematise the professional development interventions his organisation supports, and to recognise the importance of professional development for educators through a points system.

This was also mentioned by a government representative who spoke about how a points system would allow the departments of education to evaluate HIV/AIDS-related (and other) training programmes. This respondent spoke about the teacher training programmes available in HE institutions, and about her role as a policy maker charged with formulating and monitoring the implementation of policy. One of her main concerns as a policy maker related to the possible gulf between policy (which was always a 'vision' rather than 'reality itself') and 'the reality' – in the case of HIV/AIDS, how educators' understandings of HIV/AIDS inform how they address the effects of the pandemic.

One respondent commented favourably on the importance of the HEAIDS programme and the framework it was intended to provide for HE institutions in developing HIV/AIDS policy initiatives. She felt that the HEAIDS programme provided her with a 'sense of belonging' and helped to legitimate her concerns about the need to develop HIV/AIDS awareness at the HE institution in which she was working, where she was an active campaigner in relation to the pandemic despite encountering resistance from many members of staff (including some in senior management positions) for trying to generate publicity about HIV/AIDS.

The pastoral duties of educators were generally not emphasised in the interviews we conducted with stakeholders, although they were stressed by many of our interviewees in schools, FET colleges and HE institutions (especially in rural areas). One union representative spoke about the effects of pastoral duties on educators already worn down by work-related and pastoral duties in schools, but not about the nature of the pastoral roles educators might play or be trained to play. A government respondent pointed out that teachers were obliged to perform pastoral duties as part of their work contracts, and other government representatives referred to concerns about school-based educators lacking the expertise and time to provide the care and support learners might need.

The question of appropriate pedagogies and messages to convey about HIV/AIDS in Life Orientation and other subjects (which was raised in often emotional ways by educators in our study – see in particular the section in this chapter on 'Moralistic Approaches') was not generally stressed by our stakeholder respondents, although one senior government respondent voiced criticisms of moralistic and didactic ways of addressing HIV/AIDS which, she felt, alienated learners and generated HIV/AIDS fatigue. This respondent argued instead for a book-centered approach in which learners picked up messages about HIV/AIDS and related choices and consequences through their engagement with stories and the characters in these, rather than being taught 'how to behave' and having the message 'thrust down their throats'. This respondent was a strong supporter of promoting abstinence in schools, even though she was critical of the moralistic and didactic ways in which such messages were often framed.

CONCLUSION

As reported in Chapter 2, the qualitative research events were structured around a set of thirteen core

questions. These (with the exception of the last question on how respondents found the research event) related to our general research questions on understandings of the roles of educators (if any) in mitigating the impact of HIV/AIDS, views about the support needed, and recommendations to facilitate such roles. However, as we have explained in Chapter 2, we wanted our participants to take the interviews and discussions in the directions they wished, provided that they did not lose sight of our general questions. Much of our data were presented spontaneously by our participants rather than in response to questions posed by our researchers; the interviews were discussions in which to a large degree our participants set the agenda.

The research was thus highly exploratory. Indeed, although we intended to seek information from our participants about their views in relation to the research questions, we also set out to 'map' the field in terms of key issues, in order to build these into our survey questions.

The information presented in this chapter is taken from our researchers' summaries of the interviews and discussions, in which our researchers summarised chunks of transcribed data and inserted these into a coding framework which was constantly updated as new issues emerged in the field. The data reported in this descriptive chapter have undergone two forms of processing, through our field researchers' summaries and through our own writing, drawing on our researchers' summarised and coded material.

The category *Approaches to mitigating the impact of HIV/AIDS* was one of the coding categories with which we started, because of its close association with the role of educators. This turned out to be, not surprisingly, a dominant theme in response to our questions about roles, and in the more general conversations which developed. It is a very broad data category which was subcoded as 'personal' and 'institutional' approaches, and then further subcoded (into 11 subcategories for the HE subsector alone) in order to present the very diverse data obtained. The data thus presented provides a foundation for further analysis, a substantial part of which (see Chapter 6) involved reworking the categories and establishing links across the themes and across the subsectors. However, what is already apparent is an emerging typology of different fundamental approaches adopted or advocated in relation to mitigating the impact of HIV/AIDS.

Discussion of roles elicited frequent mention of key relationships (for example, with colleagues, learners or students, and senior management) – a category that we introduced in the core questions. We asked specific questions about support and resources which were or might be available to help mitigate the impact of HIV/AIDS, and much of the material which has been coded under this category deals with support or lack of support from institutional management. Similarly, the curriculum (whether HIV/AIDS was addressed in the curriculum and if so how, and issues about infusion and mainstreaming of HIV/AIDS) was raised by the interviewers (if not already by our participants), as were *disclosure* and *denial* as possible obstacles militating against addressing the impact of HIV/AIDS effectively.

What we have referred to as *identity* issues (such as gender, 'race' and age) were categories which we did not foresee in the design of the interview schedules. *Gender* and *age* emerged, for example, when Life Orientation educators were discussing their relations with learners and appropriate messages to convey to them (as well as the different kinds of messages they conveyed to boys and girls). They also emerged when respondents discussed the suitability of men as Life Orientation teachers. These were important identity issues and were presented as such by respondents. For these educators the effectiveness of the role they played in mitigating the impact of HIV/AIDS depended on conveying messages to their learners which in their view were age- and gender-appropriate, and this reflected their views of gender difference and appropriate gender relationships, including relationships with learners. Again, this presents rich material for further analysis in Chapter 6, which will examine respondents' discourses related to gender, identity and difference, focusing on how they construct these differences in their work as educators.

'Race' also emerged in the interviews as an unforeseen category and was also tied to understandings of identities. For example, it emerged when black members of staff criticised white senior management figures for their complacency about HIV/AIDS in a predominantly white HE campus, and attributed this to constructions of HIV/AIDS as a 'black' disease. It also emerged when white educators signalled their identifications with white interviewers when referring to black colleagues and students as a collective 'other'.

This chapter contains rich but relatively raw and descriptive data collected in discussions that related to but went beyond our initial interview questions. This material needs further analysis in order to do justice to the dataset and help to make sense of it – for example, by constructing typologies, developing social constructionist accounts of the material, cutting across the themes and identifying and pursuing patterns in the data. We will also establish links between the approaches educators may adopt in relation to the mitigation of the impact of HIV/AIDS and the positions they hold, and between their approaches and the types of institutions in which they work. We present this second-level analysis of our qualitative data in Chapter 6.

CHAPTER 6

In-depth Analysis of the Qualitative Dataset

As discussed in the conclusion to Chapter 5, this chapter operates, analytically, at a higher level of abstraction. The logic of the analysis in this chapter complements the descriptive analysis in Chapter 5. Both levels of analysis assume that individuals are active agents who construct social worlds through the kinds of categories they themselves develop (in the ways we have outlined in Chapter 2), and both are grounded in the data which emerged from the research encounters. When coding and ordering our data, our concern in Chapter 5 was to present our findings in ways which did justice to our participants' understandings and meanings. In this chapter we draw on this material, taking the same themes as in Chapter 5 and focusing on key issues addressed under these themes, but focus on how they were constructed by our participants, and on important assumptions (about, for example, educators and learners, adults and young people, gender and sexuality) which were not necessarily made explicit by our participants.

This chapter thus has a more critical orientation than Chapter 5. Rather than uncritically describing how, for example, our participants view their roles as educators, we focus on how they construct these (and how they position themselves in relation to learners) in ways which could be seen (drawing on some of the literature we reviewed in Chapter 3) to be either oppressive or emancipating for learners. Since our research is framed by Habermas' 'practical interest' paradigm, as we have indicated in Chapter 2, and has focused on interpretation and understanding, our approach in this chapter is informed by the 'emancipation interest' paradigm.

While the central concern in our research is to focus on how educators understand the roles of educators, if any, in mitigating the impact of HIV/AIDS, our view is that this must entail looking at beliefs, values, identifications and experiences which may influence their understandings of such roles, as well how their understandings may affect the approaches they adopt or advocate and their views on whether issues related to the pandemic should be included in the curriculum.

The chapter is presented under the following main headings and subthemes, which reflect the main HIV/AIDS-related themes in the qualitative dataset:

- Approaches to mitigating the impact of HIV/AIDS
- Gender
- 'Race'
- Age and sexuality
- Evidence of denial of the existence or the seriousness of the pandemic
- Disclosure of HIV status
- Poverty
- Violence
- Voluntary counselling and testing
- Curriculum Issues

APPROACHES TO MITIGATING THE IMPACT OF HIV/AIDS

The view that educators have no role to play in mitigating the impact of the pandemic was quite commonly expressed in HEIs and was accompanied by a denial of responsibility for students' lives outside the institution. Clearly, for these respondents, teaching and research were the priority tasks. This instrumentalist approach was shared by senior management in several HEIs. In the most extreme cases, questions regarding roles in mitigating the impact of the pandemic were met with a degree of hostility; a little paradoxically, these same respondents reported addressing aspects of HIV/AIDS in the teaching of their diverse disciplines, but with an emphasis on developing critical thinking skills (and preparing students for future managerial roles) rather than on students' wellbeing.

In stark contrast was the holistic approach reported by many HE respondents, which viewed students as multidimensional beings with more than purely academic concerns. This position was most evident at historically disadvantaged universities, where strong commitment to activities such as action research and practical engagement with local communities was noted. This included health care projects as well as social development initiatives such as counselling for sex workers. Respondents who supported such approaches were often very enthusiastic about their roles and, in the most extreme case, a respondent claimed that addressing HIV/AIDS issues was 'his life' rather than his job. The approach of allowing individuals to develop their own, sometimes multi-pronged strategies was reported in such institutional contexts – in contrast to the notion that HE educators should be obliged to undertake specific actions. The latter approach was, reportedly, often met with hostile reactions and ambivalence.

A 'campaigning' approach to mitigating the impact of the pandemic was commonly reported in HEIs, although such an approach provoked varied reactions, from very supportive institutional responses to suspicion and hostility and, in one institution, senior management intransigence. The 'campaigning' approach was often reported by educators who were committed to practical initiatives and to raising the profile of HIV/AIDS in their institutions, and contrasted particularly in terms of research strategies) with 'medical models' of HIV/AIDS that stressed health-related aspects of the pandemic rather than social conditions and concerns.

References to 'AIDS fatigue' were common, especially among HE educators who are required to teach about HIV/AIDS issues. Criticism was expressed of 'ritualistic' activities and messages related to the pandemic. It is important to note that educators who expressed resentment at having to incorporate HIV/AIDS-related issues in their curricula questioned whether there is 'anything new' to teach, suggesting that they placed emphasis on facts rather than relevant skills (such as decision-making skills) or values.

Criticism of the notion that HE educators' core business is to teach and conduct research was expressed by both senior managers (deans, for example) and by teaching staff in many institutions. However, senior management support for HIV/AIDS-related initiatives was praised by many HE respondents, who reported effective role modelling by leadership in, for example, testing campaigns. A very divergent view of 'leading by example' was presented by a respondent who was 'horrified' that senior managers led the testing campaign in her institution, as she felt that they were sending a dual message that 'we are brave' but also that 'we are safe'. Other respondents took a less radical position, noting simply that voluntary testing was often undertaken by people who are not at risk.

Praise was also expressed for peer education programmes undertaken by students, characterised by empathetic and participatory strategies in several institutions. Student leadership, however, was criticised by respondents in several institutions for having narrow political aims and lacking conviction with regard to the pandemic.

The adoption of a moralistic approach to the pandemic was evident in some HE respondents and particularly evident in a small number of institutions, in which

respondents referred frequently to the 'conservative values' (often explicitly related to religious beliefs) that were reported to be dominant in these institutions. A moralistic approach was often associated with a desire to adopt a parental attitude to students' behaviour (including their sexual behaviour) – in the most extreme case a 'parent-child' approach, despite the students' ages. In these cases, sexual abstinence outside marriage was promoted (and in one institution believed to be practised) and sexual promiscuity condemned. In one historically disadvantaged institution where a moralistic position was strongly expressed, adverse material conditions were seen as less important than 'loose moral values' among students in terms of causes of the pandemic; in a historically advantaged institution the notion that students did not engage in premarital sex (and were therefore not at risk) was contradicted by the very high levels of condom use reported by the health centre. At this institution, the belief that HIV/AIDS does not affect white students was commonly expressed, and advocates of a progressive approach to mitigating the impact of the pandemic felt marginalised. These dominant beliefs seemed to be shared by student teachers, who said that they would not address HIV/AIDS issues with primary school children, although, on a contradictory note, they complained that children in this age group were often sexually knowledgeable and precocious. There are clear dangers associated with such contradictions which, in this institution, involve both university students and, indirectly, primary school children. It is interesting to note, however, that members of focus group discussions often began to problematise their 'conservative' beliefs (and associated contradictions) in the course of the discussion. Such reflections on the research process are addressed in more detail in Chapter 4.

The situation in FET colleges and particularly in schools was markedly different with regard to approaches to mitigating the impact of the pandemic. In schools and in some FET colleges the immediacy of the pandemic seems to have generated a much more widespread commitment to adopting personal strategies that go beyond the 'core business' of teaching and learning, although the latter emphasis was also reported. In many cases, deep emotions were evident among respondents, particularly in the school subsector, when addressing HIV/AIDS-related issues, and it was clear that the pandemic was impacting dramatically on many respondents' lives. In schools in poor communities, respondents often referred to child prostitution, alcohol abuse in learners' households, orphaned children and high pregnancy rates. Feelings of despair were evident at times among educators who felt overwhelmed by the many social problems they witnessed. Not knowing how to address these problems and, in many cases, 'not knowing what to say' to a HIV-positive child, were frequent causes of despair, and appeals for training and support, or more effective training and support, were common.

This feeling of despair was compounded by the frequently reported 'silences' related to the pandemic – silences among learners, parents and educators themselves, many of whom found it difficult to make reference explicitly to sexuality and therefore to key issues in addressing HIV/AIDS. Beliefs that militate against effective approaches to HIV/AIDS, such as beliefs related to witchcraft, were also reported in several schools, where learners were said to ignore the school-based support available in favour of 'traditional' forms of support and remedies. The social stigma attached to HIV/AIDS was also felt to be a constraint that curtailed the effectiveness of school-based educators, as learners and staff were reluctant to talk about the pandemic or their HIV status. Strategies to address stigma were reported in many schools, such as developing learner-centred approaches which encouraged young people to discuss HIV/AIDS-related issues, and speaking to learners about educators' personal experiences of HIV-positive people they knew.

In contrast to many HE respondents, however, a large number of school-based educators displayed a holistic understanding of the lives of their learners, and were attentive to signs that they might be tired, sick, hungry or emotionally distressed. The importance of understanding the backgrounds of learners was often stressed. Well organised, multi-pronged strategies were evident in many of the schools and FET colleges visited, and were often implemented with intensive

support from NGOs and local health and social services. It was sometimes argued that there was little that government support services can achieve in very poor schools and communities, where they were severely overstretched, and in one school it was stressed that messages related to 'personal wellbeing' were inappropriate in contexts marked by poverty.

However, in other schools and FET colleges, educators questioned the unsupportive institutional culture that they experienced, and fieldworkers found evidence in these institutions of the existence of institutional policies that educators were unaware of. Some school principals also distanced themselves from matters related to HIV/AIDS and, in an extreme case, the principal appeared to be unaware of the content of the school's HIV/AIDS policy. Lack of interest among senior school managers and governors was evident even in schools with high pregnancy rates, and in one extreme case the belief that the pandemic is beyond the mandate of the school was explicitly presented.

The 'parental' approach reported by a small number of HE respondents was much more common in schools, and was also associated with a moralistic approach to the pandemic. Sexual abstinence outside marriage as a moral ideal was much more frequently expressed in schools and FET colleges than in the HE subsector. The portrayal of children as 'innocent' non-sexual beings was common in schools, and in one extreme case the principal had expelled representatives of a NGO because they had brought condoms to the presentation. The assumption of children's 'innocence' and asexuality seemed to be contradicted in several schools by the strategy adopted of reminding them that they must abstain from sex, and this assumption of 'innocence', it must be noted, implies 'guilt' among those who do not abstain and clearly deepens the silence that was widely reported regarding HIV/AIDS. Some educators, in contrast (more commonly in FET colleges than in schools), took issue with the emphasis on sexual abstinence in the national message, and insisted on accepting that learners and students are engaging in sexual behaviour and need, as one school principal put it, the 'accompanying tools of prevention'; this same respondent pointed out, however, that the availability of condoms in schools would be regarded by parents as encouraging precocious sexual behaviour.

Mitigating the impact of HIV/AIDS was often seen by respondents as fraught with difficulties such as this. However, there was some evidence of a quite radical strategic and epistemological shift, as some school-based educators insisted that they had undergone significant changes in their teaching strategies (as these related to the pandemic) in recent years, and several educators referred to acquiring relevant new knowledge through their interactions with affected children, sometimes in the latter's homes. The notion that learners need more than academic knowledge was commonly expressed. Some FET college educators also noted that they had shifted to a more pragmatic approach in their efforts to reduce HIV transmission as they came to understand the sexual behaviours of their students and that 'preaching abstinence' was ineffective.

Rather different positions were reported in FET colleges, where engagement with college communities received less attention and considerably less emphasis was given to pastoral roles. Individual concerns were certainly raised in this subsector, but institution-level strategies were much more frequently discussed. A small number of FET college respondents felt that they could learn from school-based initiatives, and FET college managers in many instances described institutional HIV/AIDS-related strategies that were being implemented (such as cooperation with NGOS and health services) and strategies that they were planning to implement (such as managing the transition from school to college, given the younger age group that the colleges are now enrolling, and feeding schemes).

In Chapter 3, we elaborated on Kelly's vision of education institutions responding to the impact of HIV/AIDS in holistic ways which made the institution an important site offering pastoral care and support for the community at large. While some participants in our study subscribed to holistic approaches to dealing with the problem of HIV/AIDS, our research and analysis suggests a holistic approach represents one

among other (sometimes oppositional) approaches which have resonance among educators in different institutions.

It is important to point out here that while the approaches we have identified emerged from discussions with our participants, they should not be seen as precise, discrete and mutually exclusive. Some participants seemed to advocate different positions and approaches (for example holistic and moralistic), alternating between them even when they seemed to be contradictory (one senior management figure at a historically disadvantaged university advocated both approaches in relation to dealing with student prostitution). Also, the meaning of taking a particular approach might differ widely between different sectors (in school, taking an instrumental approach might mean limiting one's pastoral duties, while in HEIs it might mean opposing the very suggestion that educators should adopt any kind of pastoral role). Levels of commitment to the same approaches also differed considerably between educators. However, our participants' accounts of educators' roles in and approaches to mitigating the impact of HIV/AIDS seemed to approximate one or more of the approaches or ideal types we have identified.

GENDER

Most of our data which focuses on gender emerged from schools, and when gender issues were raised by teachers (as well as by FET college lecturers) there was a striking tendency to focus on girls and women. Across all the education sectors, but perhaps most strikingly in schools, discussions of gender were framed around social problems experienced predominantly by girls and women, whether unwanted pregnancies, prostitution (see section on *poverty*), sexual abuse and harassment, or STDs such as HIV/AIDS (although of course this was a problem experienced by both sexes).

Gender issues in schools were raised mainly by Life Orientation teachers, and often seemed to be motivated by their concerns for and engagement with learners. These included the kinds of gendered messages they tried to convey, the relations they thought male and female Life Orientation teachers were able to establish with their learners, and gendered interactions in class.

HIV/AIDS initiatives, discussed by Life Orientation teachers, seemed to be targeted mainly at girls as the ones in need of protection, but also as the ones who were expected to carry responsibilities, encouraging them, for example, to assert themselves in (sexual) relationships and to say 'no'. Boys and how to address them were not discussed very much by Life Orientation teachers, even though a few teachers also spoke about concerns to encourage boys and girls to reflect upon themselves and their gendered identities and relations. Targeting girls in Life Orientation, without also engaging with boys, might help girls to protect themselves, but may also feed into popular expectations about girls/women being sexually responsible and boys/men not. This was a problem we raised in Chapter 3, when reviewing arguments for developing gender sensitive initiatives in education, (as in HIV/AIDS and Life Orientation programmes) which target both boys and girls (Bujira 2000; Pattman 2002 and Pattman 2005).

Interestingly, gender expectations related to the responsibility of girls and the irresponsibility of boys seemed to be played out, according to a number of teachers, in Life Orientation classes when sexuality was discussed. Rather than challenging these gendered positions in relation to sexuality, HIV/AIDS education seemed to provide opportunities for their expression. Whether our Life Orientation teachers viewed these simply as inevitable expressions of intractable gendered differences or exemplifications of how boys and girls were constructing themselves as different from each other in relation to sexuality, was not clear.

The vast majority of Life Orientation teachers we spoke to were women and, as was apparent in many of these teachers' explanations of why this was so, Life Orientation was feminised, or associated with attributes such as care and empathy which were seen to be embodied in women teachers. Most of

our respondents argued that women make better Life Orientation teachers than men, given the kinds of caring roles they may have been used to playing outside school. However, the preponderance of women as Life Orientation teachers might convey powerful messages that caring and self reflexivity in relationships are female preoccupations (see Pattman and Bhana). Indeed, so incongruous were perceptions of males and Life Orientation that, according to some of the Life Orientation teachers we interviewed, men teaching Life Orientation could not be taken seriously.

Teacher embarrassment when addressing HIV/AIDS in Life Orientation and other subjects is a major problem, as we discussed in Chapter 3 (see Baxen 2006; and Pattman and Chege 2003), and although little research has been done in this area, according to the responses of teachers in our study, it seems men would be more likely to experience this.

While sex was not usually spoken about by either male or female Life Orientation educators as something which they found difficult to address with young people in class, there was nevertheless some evidence from our interviewers' reflective accounts that this might be the case (see Chapter 4). When our interviewers broached the topic of sexuality and how this was addressed in Life Orientation, this often elicited laughter (seeming to signify embarrassment) and suggesting that even talking about sexuality with children in class might present problems for some educators in schools.

A number of our participants in HE institutions, in contrast to those in schools and FET colleges, focused on masculinities in their discussions about gender. In these accounts, concerns were expressed not so much about individual men, but about popular norms of masculinity which influenced men, more generally, to take less interest in matters of sexual health and responsibility, and which resulted in some men boasting about their sexual exploits and even engaging in acts of sexual harassment and violence.

Concerns stemming from these views about men informed discussions which focused on protecting young women, for example through advocating single sex rather than mixed residences. They also informed rather different discussions about encouraging young men to become more reflexive, critical and sexually responsible.

'RACE'

As suggested in Chapter 3, views about HIV/AIDS in Sub-Saharan Africa have been strongly influenced by 'African AIDS discourses' (Watney 1994) which not only construct HIV/AIDS as a disease promoted by immorality and promiscuity but associate this and the disease with being black. Assumptions about HIV/AIDS as a 'black disease' were clearly held by a number of white educators we interviewed, when speaking about HIV/AIDS as a disease of 'the Other', whether they referred to 'race' or skin colour or not. Indeed, when white educators in HE institutions raised the issue of 'race' this was usually under the guise of 'culture', with black culture being constructed as 'Other' and associated with increased risk of HIV transmission. Some white interviewers reported how, in some instances, their white participants implicitly identified with them while rendering blacks as Other, by referring to 'us' (them and the interviewer) and 'them' (people in predominantly black communities – see Chapter 4).

Black educators who raised the topic of 'race' were usually educators in the same merged or predominantly black universities. This often took the form of criticising whites at their universities for seeing HIV/AIDS as a 'black' disease and, as a consequence, for being complacent in predominantly white campuses. In contrast to the white respondents, they used explicit language to talk about 'race'.

None of the white respondents who made these usually implicit comparisons was being racist in the sense of publicly asserting the superiority of whites over blacks by invoking the idea of different innate biological dispositions. It could be argued, however, that the white academics we interviewed on the previously disadvantaged campus in question were drawing

on 'culture' and cultural differences in ways which constructed their campus and their white students as fundamentally different from the black students in the other campuses, with their more liberal values regarding sexuality, It seems that they were, to some extent, drawing on the rhetoric of 'culture' which a number of contemporary writers on 'race' in South Africa (see, for example, Durrheim and Mtose 2006) and elsewhere have argued represents a more legitimate way (in the post-apartheid era) of constructing 'racial' differences than grounding these in biology.

What was striking in certain interviews and focus group discussions was the lack of 'racial' integration in some of the 'multi-racial' campuses in the HEIs, and how these both reflected and were reinforced by particular behavioural patterns, such as participation in HIV/AIDS initiatives. In one predominantly white campus, the peer education programme was constructed very much as a black and coloured activity. Through the peer education programme, then, 'racial' divisions among students were unintentionally reinforced. No doubt this racialised split both reflected and contributed to white students' assumptions about HIV/AIDS being a black disease.

AGE AND SEXUALITY

Drawing on the work of Bhana (2006) and Pattman and Chege (2003) in Chapter 3, we argued that sex operates, symbolically, as a key marker of adulthood, with 'innocence' being projected onto those constructed as 'non-adult'. This symbolic divide produces and is maintained by a culture in which speaking about sex between adults and young people is taboo. We found strong evidence of this in all three education sectors, in discussions of relations between teachers/lecturers and students/learners. Lecturers who raised issues about age and sexuality in HE institutions focused on the discomfort that students might feel around discussions about sex with older academics. Some of the participants at one university, for example, noted that if the person who deals with HIV/AIDS education is young, the intervention will most likely be more successful as students will relate better to a young person compared to an older staff member. However, concerns were expressed that if lecturers were closer to the ages of young people this could lead to sexual relationships.

The arguments raised about young people and sexual permissiveness were steeped in morality. Educators across the three sectors took *moralistic* positions (see section on *Approaches*), attacking young people for lacking moral values and contributing to the spread of HIV/AIDS, but also (in many accounts) presenting them as lacking agency, as manipulated by the media and peer pressure and as deprived of necessarily stringent forms of adult authority (with parents held responsible for this, especially by teachers in schools). At FET colleges, some lecturers related what they viewed as the moral decay of youth to the rights-based context in South Africa which, it was alleged, accorded them too much freedom. Taking such moralistic positions, these educators were drawing on sexuality as a medium to advocate tighter forms of regulation and control over young people (whether as learners or students), understood and articulated by many as forms of protection.

Parents featured more often and more significantly in the accounts of educators in the school sector. Additionally, at the schools it was evident that sexuality, age and fear took on different dimensions, with school authorities blaming bad messages from the media which were considered age-inappropriate and influencing 'innocent children' (or rather children, as Bhana 2008 argues, onto whom ideals of 'innocence' are projected). Despite their positions as Life Orientation teachers responsible for providing HIV/AIDS education, some of them assumed that the children they taught were too young to be sexual beings, expressing surprise and consternation at how knowledgeable they were about sexuality.

The message of abstinence was very much preferred by educators we spoke to in the school sector. This was framed in some accounts by a concern with protecting the rights of young people and did not take the moralistic form it did in many other accounts which idealised virginity in young people and condemned

those who did not live up to the 'ideal'. Concerns were also raised about parents and their relations with their children by teachers in schools who did not necessarily take the moralistic position articulated above. These revolved around the inability of parents to focus on sex which, a number of teachers claimed, created difficulties at school. The age and generational as well as cultural contexts made it difficult for parents to address what might be discomforting and embarrassing issues for them.

EVIDENCE OF DENIAL OF THE EXISTENCE OR SERIOUSNESS OF THE PANDEMIC

The most high-profile and notorious example of HIV/AIDS denial in South Africa was the Mbeki Government's stance about the lack of any kind of causal connection between HIV and AIDS. As we suggested in Chapter 3, this was motivated (at least in part) by opposition to 'African AIDS discourses' (Watney 1994) which constructed HIV/AIDS as a black disease, implicating presumed promiscuous practices with 'African' cultural values. This, of course, is the inverse of the denial implicit in constructions of HIV/AIDS as a black disease by some of our white respondents (see notes on 'Race' in this chapter).

In our study, examples of HIV/AIDS denial which our respondents spoke about (or exemplified) took a variety of forms: the notion that people may believe that they are simply not at risk; denial of any responsibility with regard to the pandemic; denial at an institutional level, leading to lack of a strong message that might mitigate risk; the notion that the pandemic 'belongs' to another 'race', class or 'culture'; a preference not to know one's status; unwillingness to be tested because of the risk of community opprobrium; and attribution of HIV transmission to factors other than sexual transmission.

It seems clear from the views expressed and examples given of AIDS denial, that many of these were motivated by stigma and fear, and that these were reinforced, in turn, by denial, leading to a kind of vicious circle in which all three were implicated. However, it also seemed that some forms of HIV/AIDS denial simply reflected assumptions that HIV/AIDS was not really a disease which threatened respondents, as put forward, for example, by senior management figures on a predominantly white Afrikaans-speaking campus, and as reinforced by the lack of attention being given to HIV/AIDS as a potential problem at the university.

Significantly, the impact of HIV/AIDS was much less visible in universities than at many schools where problems posed by HIV/AIDS were more immediate (see Chapter 6), and it seems likely that the kinds of institutional denials cited by some of our HEI respondents were affected by the greater capacity of universities, and especially the more affluent ones, to absorb the impact of HIV/AIDS, although there were, as some of our respondents pointed out, noticeably high levels of absenteeism in lectures and classes; so marked in one institution that staff referred to it as the 'missing person syndrome', with implications that no official reasons were given for their absence. Whereas in some universities, senior management indicated they had no statistical data to give us when asked about the impact of HIV/AIDS, this was not an issue in schools where, in many cases, respondents gave rich, compelling and everyday examples of this.

Examples which our respondents gave of HIV/AIDS denial were, of course, open to interpretation. What counts as denial for one person might not be seen as this by another, for example, in some HEIs, insinuations and accusations of complacency about HIV/AIDS made by members of staff against senior management were not recognised by the latter. In one of the schools, Life Orientation teachers interpreted the high incidence of teenage pregnancies in the region as an indication that many girls are in denial with respect to HIV/AIDS, and therefore failed to take messages conveyed in their lessons about safe sex seriously. Yet it might be that in having unprotected sex these girls were not denying the risk of contracting HIV/AIDS, but taking a calculated risk (in order to get pregnant to be eligible for a child support grant). This is an important point with implications for good HIV/AIDS education; it implies that Life Orientation teachers

should engage young people in discussions about the complexities of practising safer sex rather than simply conveying to them what they assume (based on the reality of HIV/AIDS) is the appropriate thing to do.

Interestingly, HIV/AIDS denial was less evident in the FET colleges visited than in the other subsectors, where it was pronounced in particular institutions or, at least, was highlighted by members of staff in these institutions.

DISCLOSURE OF HIV STATUS

As suggested in Chapter 3, education establishments can provide enabling environments and play key and critical roles in combating stigma and helping to promote disclosure. However, overwhelmingly, the evidence in this research showed that schools and higher education institutions are places where stigma, taboo, fear and exclusion are rife in precluding disclosure of positive HIV status. In many institutions visited, HIV/AIDS was embedded within a social network of secrecy and silence. Disclosure is an essential part of effective interventions, including access and adherence to appropriate treatment, but such institutional environments militated against disclosure.

The 'invisibility' of people (staff, learners and students) with HIV/AIDS in some of the establishments to which our respondents belonged not only reflected but also contributed to an institutional context which made disclosure seem impossible.

Concerns about lack of disclosure in their institutions were expressed by educators across the three sectors but, in particular, by teachers who seemed to bear the brunt of this, given their everyday interactions with learners, their more immediate contact with people suspected of being affected by HIV/AIDS (see Chapter 6) and the pastoral roles they were expected to play. Some teachers claimed they were unable to play any role in mitigating the impact of HIV/AIDS in their schools precisely because of lack of disclosure on the part of learners. Some spoke about a culture of secrecy at school, nurtured by fear and stigma. Even enquiring about the health and welfare of a learner might, in such an environment, lead to him/her being bullied on suspicion of being HIV-positive. In this environment, it seemed, fear produced secrecy and secrecy produced fear, tightening the grip on possibilities of disclosure.

The culture of fear and stigma inside the school which greatly impaired possibilities of disclosure was also reflected in the community outside, as some of our respondents revealed when speaking about their interactions with parents who were not willing to disclose their status or that of the learners.

Where educators did give examples of disclosure these were often very specific ones, and focused on the surprise they felt and their sense of not knowing what to do in the face of these revelations. The obvious implication was that these were unusual events. A few examples were given of learners and students who had 'come out' as HIV-positive without dropping out (one, a student at an HEI who helped in the Wellness Centre, and another, a group of HIV-positive learners who formed a support group at their school). In both examples, the educators spoke about how these disclosures contributed to learning environments which were much less marked by fear and stigma.

Inn order to make it possible for young people to 'come out', schools, FET colleges and HEIs must develop an ethic of care and support along the lines advocated by Kelly, and how this might happen, given the climate of fear and stigma in and outside school, presents a major challenge.

VOLUNTARY COUNSELLING AND TESTING

As with disclosure, willingness to go for testing and counselling was greatly influenced by stigma. It was reported in HEIs that the fear of being associated with HIV/AIDS made some students reluctant to test. This was also the case in FET colleges. The phrase 'associated with AIDS' used by some FET subsector respondents, implies that the pandemic also carries particular kinds of negative connotations from which many people

wanted to distance themselves. Even going for an HIV/AIDS test, unless this was part of a general campaign in which people were encouraged to go for tests, was a taboo topic. It was reported in HEIs that few volunteers were found to be HIV-positive, and it was suggested that this was because those who volunteered for testing did not engage in risk-related behaviour and were sure they were HIV-negative. This, then, did not reflect the impact of HIV/AIDS on the institution.

Campaigning approaches were reported in HEIs and FETs aimed at encouraging students to go for voluntary counselling and testing (VCT), and educators who promoted these campaigns were usually individuals with specific HIV/AIDS responsibilities in the institutions. Testing and coming to terms with one's status was viewed as an essential step in mitigating the impact of HIV/AIDS, not least because of evidence on how testing HIV-negative may play a role in discouraging high-risk sexual behaviour. Encouraging students to use VCT services presented serious challenges in FET colleges, and good role models who would help remove the stigma associated with testing were less evident in the FET subsector than in the HE subsector, although many respondents advocated role modelling in this regard. Concerns were expressed, in the HEIs visited, about students preferring external VCT facilities to university-based services, and some HEIs had no VCT services.

In schools, where testing for HIV was raised less often by respondents, VCT appeared to be much more problematic. Only a few school principals were keen for learners and staff to be tested, and there was evidence of only one school running a VCT drive, which had been stopped. It was suggested by some participants that learners in schools were too young to be tested in that they may have difficulties coping if they were found to be HIV-positive. But views about how inappropriate testing was for learners may also, we suggest, reflect powerful assumptions which take sexuality as a marker of adulthood in relation to youth and which project 'innocence' on children.

Across the three subsectors, the views of respondents regarding VCT services were ambivalent. The predominant response was that such services were extremely important, but that various factors militated against their effectiveness. These included the perception that VCT campaigns attracted those who were least at risk, opposition to VCT related to the age of students and learners, negative connotations attached to being tested and fears associated with testing – the 'difficult hurdle' that is reported in the relevant literature.

POVERTY

Poverty was raised by lecturers in FET colleges and by school-based educators as a key social problem in their local communities which contributed to the spread of HIV/AIDS by making people more susceptible to HIV transmission, and by reinforcing the difficulties of HIV-positive people and people otherwise affected by HIV/AIDS.

Although poverty was also addressed as a major problem (with implications for HIV-positive students and others affected by HIV/AIDS) by respondents in the HE sector, this was usually only in historically disadvantaged universities. Poverty was given a higher profile by respondents especially in schools but also in FET colleges. Perhaps because of policy expectations in schools to the effect that teachers should play a 'pastoral' role, many school-based educators seemed to be particularly sensitive to poverty in local communities and how this affected their learners. These teachers tended to take holistic approaches, addressing their learners as people with concerns, experiences and relations outside the classroom. While some schools had become centres offering support, help and food for local families (in the way envisaged by Kelly 2000), lack of resources in schools in those areas hit hardest by poverty clearly imposed severe limitations on the schools' capacities to respond to poverty and related problems and to help to mitigate the impact of HIV/AIDS (supporting the findings of Bhana et al 2006, discussed in Chapter 3).

Prostitution featured strongly in accounts of poverty given by participants in all three sectors. In these accounts, girls and young women were presented as victims of poverty engaging in transactional sex with

older, richer 'sugar-daddy' figures. But even though the participants drew close associations between poverty and prostitution (to the extent that prostitution almost seemed to become a signifier of poverty), some also questioned the moral values of their learners and students who engaged in prostitution. Concerns about prostitution (which may have been informed by concerns about poverty among students and learners), seemed to feed into and reinforce moralistic discourses about HIV/AIDS discussed in Chapter 3, which blamed promiscuity for the spread of HIV/AIDS, and implicated girls and women, labelled as 'promiscuous' (in stark contrast to stereotypes which idealise 'virtuosity' and 'responsibility' as female attributes). Attention was deflected from the context of poverty which was seen as encouraging girls to engage in unprotected sex, with some participants drawing on common stereotypes of 'bad' women who are judged and evaluated, unlike men, in terms of their perceived sexual behaviour (see Pattman and Chege 2003).

Getting pregnant in order to be eligible for child maintenance grants was (like prostitution) given by some teachers as a gendered effect of poverty. But it was not clear from their accounts whether they were simply citing these as examples illustrating the extent of poverty in communities which compels young women to take such action, or whether they were also drawing on the kinds of stereotypes of bad, sexually irresponsible women, mentioned above, and citing these as examples of the promiscuity of some young women. It maybe that elements of both informed some of these accounts.

VIOLENCE

As reported in Chapter 3, accounts of violence and sexual violence have featured prominently in interview and ethnographic studies in schools in South Africa. However, there is very little research on violence in HE institutions and FET colleges. This is an important omission; in our research, sexual violence was presented as a serious problem in some HE institutions.

The school-based literature on acts of physical violence suggests that these are highly gendered and tend to be perpetrated by males against other males and females (and in the latter case, often takes the form of sexual violence and harassment). This seemed to be corroborated in our research. Whenever violence was raised by our participants in interviews/discussions in HE institutions and in schools, boys and men were always presented as the perpetrators, and girls and women usually the victims, with the focus on sexual forms of violence.

Sexuality, as discussed in Chapter 3, has been theorised by some contemporary feminist writers as an important medium through which men and boys assert themselves (in patriarchal societies) in relation to girls and women. Through sexual violence or the threat of violence, boys and men can ensure girls'/women's subordination, as we saw graphically in the example provided at an HE institution of how threats of violence were made by young men to ensure that girls engaged in sex with them in exchange for food.

Sexual violence is notoriously difficult to report for many reasons, including fear of reprisals and embarrassment, and if it is reported to authorities in education institutions, parents and others may not take it seriously. When examples of this are given in the literature, they usually relate to the difficulties girls and young women experience reporting sexual harassment by teachers (Pattman and Chege 2003). However, in our study several examples were cited by teachers of children in their classes whose claims of abuse by parents and others in the community were denied or not taken seriously by their parents.

CURRICULUM ISSUES

In the HE subsector, there were widely divergent views on approaches to HIV/AIDS in the curriculum of university programmes. All institutions were implementing some form of curriculum intervention to mitigate the impact of the pandemic, such as:

a life skills programme for all students that includes HIV/AIDS awareness; a pilot module for teaching students developed by the institution;

- a pilot module developed by HEAIDS; project assignments involving community engagement related to the pandemic in various disciplines, including management science;
- population modelling related to HIV/AIDS in applied mathematics at master's level;
- a HIV/AIDS e-learning project for all students; relevant skills and knowledge in psychology programmes (not always specific to HIV/AIDS);
- modules in education programmes addressing listening skills, biomedical issues, sociocultural factors, ethical issues and management of care and support in schools;
- courses in education faculties on policy literacy that address national policy on HIV/AIDS;
- a course on 'School and the Community' that contains issues related to HIV/AIDS;
- a course on population growth that introduces issues related to sexuality; and
- modules addressing systems and procedures that help teachers to deal with HIV/AIDS-related issues.

These examples illustrate the wide variety of curriculum interventions that are in place in HEIs; they also illustrate that the interventions are by no means limited to education faculties. They are not indicative of a curriculum 'integration' or 'infusion' strategy which some respondents strongly advocated, although in some institutions it is clear that a concerted effort is being made to adopt such approaches. The strongest expression of such a strategy came from a respondent (responsible for a HIV/AIDS unit) who believed that all graduates must be 'HIV competent'. Many respondents, however, were unsure of such an approach, opposed it or referred to obstacles that lay in the path of curriculum integration. A summary of these positions follows.

One of the major criticisms was that HIV/AIDS, in their eyes, was 'peripheral' to their discipline, with many feeling that this was a Life Orientation issue. Teaching HIV/AIDS-related issues was seen by many as an 'add-on' or an 'intrusion' into the 'traditional' function of teaching staff (see 'instrumental approaches' in the section on Approaches). Some academics did, however, feel that integration of HIV/AIDS issues was possible in some disciplines, but not in others such as mathematics, or only possible in a limited way in other disciplines (microbiology was cited as an example of a discipline in which one could introduce relevant biomedical aspects of the pandemic).

Concerns were commonly expressed about the lack of appropriate skills and knowledge of staff to teach issues relating to HIV/AIDS in their courses. Many HE educators indicated that they were not sufficiently knowledgeable to take responsibility for HIV/AIDS-related teaching, and for these reasons were resistant to curriculum integration. It was argued that more knowledge was needed of models of curriculum integration, and the relevant competence needed to be developed among staff. Concerns were expressed about the lack of institutional drivers to ensure commitment to such a realignment of the curriculum, and these drivers were not in place in many institutions. Apathy among senior managers was cited as a factor which militated against such an approach in several institutions. In the absence of a personal interest (and perhaps research experience) in HIV/AIDS, some felt curriculum integration would be ineffective.

There were also concerns voiced by many educators at HEIs about being expected to take time to teach about HIV/AIDS-related issues for no material benefits and when this had no impact on promotion processes.

Nevertheless, many respondents offered constructive suggestions regarding the curriculum in the HE subsector. Some focused on good pedagogic practices, for example, some educators in the HE subsector suggested that awareness must be raised in subtle rather than overt ways, and the starting point must be personal experience. Related to this, several participants argued that knowledge did not necessarily lead to behaviour change, and advocated practical experience in NGOs and communities which, they reported, had an 'enormous impact' on students and enabled them to create their own interventions. Some emphasised the importance of addressing the gendered dimensions of vulnerability and 'the right to say no', and the importance in curricular interventions on developing

resilience and self-belief rather than displaying pity. Interestingly, some referred to the embarrassment and difficulties educators might experience in trying to overcome taboos related to sexuality (including their own); a problem which was highlighted by many Life Orientation teachers in schools in our study. They and others suggested that training was needed for educators in HEIs on how to deal with emotional consequences – for others and for themselves – of dealing with issues about sexuality and HIV/AIDS. With regard to the structure of programmes it was suggested that separate courses were not as effective as 'stitching' HIV/AIDS-related issues into the curriculum, and it was recommended that lessons from other universities could be taken and modified rather than implementing 'off-the-shelf products'. It was also suggested that local material should be used in curricular interventions.

In FET colleges, the range of positions regarding the curriculum was much less varied, and most approaches hinged on the recent introduction of the new FET curriculum of which Life Skills is now a compulsory part. Because lecturers were required to implement curriculum integration generally, there were opportunities to introduce HIV/AIDS-related issues across the curriculum; the challenge was to ensure that they were addressed in ways that related to their life experience and not presented as health-related instructions. Respondents in FET colleges differed radically as to whether students were prepared to talk about sexuality in class; it seemed that when they did so, the conversation was enjoyable but perhaps not effective in mitigating the impact of the pandemic.

FET college respondents presented a range of difficulties in the implementation of the HIV/AIDS-related aspects of the curriculum. Some of these were logistical problems. For example, many respondents noted that Life Skills was allocated less time than other subjects and was regarded as less important by other lecturers. Furthermore, Life Skills lecturers belonged to different departments and reported to different senior managers, so the subject was not addressed consistently. Concerns were also expressed by FET college educators about the disinterest in Life Skills shown by senior management and their lack of support for Life Skills lecturers (a common theme which emerged in discussions with Life Orientation educators in schools). Many Life Skills lecturers indicated that they had not been given specialised training for the subject, and claimed that senior management did not realise the importance of the subject and failed to monitor its implementation. Serious concerns were expressed by FET college lecturers about the inclusion of HIV/AIDS-related issues in Life Skills. Some referred to the problem of HIV/AIDS fatigue. Students, they claimed, were tired of dealing with the issues repeatedly in the same subject, and the impact of conveying important messages about HIV/AIDS was reduced. Relating to this, some suggested that the guidelines for HIV/AIDS education, if followed, resulted in learners becoming bored, and there needed to be more emphasis placed on personal experiences. Some respondents referred to the difficulties of addressing HIV/AIDS in class because of taboos related to discussing sexuality (taboos which we also address in the sections on Disclosure, Voluntary Testing and Denial). It was felt that reluctance to address HIV/AIDS increased with age. Even lecturers who took a campaigning approach and tried to encourage openness about sexuality and HIV/AIDS faced problems. In one institution, a lecturer had been reprimanded for talking too explicitly about sexually transmitted diseases (STDs) and had been required to take down a poster about these.

The school subsector stood out as the one in which the greatest support was expressed for curriculum-related interventions. The Life Orientation curriculum was positively viewed by many educators interviewed, who felt that it was enjoyed by learners and helped to address issues such as tolerance of HIV-positive people. It was also praised for counteracting the silences and incorrect information about sexuality prevalent in learners' households. It also allowed for possibilities of addressing important topics such as puberty and sexual abuse which provided entry points for raising issues relevant to the pandemic. The Life Orientation programme was also welcomed by many teachers for affording opportunities for field visits, for example to visit AIDS patients.

Once again, however, considerable emphasis was given by our teacher participants to difficulties experienced in schools in the implementation of aspects of the curriculum related to the pandemic. As with the FET college lecturers we interviewed, many of our teacher participants noted that teachers often found it difficult to talk about sexuality with their learners, and this clearly inhibited effective curriculum approaches. Furthermore, it was pointed out by many teachers that opinions differed quite radically between teachers on the kinds of messages about sexuality to convey in Life Orientation, with some teachers advocating sexual abstinence and the maintenance of what they viewed as 'strong values' in the curriculum as in the 'moralistic teaching approaches' which we outlined earlier, and others emphasising the importance of recognising that many of their learners were sexually active, and developing curricular interventions which do not alienate them but address their concerns and anxieties.

One of the major findings in our research concerns how divergent and, in some cases, conflicting the approaches were towards mitigating the impact of HIV/AIDS. As clarified in the section on *Approaches*, these were informed by radically different constructions of young people, gender and sexuality and the roles of educators. It is clear that conflicts around these are being played out here.

Concerns were also expressed by some Life Orientation teachers about parcelling off HIV/AIDS-related issues to Life Orientation (see Chapter 4 on Life Orientation's concerns about being lumped with these responsibilities on their own). School management was blamed by a number of these teachers for assuming that HIV/AIDS should be addressed in Life Orientation only. These teachers wanted the creative integration of HIV/AIDS into other areas in the curriculum. Concerns were expressed, too, about the appropriateness of particular educators to convey effective messages in Life Orientation, for example colleagues, some of whom were HIV-positive, who had sexual relationships with learners. Furthermore, it was stressed that not all educators were knowledgeable enough about the pandemic to integrate relevant issues into their learning programmes, and some respondents felt that some learners knew more than their educators. Some Life Orientation teachers also complained about lack of resources, lack of time and heavy workloads. A major concern, articulated by participants working in schools in relatively poor communities, was the everyday suffering caused by poverty and the precedence this inevitably took over concerns about HIV/AIDS. Topics in Life Orientation such as personal wellbeing were said to be inappropriate in very poor communities where wellbeing was a daily challenge.

The very striking aspect of this segment of the dataset is, once again, the very different attitudes expressed in schools, and to a lesser extent in FET colleges, where the debate about curriculum was much more straightforward than in the HE subsector. While issues raised in the latter were often fundamental (and in many cases unresolved) design issues, in schools and FET colleges it was taken for granted that there was a curriculum-related need, and divergent opinions were more related to implementation strategies, what messages should be conveyed and the kinds of and training and support needs than to design dilemmas.

CONCLUSION

The interviews we conducted with our participants to investigate their understandings of the roles of educators in mitigating the impact of HIV/AIDS yielded a large amount of rich data covering a range of themes, including identifications, beliefs and values, views about social problems other than HIV/AIDS, and attitudes to and identifications in relation to gender, age, and 'race'. Because we allowed our respondents to shape the agenda of the discussions, the study has revealed the themes we need to explore in order to do justice to the purpose of the research, related to values, identifications as educators, views about students and learners, experiences as educators in particular kinds of institutions in particular contexts, pedagogic and curricular commitments and understandings and experiences of particular social problems.

These are encompassed in the themes we have addressed in this chapter. As we made clear in Chapter 5, these were themes generated in part by the research team and those which our respondents raised spontaneously. Whereas in Chapter 5 we used these themes to order and structure our data, in this chapter we have drawn links between them and across subsectors.

This chapter began by addressing the approaches our participants raised when discussing the possible roles of educators in mitigating the impact of HIV/AIDS in their institutions. This relates directly to our core research questions. These approaches were identified and contextualised in Chapter 5, and in this chapter we have taken the analysis further to distill the distinguishing features of these approaches, elaborating on them by comparing the kinds of core assumptions made about learners, students and educators, and relating these to the broad concerns raised and interventions proposed by supporters of these different approaches.

For example, the assumptions educators make about learners, students and educators themselves raise identity issues addressed in the section on *age and sexuality*. In some versions of the 'moralistic approach', proponents construct didactic roles for educators by projecting 'innocence' onto learners or students, along the lines suggested in the analysis of some of the examples addressed in that section. Taking a 'holistic approach' or an 'instrumentalist approach' means positioning oneself very differently as an educator in relation to learners and students and has very different practical implications for how educators might attempt to mitigate the impact of HIV/AIDS.

The approaches educators may advocate depend, too, on how they construct the problem of HIV/AIDS. An 'instrumentalist approach' may be based on the assumption either that HIV/AIDS is not a problem in a given institution or not a problem for certain educators (such as those who do not play a relevant specialised role). Whether or how HIV/AIDS is constructed as a problem, and its perceived intersections with other problems such as poverty and violence, depends on the values educators hold in relation to young people, adults, gender and sexuality. For example, prostitution was constructed as a moral problem which could be explained and dealt with by a 'moralistic approach', informed by certain values and assumptions about 'good' and 'bad' women. Alternatively, in the 'holistic approach' advocated by other respondents, prostitution was constructed as a problem related to poverty.

These apparently diverse themes are clearly interconnected and central to the purpose of the research. They are also indicative of our social constructionist approach to analysis. Our focus, as illustrated throughout this chapter, is on how social worlds are constructed and on people's investments in these, and – importantly – the implications of these for particular kinds of practices. This approach results in a more critical edge in this chapter than was the case in Chapter 5. While Chapter 5 focuses on what our respondents said, this chapter has engaged with the discourses which inform the responses. This entails identifying 'absences', such as the lack of focus on boys when gender issues were raised by Life Orientation teachers, and tracing linkages between these and wider social discourses (in this case, longstanding cultural discourses which associate sexual responsibility with femininity).

In the next two chapters we report on the survey phase of our study. It is important to note, as explained in Chapter 2, that we used our findings in this chapter and Chapter 5 as a basis for developing the questionnaires. The questionnaires contained a wide range of questions covering the different themes and subthemes that emerged in our interviews. The structure of the questionnaires was similar to that of the interview schedules, addressing, for example, roles played in mitigating the impact of HIV/AIDS, resources and support available to play these roles and anticipation of future roles that educators envisage. Many of the questions tap into the very divergent examples presented by our respondents in the qualitative phase of the study of the roles they play or advocate playing, and deepen our understanding of the typology of approaches discussed in this chapter.

SECTION 3

Analysis of the Survey Data

Section Summary

The two chapters in this section present and interpret the data gathered in the second major phase of the study from 3,678 survey respondents across all three subsectors. Chapter 7 presents a descriptive analysis of the quantitative dataset, and Chapter 8 analyses the data in greater depth, providing for example the profiles of key subsets of respondents in relation to strongly associated clusters of responses identified through correspondence analysis.

The main catogories of survey questions were closely related to the main aspects of the research:

- questions to establish the respondent's biographical data of the respondents (such as gender, age band, 'race' and discipline);
- information about the respondent's institution and institutional climate (such as whether there is open discussion of issues related to HIV/AIDS);
- questions about the respondent's personal and professional responses to the pandemic (such as whether the respondent currently plays a role in reducing the impact of HIV/AIDS, and if so, what kinds of role she or he plays);
- questions about possible future roles in mitigating the impact of the pandemic; and
- questions about HIV/AIDS and the curriculum.

The questionnaire items under each main category (such as questions related to current roles in mitigating the impact of the pandemic) were derived from the qualitative dataset to ensure a strong link between the two phases of the study. This greatly facilitated the triangulation of the two types of analysis, which will be presented in Section 4 (Chapter 9).

The quantitative analysis presented in Section 3 is not limited to a simple quantification of the findings. In the descriptive quantitative analysis (Chapter 7) we present the survey results that are statistically significant. In Chapter 8 a more in-depth analysis of the quantitative dataset presents the profiles of key subsets of respondents, such as the subset of 'active' respondents in the higher education subsector, and the predisposition of subsets of respondents towards playing a future role in mitigating the impact of the pandemic.

CHAPTER 7

Descriptive Analysis of the Quantitative Dataset

BIOGRAPHICAL DATA

Geographical location

Responses to the survey were received from a total of 3,678 staff across three education sectors (1,144 university, 474 FET college and 2,060 school staff). Most (82%) of the university respondents were urban-based, compared to 46% of those at colleges and 30% of the school-based educators. Four provinces accounted for almost three-quarters of the college and school respondents. These are provinces with the largest school- and college-attending cohorts, namely Eastern Cape, Limpopo, KwaZulu-Natal and Gauteng (Figure 1). (Provincial data were not captured for the university sample.)

Figure 1 Respondents by province and geo-type

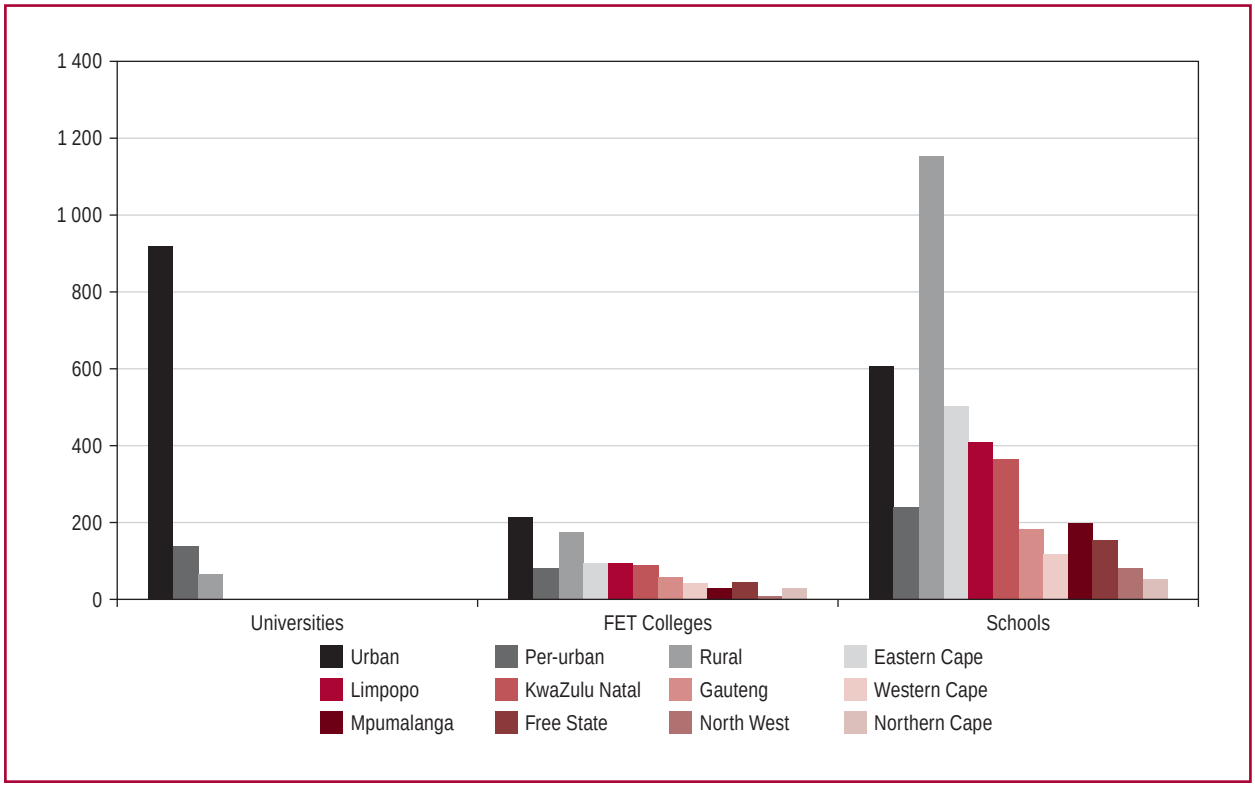
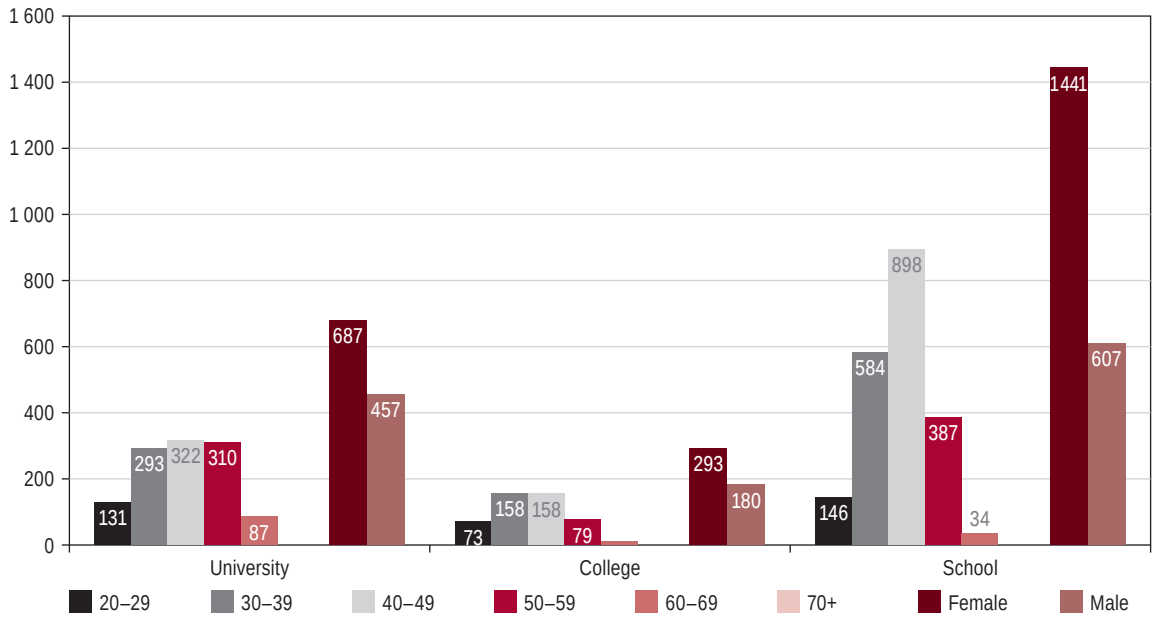


Figure 2 Respondents by age and gender



Age, gender and 'race'

Three-fifths or more of the respondents from each sector were females (university 60%; college 62%; school 70%). For the university sample, the proportion of females is significantly higher ($p<0.05$) than the EMIS-reported population (43%). Conversely, for the school sample, the proportion of females is not significantly different

Figure 3 Respondents by 'race'

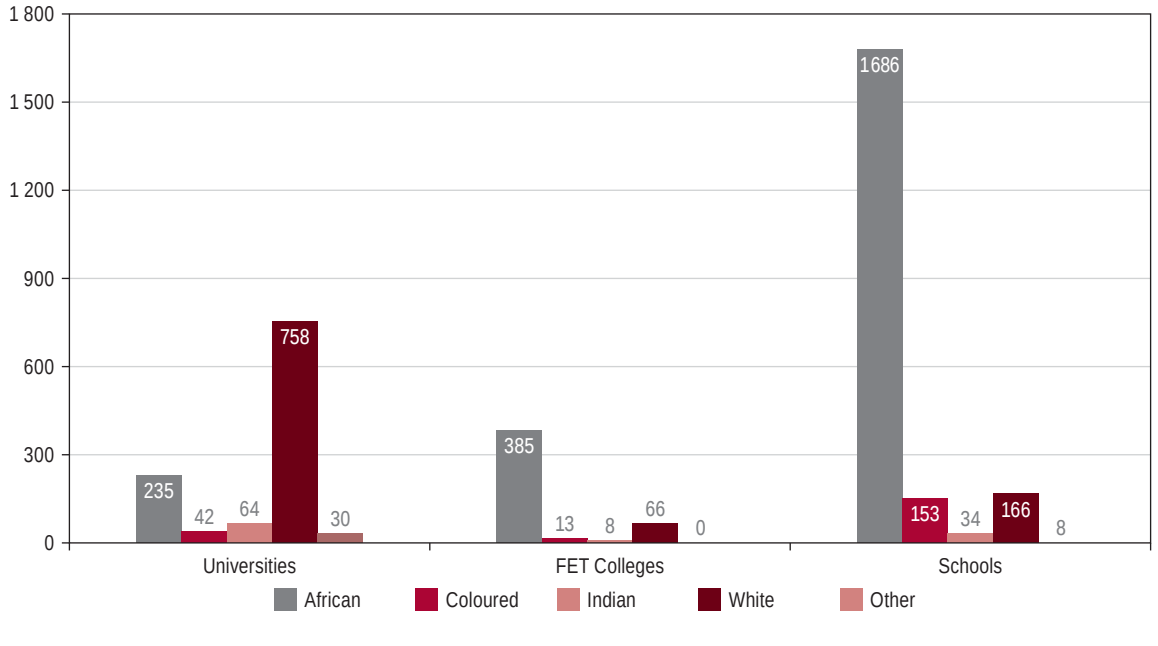
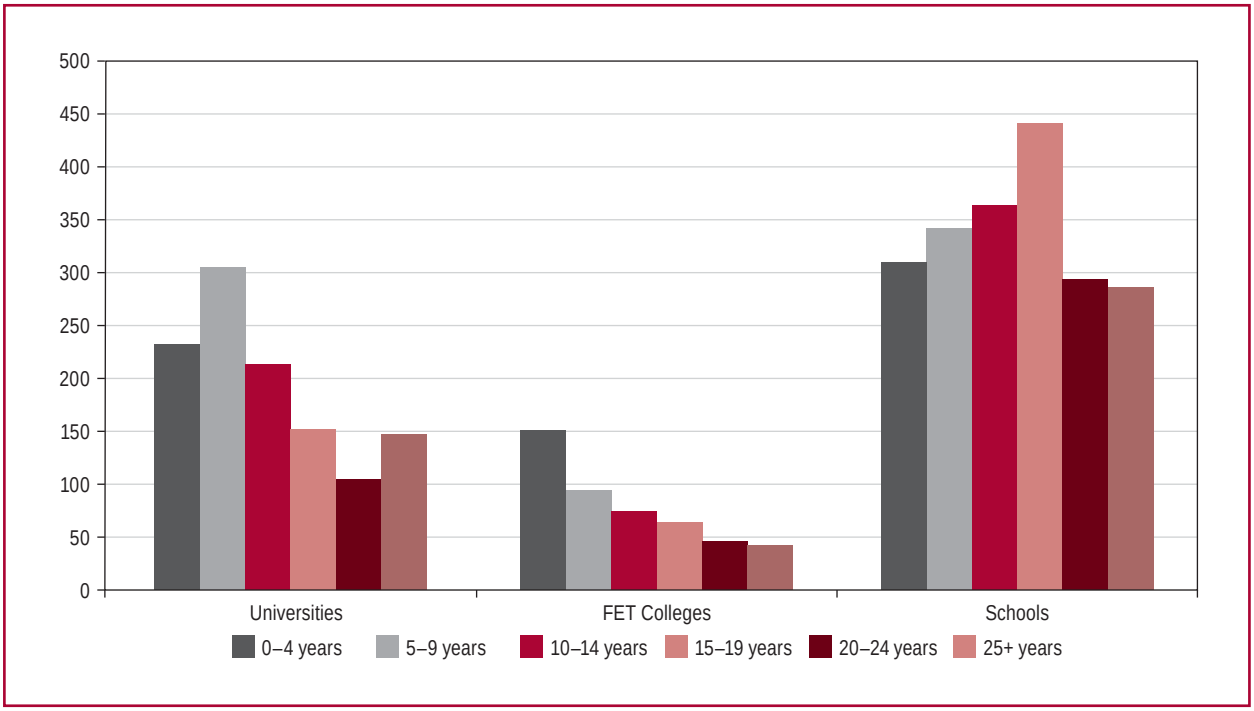


Figure 4 University, college and school work experience of respondents



(p>0.05) from the EMIS data (*Education Statistics in South Africa 2007, Department of Education, January 2009*) (Figure 2). Data on the gender composition of FET college staff were not available.

The school and college respondents were predominantly African (83% and 82% respectively), with much smaller proportions of the other 'race' groups. This reflects the 83% African proportion of the 5- to 19-year-old population of the country (extrapolated from *Census 2001: Census in Brief, Statistics South Africa 2003*), arguably a proxy for the educator population. Conversely, at universities two-thirds (67%) of the respondents were white and just over one-fifth (21%) were African (Figure 3), which is somewhat higher than the 61% proportion of academics who are white (*Education Statistics in South Africa 2007, Department of Education, January 2009*).

Work experience and position

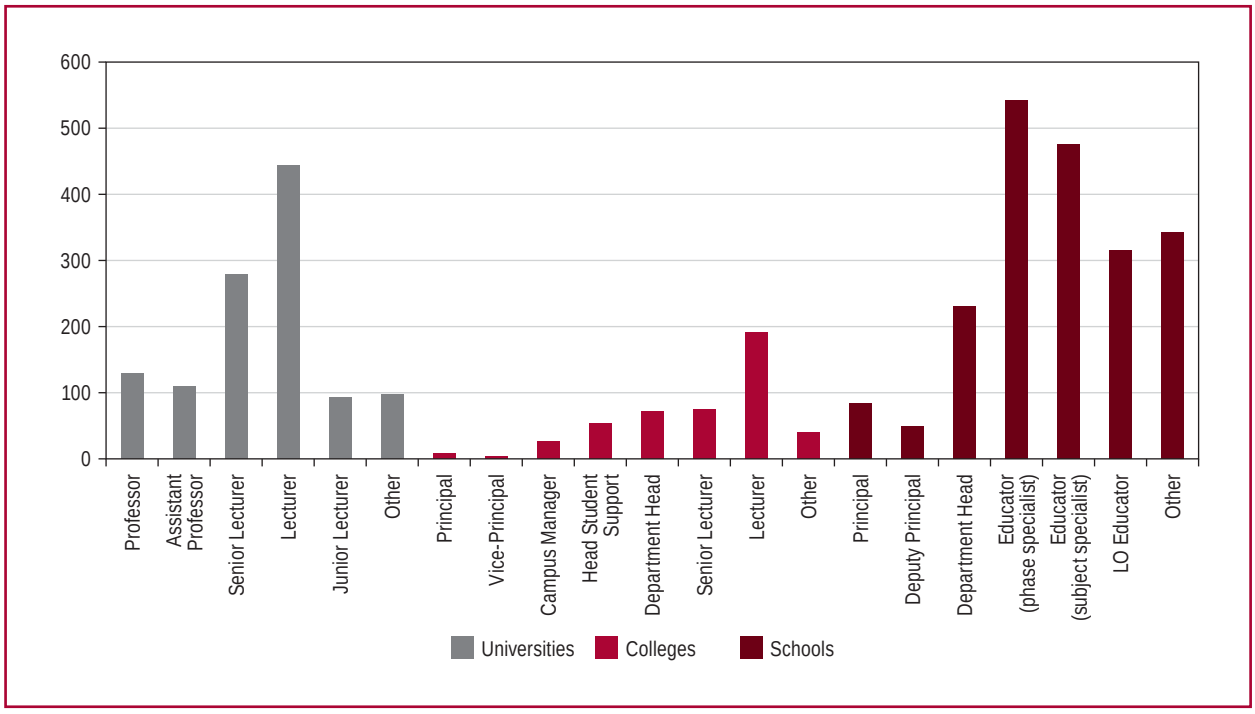
Half of the school respondents had worked at schools for more than fifteen years. In contrast, about one-third of those at colleges (32%) and universities (35%) had worked in their respective institutional types for 15 years or more. The proportions who had worked at these types of institutions for less than five years were 20% of the university respondents, 32% of those at colleges and only 15% of those at schools (Figure 4).

Again, school-based respondents had generally had the longest periods of employment at their current schools, almost a third (32%) for more than 15 years. Just less than one-quarter (24%) of the university staff had been at their current universities for more than 15 years, as had 20% of college staff at their current colleges.

Respondents came from all levels of seniority at the different institutions. Phase specialist educators formed more than a quarter (27%) of the schools sample, with subject specialist educators comprising a further 23%. Respondents in 'other' positions (17%), Life Orientation educators (15%) and heads of department or phase (11%) formed most of the rest, with much smaller proportions of principals (4%) and deputy principals (3%).

From the much smaller college sample, the most common positions represented were lecturers (40%), with smaller proportions of senior lecturers (16%), heads of units or departments (15%) and heads of student

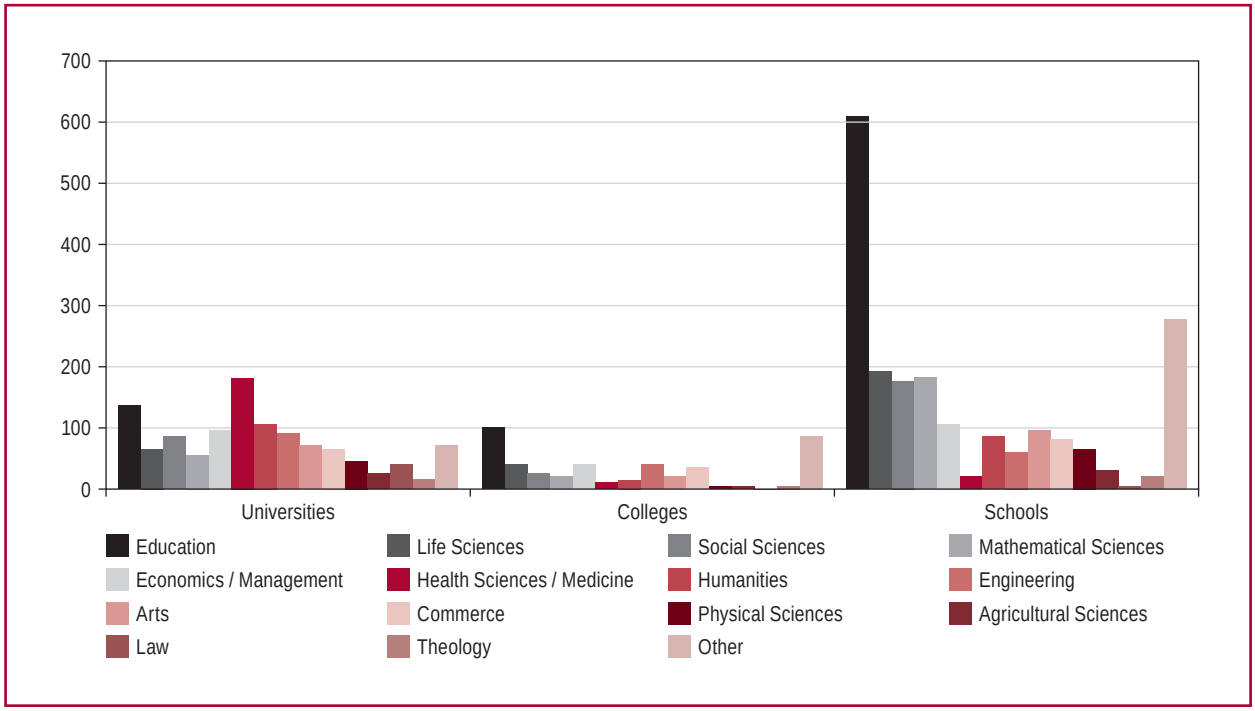
Figure 5 Professional positions of respondents



support services (11%). The remainder comprised campus managers (6%), principals or CEOs (2%), vice-principals or deputy CEOs (1%) and respondents in 'other' positions (8%).

The university sample consisted primarily of lecturers (38%) and senior lecturers (24%), with smaller proportions of professors (11%), associate professors (10%), junior lecturers (8%) and others (9%) (Figure 5).

Figure 6 Main teaching disciplines of respondents



The respondents were spread across a wide range of academic disciplines. The largest proportion (30%) of the school staff reported having an education background; more than a third (35%) of these were phase specialists, 18% were subject specialists and 17% Life Orientation educators. Amongst the rest of the school-based respondents, there were 9% each teaching the Life Sciences, Mathematical Sciences and Social Sciences. The others were teaching Arts (5%), Economics/Management (5%), Commerce (4%), Humanities (4%), Engineering (3%), one percent each were Health Sciences, Theology and Agricultural Sciences, and 14% 'other'.

Similarly, more than a fifth (22%) of the college respondents reported having an education background. The other main teaching disciplines amongst college respondents were Economics/Management (9%), Life Sciences (9%), Engineering (9%) and Commerce (8%). There were smaller proportions in Arts (5%), Mathematical Sciences (5%), Social Sciences, Humanities (3%), Theology (2%), Health Sciences (2%), Agricultural Sciences (1%) and Physical Sciences (1%), the remaining 18% teaching 'other' academic disciplines.

One sixth (16%) of the university sample were in the Health Sciences or Medicine and 12% in Education. Next most common were Economics and Management (9%), Humanities (9%), Engineering (8%) and Social Sciences (7%). The rest were made up of respondents whose disciplines were Arts and Commerce (both 6%), Life Sciences and Mathematical Sciences (both 5%), Physical Sciences and Law (both 4%), Agricultural Sciences (2%), Theology (1%) and 'other' academic disciplines (6%) (Figure 6).

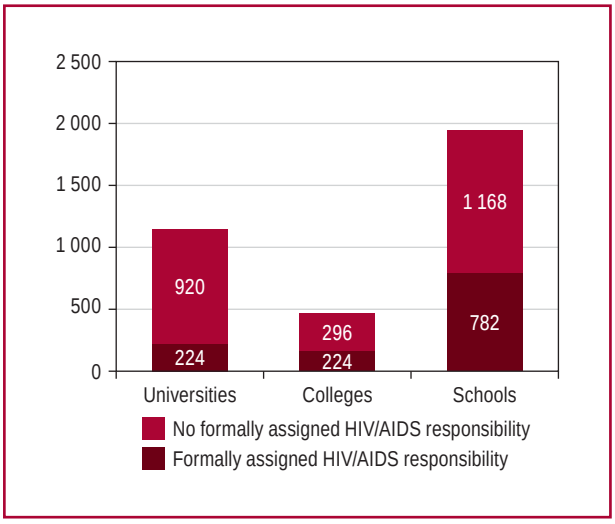
In Chapter 8 (the in-depth analysis of the quantitative dataset) only the disciplines reported by university respondents are incorporated in the analysis. In the college and school subsectors it appears that the responses may be less meaningful for two possible reasons: educators in these subsectors may be qualified in disciplines that they do not teach, and they may be qualified in education but teach a specialised discipline such as Life Sciences.

ROLES PLAYED IN REDUCING THE IMPACT OF HIV/AIDS

Addressing the HIV/AIDS pandemic at institutions

Respondents were asked whether they had formally assigned HIV/AIDS responsibilities in their institution. One-third said they did and two-thirds that they did not. The proportions varied across the subsectors from the 40% who said that they had responsibilities at schools, to the 36% at colleges and only 20% at universities (Figure 7).

Figure 7 Formally assigned HIV/AIDS responsibilities



Open discussion of issues related to HIV/AIDS is the experience of statistically significant majorities ($p<0.01$) of respondents at universities and schools (both 71%) and colleges (59%)[5]. Almost four-fifths (79%) of university staff say there is formal support such as counselling or social welfare support for people affected by HIV/AIDS at their universities ($p<0.01$). However, this is far less common at schools (49%) and colleges (44%). Informal support (such as social acceptance of HIV-positive people, or attendance at funerals of persons whose death is AIDS-related) is slightly more prevalent at schools (59%) than at universities (52%) or colleges (49%) ($p<0.01$). Senior managers at schools and universities (both 66%) are more likely to be supportive of interventions to mitigate the impact of HIV/AIDS at their institutions than is the case at colleges (55%), but in all instances the support is significant ($p<0.01$) (Figure 8).

Figure 8 Openness about and support for people affected by HIV/AIDS or for interventions to reduce the impact of HIV/AIDS (%)

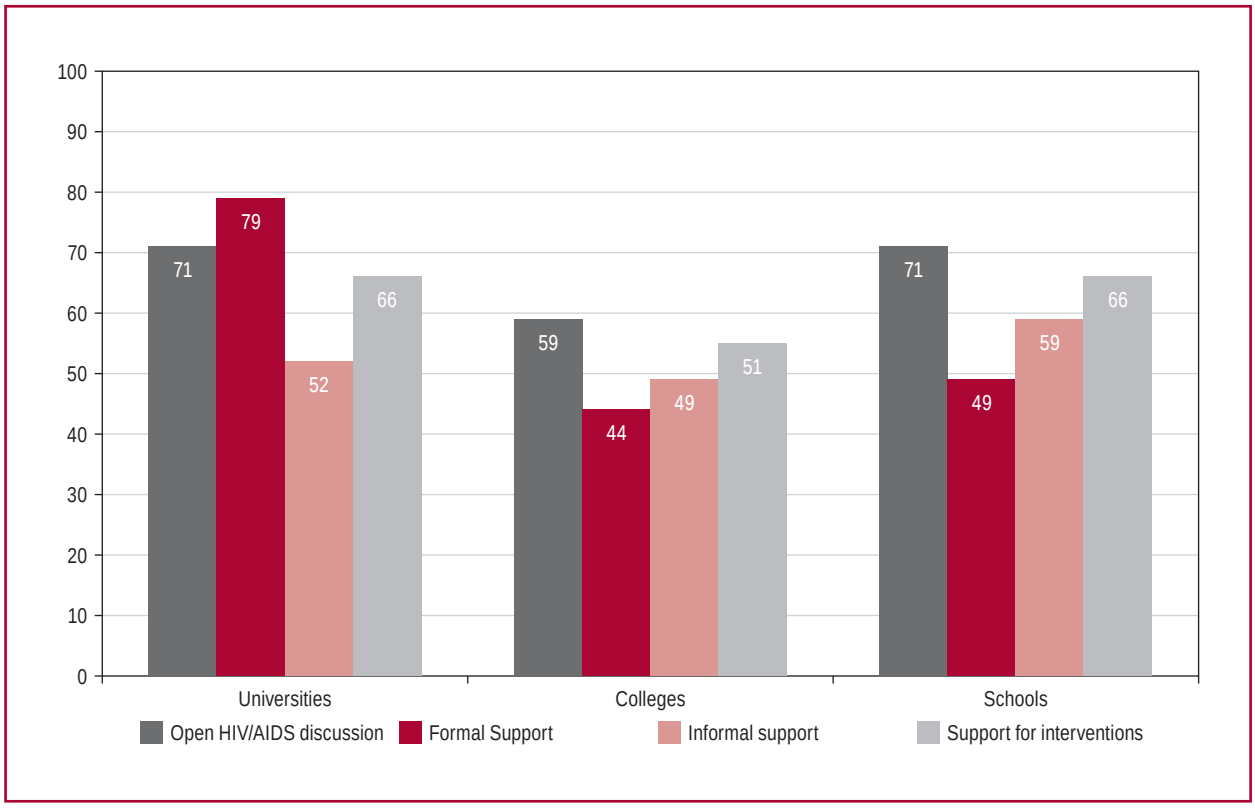
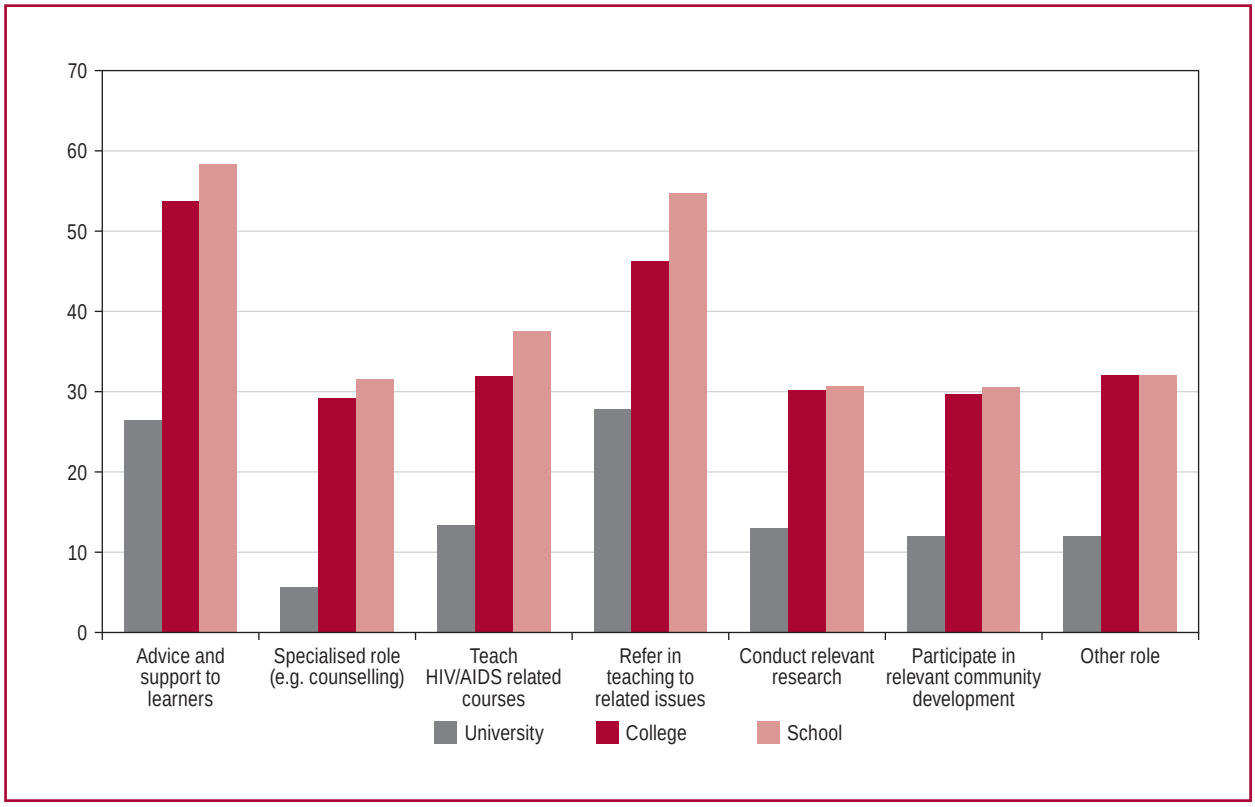


Figure 9 Roles adopted to reduce impact of HIV/AIDS



About two-thirds of respondents at schools (68%) and colleges (62%) and one-third at universities (33%) indicated that they play a role in mitigating the impact of HIV/AIDS at their institutions.

The specific roles adopted varied, with many of the school and college respondents playing multiple roles in reducing HIV/AIDS impact. More than half of the college and school respondents said that they give their learners advice and support related to HIV/AIDS, and about half of these groups refer to HIV/AIDS-related issues in the course of their teaching. About three out of ten college and school respondents play one or more of five other roles in reducing HIV/AIDS impact at their institutions. These are relatively specialised roles such as counselling, teaching specifically HIV/AIDS-related courses, conducting research into HIV/AIDS-related issues, participating in community development initiatives relevant to HIV/AIDS or playing another unspecified role.

In contrast, university respondents are much less likely to be playing roles in mitigating the impact of HIV/AIDS. About one-quarter refer to HIV/AIDS-related issues in their teaching (28%) and about one-quarter provide advice and support to their students in respect of HIV/AIDS (26%). One-eighth or less of the university respondents play any of the other roles that are more prevalent at schools and colleges (Figure 9).

Time, support and resources to facilitate impact-reducing roles

Respondents who indicated that they play a role in mitigating the impact of the pandemic were asked whether they have enough time, adequate support, and adequate resources to do so. In most instances, less than half of those who reported playing relevant roles indicated that they do not have enough time to do so. Shortage of time is particularly evident for specialised roles such as counselling – only 30% of respondents who play this role at all three institutional types reported that they have enough time for it. Time to refer to HIV/AIDS-related issues in their teaching and/or to teach HIV/AIDS-related courses is in much greater supply at universities than elsewhere. Only about half of respondents who give their learners advice and support at all three institutional types have sufficient time for this activity. About 40% of the university

Figure 10 Adequate time to play a role in reducing HIV/AIDS impact (% of respondents who report playing a role)

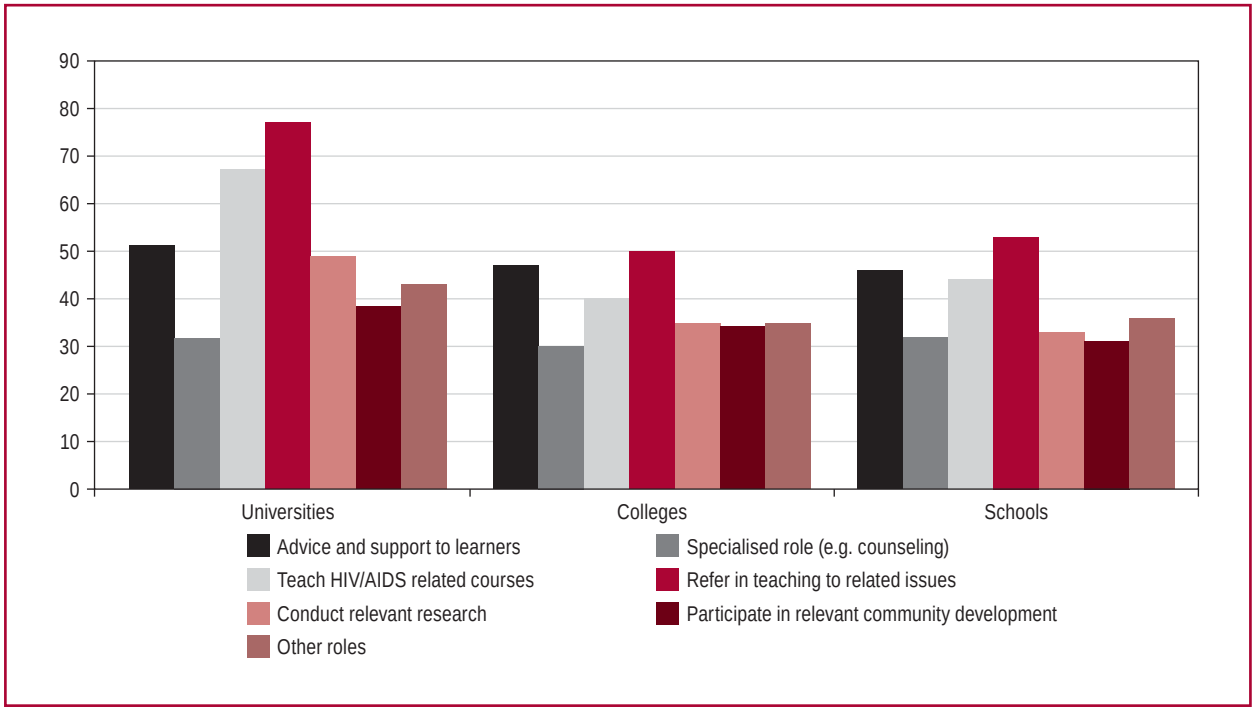
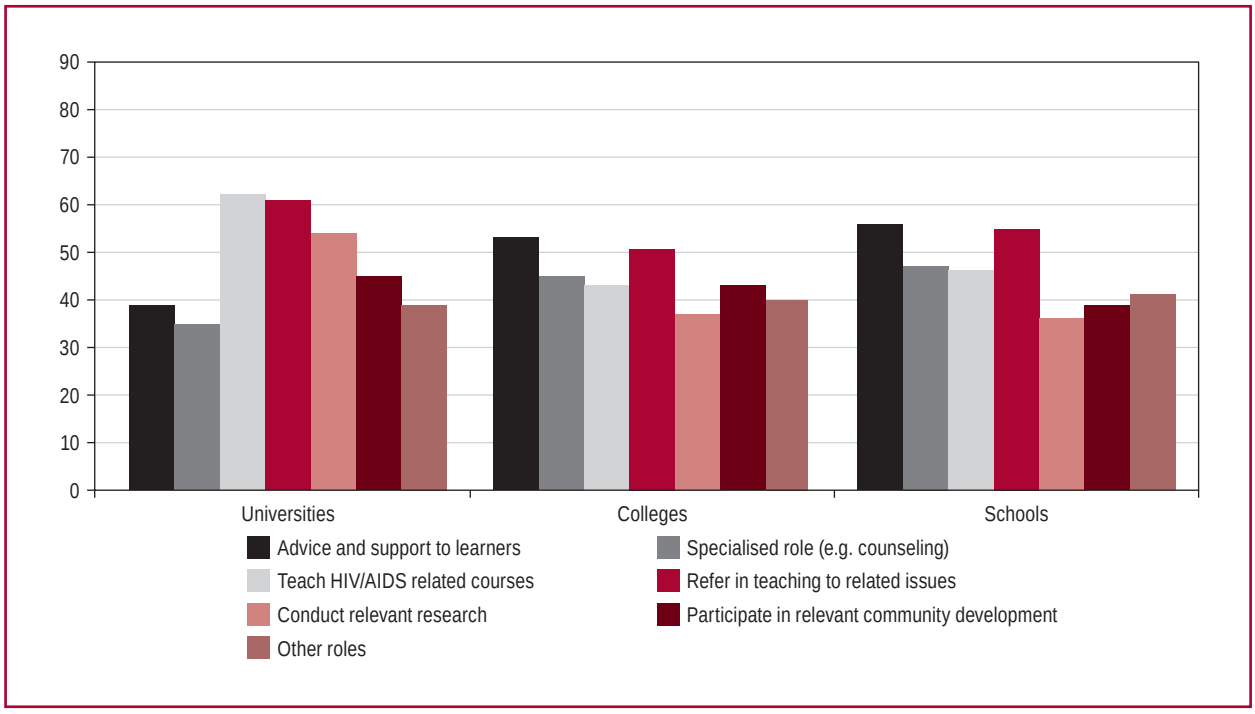


Figure 11 Adequate support to play various roles in reducing HIV/AIDS impact (% of respondents who report playing a role)



respondents who participate in relevant community development initiatives have enough time to do so, a slightly greater proportion than their counterparts at colleges and schools (Figure 10).

Support for referring to HIV/AIDS-related issues in their teaching and for teaching relevant courses is experienced by more than 60% of respondents who play this role at universities and about half at colleges and

Figure 12 Adequate resources to play various roles in reducing HIV/AIDS impact (% of respondents who report playing a role)

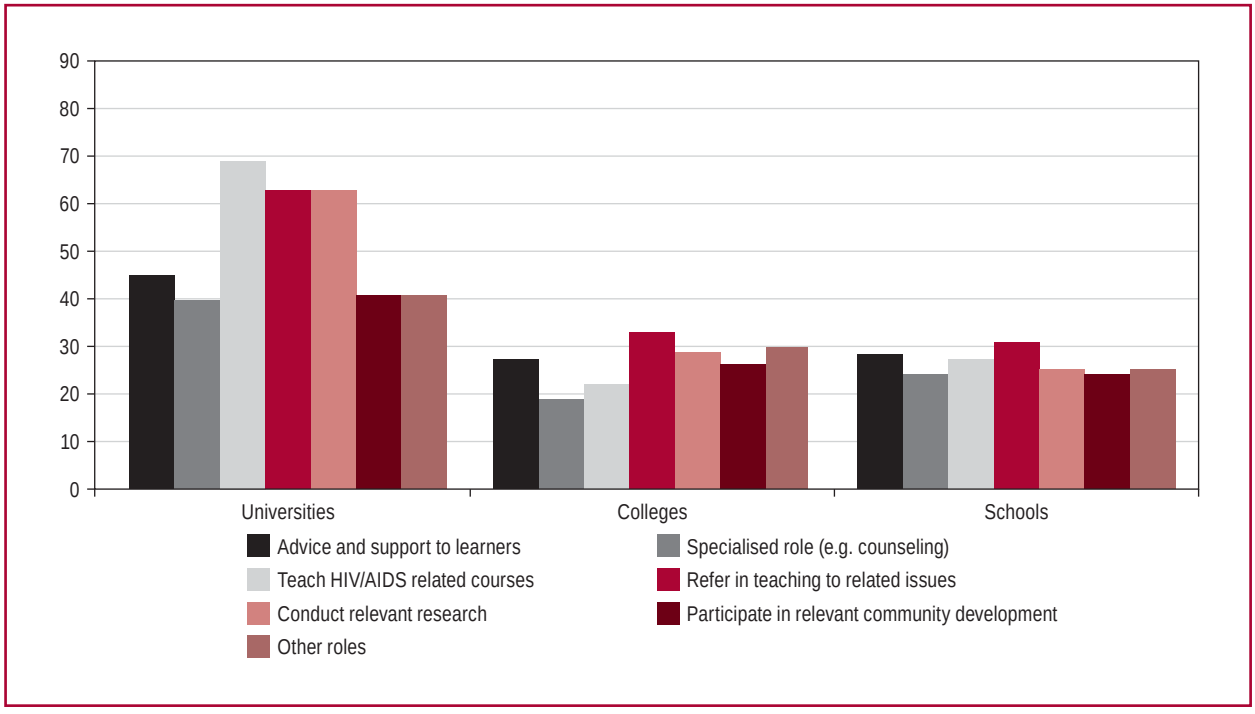
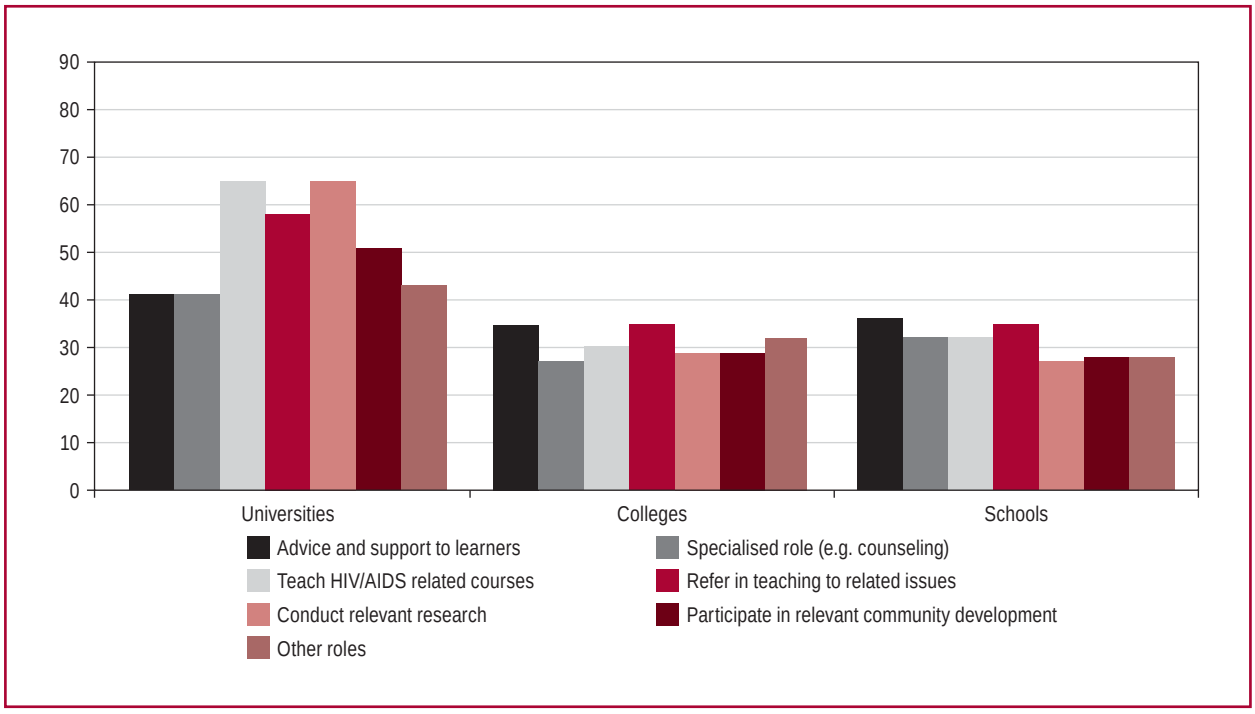


Figure 13 Adequate training to play a role in reducing HIV/AIDS impact (% of respondents who report playing a role)



schools. About half of those who advise and support students or learners in HIV/AIDS-related matters at colleges and schools, but only 39% of those who do so at universities, receive adequate support to facilitate this role.

Research on HIV/AIDS-related issues is more supported at universities (54%) than elsewhere (36-37%), while the playing of other more specialised roles is less supported at universities (35%) than at colleges (45%) or schools (47%). Support for involvement in HIV/AIDS-related community development initiatives or for playing other unspecified roles in mitigating the impact of the pandemic is supported in about 40% of cases at all three institutional types (Figure 11).

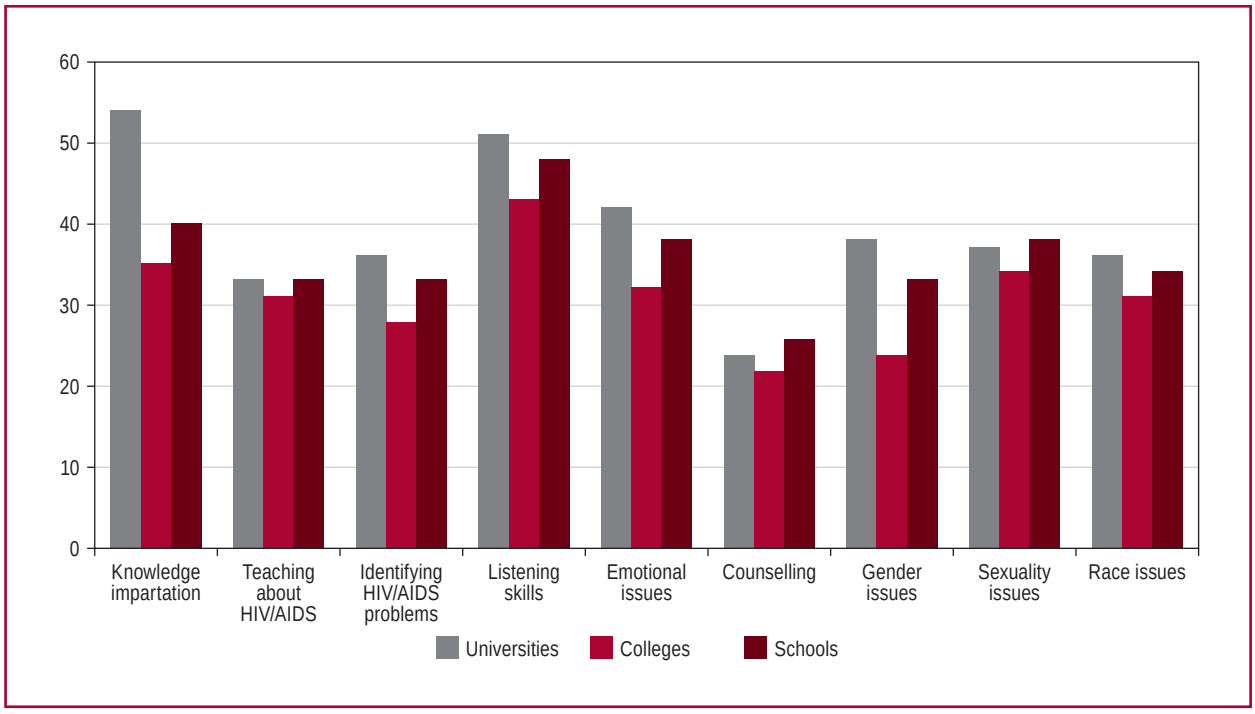
Resources to facilitate the roles played by staff members are generally in extremely short supply at schools and colleges, where 70% or more who play various roles report that they do not have sufficient resources to do so. This is less problematic at universities, where 60-70% of respondents who play various roles have adequate resources to teach HIV/AIDS-related courses, to refer to HIV/AIDS during their teaching and to conduct relevant research. However, at universities less than half of those respondents who provide advice and support to students, play specialised roles, participate in relevant community development initiatives or play other unspecified roles have adequate resources to facilitate their interventions (Figure 12).

Training in HIV/AIDS-related issues

With respect to training, only at universities (and only pertaining to the teaching of HIV/AIDS-related courses, conducting HIV/AIDS-related research, referring to HIV/AIDS issues during their teaching and participating in HIV/AIDS-related community development initiatives) do respondents feel that they have received adequate training to facilitate these roles. However, only about 40% of university staff who provide advice and support to students on HIV/AIDS-related issues or who play specialised or other unspecified roles report that they have had adequate training for these roles.

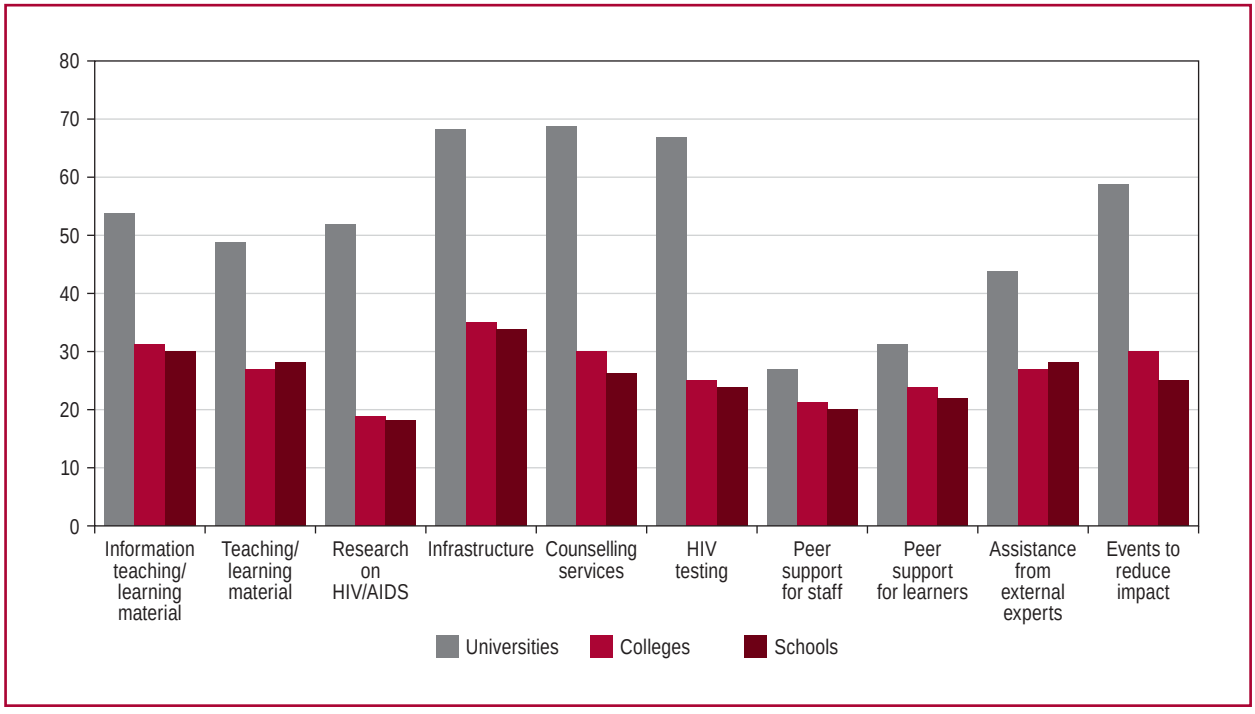
Conversely, at schools and colleges, one-third or less of respondents who play roles in reducing the impact of HIV/AIDS at their institutions report that they have received adequate training to be able to do so (Figure 13).

Figure 14 Good or excellent training received (% of respondents who report playing a role)



Amongst those who play a role, approximately two-thirds of respondents report that they have not received good or excellent training in most roles. The exceptions that were found are at universities and colleges with respect to training that imparts knowledge about HIV/AIDS, and in training for listening skills, for which more than half of the active role-players have received training that they rate as good

Figure 15 Good or excellent resources or support received (% of respondents who report playing a role)



or excellent. Additionally, more than 40% of those who play a role at schools or colleges report that they have received good or excellent training in listening skills; and a similar proportion at universities report having received good or excellent training in dealing with emotional issues (Figure 14).

Good or excellent resources or support have been received by role-players more at universities than elsewhere. This is particularly the case with respect to infrastructure (such as clinics), counselling services and HIV testing facilities, with more than 60% of role-players reporting that these are good or excellent. Similarly, about 50% to 60% of university-based role-players reported that there were good or excellent events to reduce the impact of HIV/AIDS, information (such as brochures and posters), research on HIV/AIDS and/or teaching and learning material (Figure 15).

BELIEFS, ATTITUDES AND OPINIONS ABOUT HIV/AIDS ISSUES

Respondents were asked about their beliefs, attitudes and opinions in relation to eighteen HIV/AIDS-related issues. The issues on which there was the highest level of unanimity amongst respondents are the belief that the promotion of faithful relationships is an important aspect of any message (e.g. communicated via television or by their institution using any medium) that is intended to reduce HIV transmission (93% or more at all institutions) and being happy to listen to their learners when they share their personal problems (91% or more at all institutions, and $p<0.01$ in all cases).

There was also a high degree of concern about the impact of HIV/AIDS on institutions and of concurrence that respondents and their institutions have ethical responsibilities to help reduce the impact of the pandemic, that all staff should play a role in reducing the impact of the pandemic, that respondents are confident that they can play a role, that condom use and sexual abstinence are important messages to propagate, and that respondents know to whom students or learners should be referred on HIV/AIDS-related matters. There was a tendency for university respondents to be slightly less in agreement (by a factor of between 5% and 20%) than their school and college counterparts on these issues (in all instances $p<0.01$).

General compassion emerges in that relatively few respondents reported that their main concern is the subject that they teach, and not the health of their colleagues or learners/students (27% at universities, 21% at colleges and 19% at schools – all $p<0.01$). Slightly more respondents, however, reported that they limit discussions with learners to issues related to the courses for which they are responsible (42% universities, $p<0.01$; 29% colleges, $p<0.01$; 29% schools, $p<0.01$).

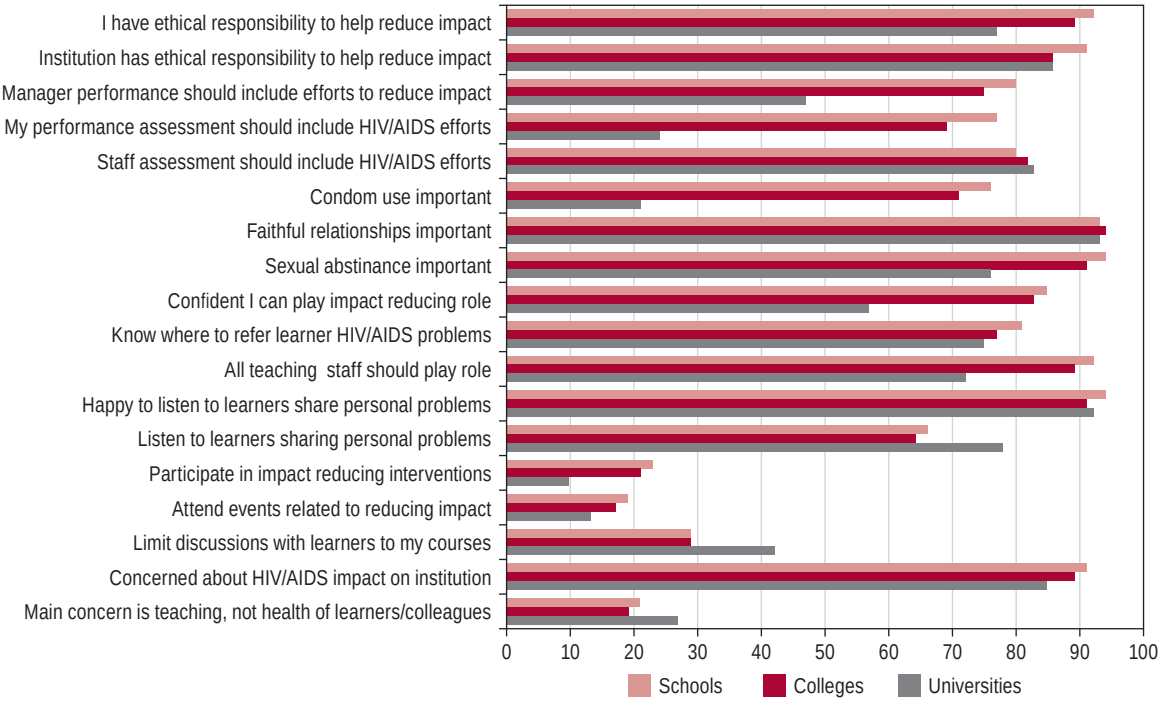
Interestingly, although 90% or more of respondents from all three institutional types reported that they are happy to listen to students talking about their problems, slightly more university (78%) than other staff (64-66%) actually does so ($p<0.01$ in all cases). Conversely, school and college staff (70-80%) are far more in favour than university staff (20-50%) of including efforts to reduce HIV/AIDS in their own, their colleagues' and their institutional managers' performance assessments (in all cases $p<0.01$).

Finally, the proportion of respondents that seldom or never attend events or participate in interventions aimed at reducing the impact of HIV/AIDS is approximately 80% ($p<0.01$), which may reflect the lack of time educators have for activities not directly related to their teaching duties (Figure 16).

FUTURE ROLES IN REDUCING HIV/AIDS IMPACT

Substantial proportions (89% at schools; 85% at colleges; 70% at universities; all $p<0.01$) report that they want to play a role in reducing the impact of HIV/AIDS on their institutions. At schools and colleges, the majority (>80%) of respondents would like to play

Figure 16 Respondents' beliefs, attitudes and opinions regarding HIV/AIDS issues (%)



a role in all seven areas specified in the questionnaire. These were: providing advice and support; playing a specialised role such as counselling; teaching HIV/AIDS-related courses; referring to HIV/AIDS-related issues in their teaching; conducting research into HIV/AIDS-relevant issues; participating in relevant community development initiatives; and playing other unspecified roles in reducing the impact of HIV/AIDS. There was almost complete unanimity (>95%) among respondents on wanting to be able to provide or to continue to provide advice and support to learners or students.

In contrast, at universities about half or less than half of respondents indicated their desire to play a specialised role such as counselling; to teach HIV/AIDS-related courses; to conduct relevant research; to participate in relevant community development initiatives; or to play other unspecified roles in reducing the impact of HIV/AIDS. There were two exceptions, however: 94% of university respondents would like to provide or continue to provide advice and support to their students; and 81% would like to refer to HIV/AIDS-related issues in their teaching (Figure 17).

Almost all college and school respondents (>90%; $p<0.01$) said that in order to play roles that would reduce the impact of HIV/AIDS it would be important or very important to receive a range of training, including training that imparts relevant knowledge and teaching methodologies, in how to identify HIV/AIDS-related problems, in listening skills, in dealing with emotional issues, in counselling, and in issues related to gender, sexuality and 'race'.

University respondents reported being somewhat less in need of training. The perceived level of need ranged from just over two-thirds (68% for training in issues related to 'race') to 85% for training in dealing with emotional issues (Figure 18).

Additionally, 80% of all respondents ($p<0.01$) who want to play a role or to continue to play a role in reducing the impact of HIV/AIDS at their institutions

Figure 17 Want to play a role in reducing impact of HIV/AIDS

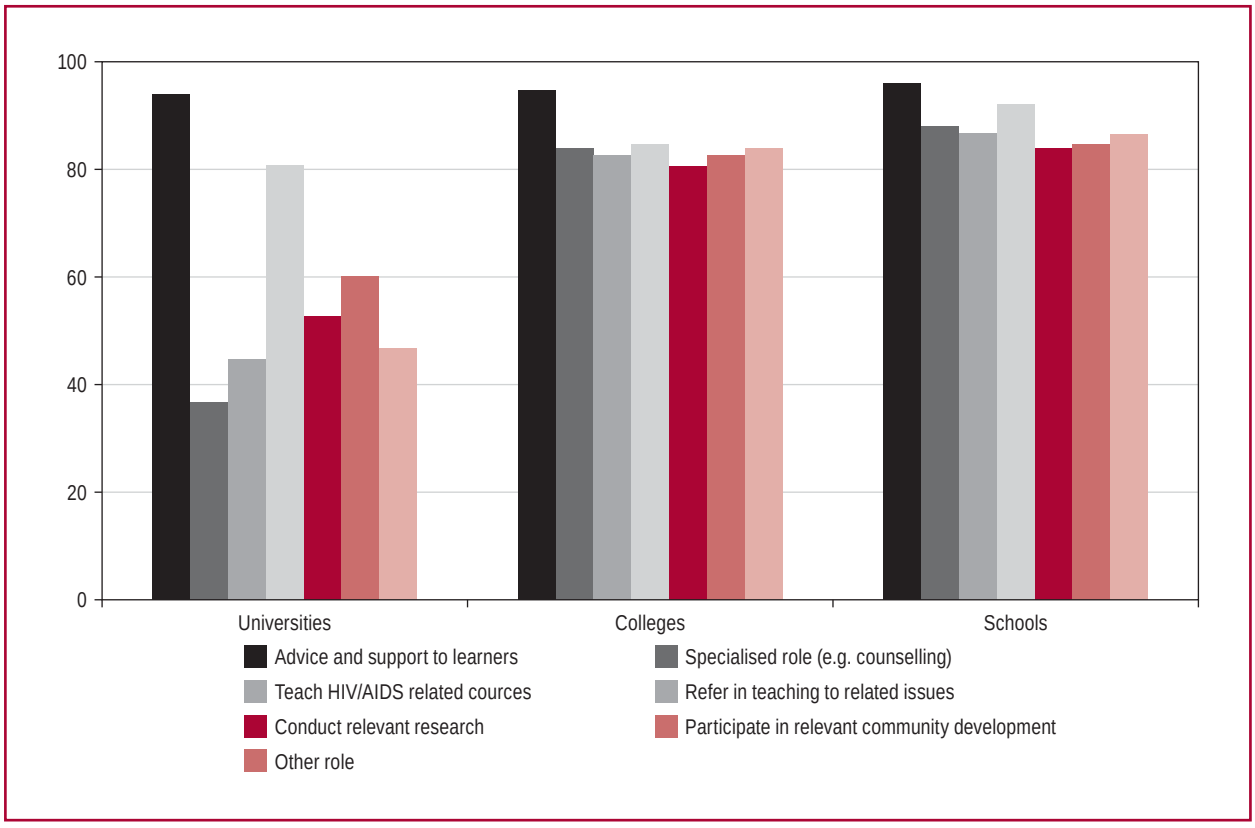


Figure 18 Need for training to facilitate roles in mitigating the impact of HIV/AIDS (%)

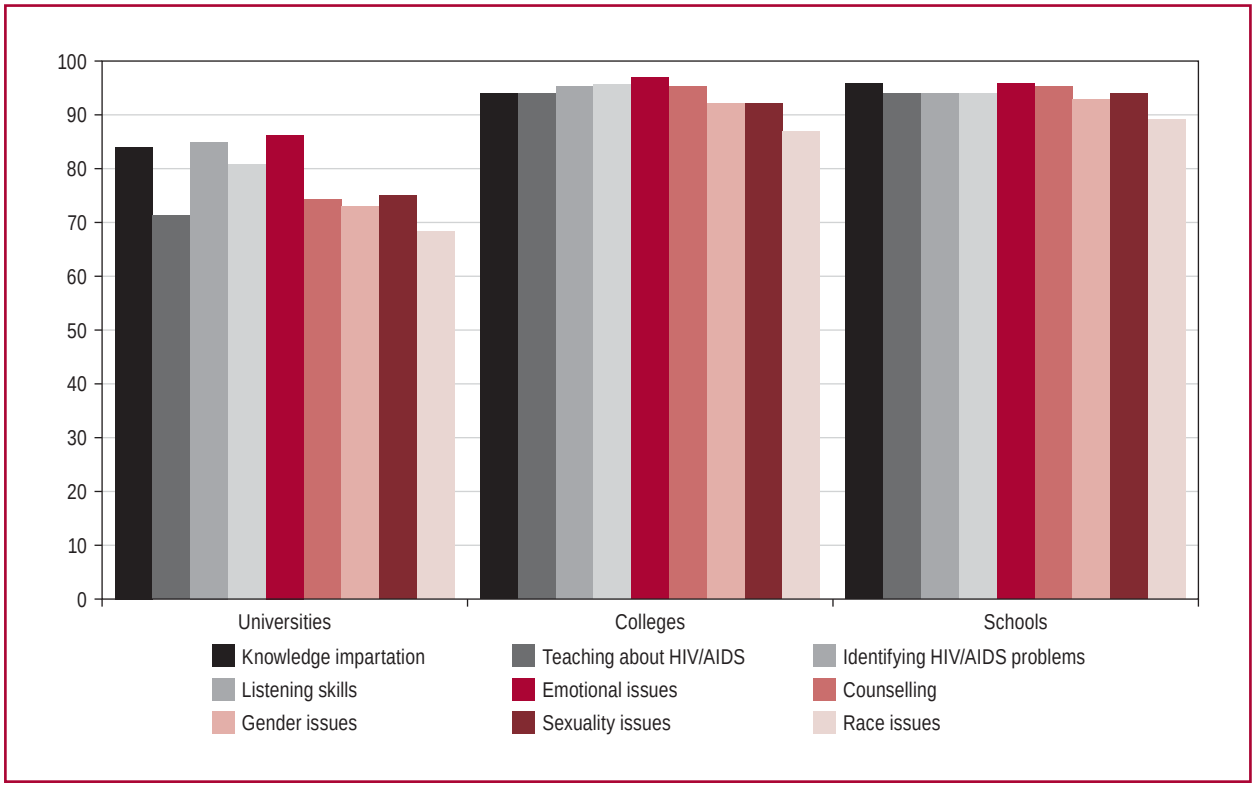
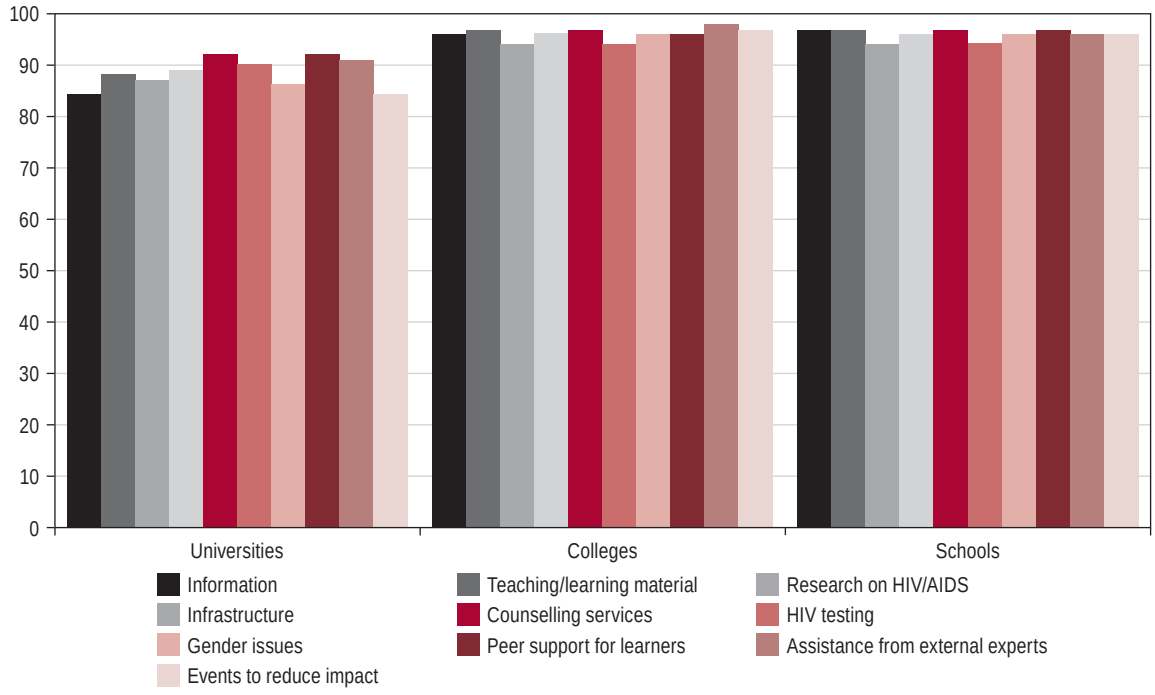


Figure 19 Need for resources and support to facilitate roles



said that it would be important or very important that a range of resources and forms of support be made available for this purpose.

Although all of the resources and forms of support mentioned in the questionnaire were perceived to be important by most respondents, at universities the need for counselling services and a peer support programme for students emerged as top needs (92% said these are important or very important). At colleges and schools, none of the resources or forms of support received an importance rating of less than 94% (Figure 19).

VIEWS ABOUT THE CURRICULUM IN RELATION TO HIV/AIDS

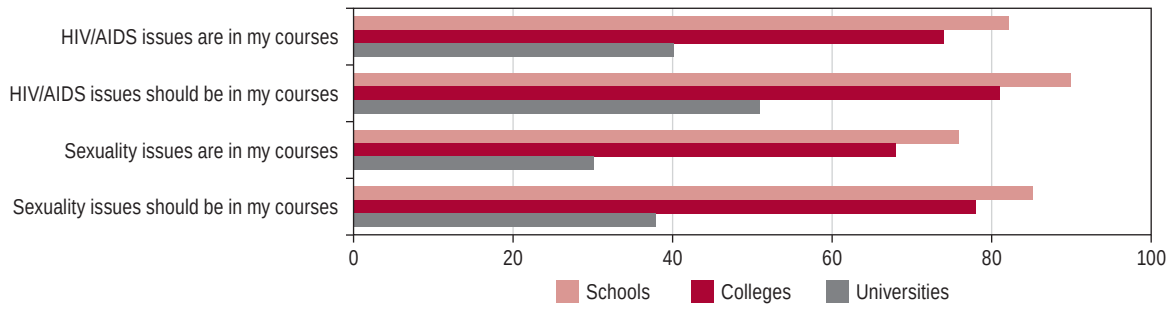
Respondents were then asked about the extent to which HIV/AIDS-related issues are included or should be included in the curricula for which they are responsible.

Three-quarters or more of the school and college respondents ($p<0.01$) reported that HIV/AIDS issues are included in the curricula for which they are responsible. More than four out of five said that such issues should be included in their curricula ($p<0.01$). Only 40% of university respondents ($p<0.01$) reported that HIV/AIDS issues are included, although 51% said they should be ($p<0.01$).

On issues related to sexuality, more than two-thirds of respondents at schools and colleges reported that these are included in the curricula and more than three-quarters said that they should be included. Conversely, only 30% ($p<0.01$) of university staff reported that sexuality issues are included in their curricula and 38% ($p<0.01$) said that they should (Figure 20).

With regard to the inclusion of HIV/AIDS education as a compulsory stand-alone module for learners or students at their institutions, more than 70% of respondents at schools and colleges but only 41% at universities are in agreement. Fewer respondents at schools and colleges think that HIV/AIDS education should be an elective stand-alone module, and even fewer university

Figure 20 HIV/AIDS and sexuality issues in curricula offered

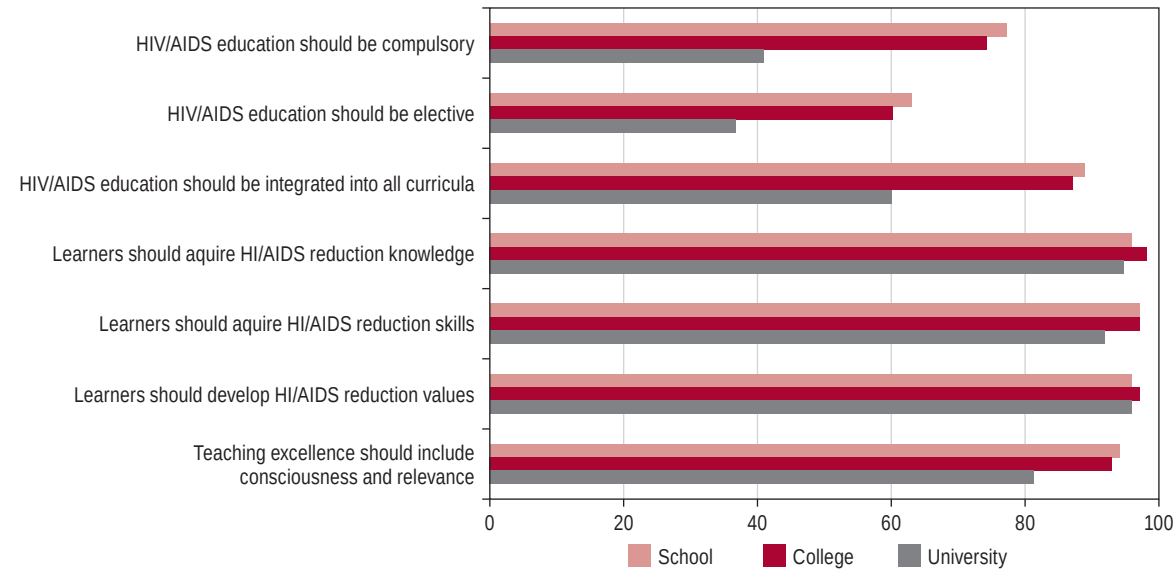


respondents shared this opinion (schools 63%; colleges 60%; universities 37%) (Figure 21). More than 80% at schools and colleges reported that HIV/AIDS education should be integrated into all curricula at their institutions, while 60% think this should be the case at universities. Between 92% and 98% agree or strongly agree about the importance of learners and students acquiring knowledge and skills and developing values that are relevant to reducing the impact of HIV/AIDS. Finally, most respondents (94% at schools; 93% at colleges; 81% at universities) agree or strongly agree that the definition of teaching excellence should include social consciousness and social relevance (Figure 21).

CONCLUSION

The national survey across the three subsectors of the education elicited a total of 3,678 responses (1,144 university, 474 FET college and 2,060 school staff). The questionnaires contained a wide range of questions covering the different themes and subthemes that emerged in our interviews (see Chapters 4 to 6). Many of the questions tap into the very divergent examples presented by our respondents in the qualitative phase of the study of the roles they play or advocate playing, and deepen our understanding of the typology of approaches that emerged in the qualitative phase of the study.

Figure 21 Views about the curriculum in relation to HIV/AIDS (%)



The survey generated useful information about the prevailing climate at education institutions. Open discussion of issues related to HIV/AIDS is the experience of statistically significant majorities across the subsectors, with more open discussion reported at universities than at schools and colleges. Formal support (such as counselling or social welfare support for people affected by HIV/AIDS) is far less common at schools and colleges than at universities. Informal support is relatively widespread, as is senior management support for interventions to mitigate the impact of HIV/AIDS.

Fewer respondents at universities than at schools and colleges indicated that they play a role in mitigating the impact of HIV/AIDS at their institutions. Many more of the school and college respondents reported playing multiple roles in reducing HIV/AIDS impact, and more also reported playing relatively specialised roles. In contrast, university respondents are much less likely to be playing roles in mitigating the impact of HIV/AIDS, and these tend not to be specialised roles.

The time, support and resources available to educators to play a role in mitigating the impact of the pandemic are variable. Shortage of time is particularly evident for specialised roles such as counselling; time to refer to HIV/AIDS-related issues in their teaching and/or to teach HIV/AIDS-related courses is in much greater supply at universities than elsewhere. Research on HIV/AIDS-related issues is more supported at universities than elsewhere, while the playing of other more specialised roles is less supported at universities than at colleges or schools. Resources to facilitate the roles played by staff members are generally in extremely short supply at schools and colleges, and good or excellent resources or support have been received by role-players more at universities than elsewhere. Adequate training was also reported more frequently by university respondents, but amongst those who play a role in mitigating the impact of the HIV/AIDS pandemic, approximately two-thirds of respondents report, with certain exceptions, that they have not received good or excellent HIV/AIDS-related training.

The highest level of unanimity amongst respondents related to the belief that the promotion of faithful relationships is an important aspect of any message that is intended to reduce HIV transmission and being happy to listen to learners and students when they share their personal problems. There was also a high degree of concern about the impact of HIV/AIDS on institutions and of concurrence that respondents and their institutions have ethical responsibilities to help reduce the impact of the pandemic, that all staff should play a role in reducing the impact of the pandemic, that respondents are confident that they can play a role, that condom use and sexual abstinence are important messages to propagate, and that respondents know to whom students or learners should be referred on HIV/AIDS-related matters. There was a tendency for university respondents to be slightly less in agreement than their school and college counterparts on these issues.

General compassion emerges in various ways. For example, relatively few respondents reported that their main concern is the subject that they teach, rather than the health of their colleagues or learners/students. However, slightly more respondents (especially at universities) reported that they limit discussions with learners to issues related to the courses for which they are responsible. Also, far fewer university-based respondents than school and college staff are in favour of including efforts to reduce HIV/AIDS in their own, their colleagues' and their institutional managers' performance assessments. The proportion of respondents that seldom or never attend events or participate in interventions aimed at reducing the impact of HIV/AIDS is approximately 80%, which may reflect the lack of time educators have for activities not directly related to their teaching duties; however, substantial proportions (but lower proportions at universities) report that they want to play a role in reducing the impact of HIV/AIDS on their institutions, and there was almost complete unanimity among respondents on wanting to be able to provide or to continue to provide advice and support to learners or students.

Almost all college and school respondents reported that in order to play roles that would reduce the impact of HIV/AIDS it would be important or very important to receive a range of training, including training that

imparts relevant knowledge and teaching methodologies, in how to identify HIV/AIDS-related problems, in listening skills, in dealing with emotional issues, in counselling, and in issues related to gender, sexuality and 'race'. University respondents reported being somewhat less in need of training.

HIV/AIDS-related resources and support appear to be in greater demand at colleges and schools than at universities – at colleges and schools, none of the resources or forms of support listed in the questionnaire (which were derived from the qualitative dataset) received an importance rating of less than 94%. At universities the need for counselling services and a peer support programme for students emerged as top needs.

Opinions differed across the subsectors about the extent to which HIV/AIDS-related issues are included or should be included in the curricula for which they are responsible, with less support for inclusion among university respondents. Similar differences were evident regarding the inclusion in curricula of issues related to sexuality, with only 38% of university respondents supporting such inclusion as opposed to more than three-quarters of respondents at schools and colleges, and with regard to the integration of HIV/AIDS education into all curricula and the inclusion of HIV/AIDS education as a compulsory or elective stand-alone module for learners or students, all of which were supported by many more respondents at schools and colleges than at universities. However, there was strong agreement across subsectors about the importance of learners and students acquiring knowledge and skills and developing values that are relevant to reducing the impact of HIV/AIDS, and most respondents (but slightly fewer at universities) agree or strongly agree that the definition of teaching excellence should include social consciousness and social relevance.

The descriptive analysis of the quantitative dataset presented in this chapter shows that many educators are reporting contributions to mitigating the impact of the HIV/AIDS pandemic, and many more have expressed a desire to make further contributions. The survey shows that in the HE subsector in particular many educators who do not currently play a role express a desire to do so in the future. It must be noted that universities differ in many important respects from schools and colleges – for example, formal support (such as counselling or social welfare support for people affected by HIV/AIDS) is much more common at universities than at schools and colleges, and fewer respondents at universities indicated that they play a role in mitigating the impact of HIV/AIDS at their institutions. Time to refer to HIV/AIDS-related issues in their teaching and/or to teach HIV/AIDS-related courses is in much greater supply at universities than elsewhere, and research on HIV/AIDS-related issues is more supported at universities, although the other more specialised roles are less supported at universities. Resources to facilitate the roles played by staff members are generally in extremely short supply at schools and colleges, and good or excellent resources or support have been received by role-players more at universities than elsewhere. Adequate training was also reported more frequently by university respondents. A major concern is that amongst those who play a role in mitigating the impact of the HIV/AIDS pandemic, approximately two-thirds of respondents report, with certain exceptions, that they have not received good or excellent HIV/AIDS-related training. Despite these and other differences between the HE subsector and the school and college subsectors (including differences regarding the extent to which HIV/AIDS-related issues should be included in curricula), it is important to note that substantial proportions of respondents (but lower proportions at universities) report that they want to play a role in reducing the impact of HIV/AIDS on their institutions, and that there was almost complete unanimity among respondents across subsectors on wanting to be able to provide or to continue to provide advice and support to learners or students.

In Chapter 8 a more in-depth analysis of the quantitative dataset is presented that provides insights into the profiles of respondents who have reported particular positions on approaches to the pandemic.

CHAPTER 8

In-Depth Analysis of the Quantitative Dataset

Since our approach required a two-phase 'mixed-methods' investigation (qualitative research that informed a quantitative survey), Chapter 7 presented a descriptive analysis of the quantitative survey findings. The purpose of Chapter 8 is to provide a more in-depth analysis of the same survey data. The value of this chapter is that it helps to understand profiles of respondents who have reported particular positions on approaches to the pandemic. Two types of in-depth analysis support this understanding:

Firstly, subsets of respondents (for example, HE respondents who are more 'active' in their approach to the challenges presented by the pandemic) are analysed in terms of their biodata (such as gender, age and discipline) and their responses to key issues such as future roles they want to play, the training required to play such roles, and their opinions on the inclusion of HIV/AIDS-related issues in the curriculum.

Secondly, we present profiles of respondents who subscribe to 'clusters' of responses in the school subsector, which were generated through correspondence analysis. It should be noted that correspondence analysis (CA) is a descriptive, exploratory data analytic technique designed to analyse simple two-way and multi-way tables for which there is some measure of correspondence between the rows and the columns. The results provide information which is similar in nature to those produced by factor analysis techniques and allow for the exploration of the structure of categorical variables included in the table. The most common kind of table of this type is the two-way frequency cross-tabulation table. CA may be used to identify relationships between variables when there are no, or incomplete, a priori expectations concerning the nature of the relationships. The multivariate nature of CA can reveal relationships that would not be detected in a series of pair-wise comparisons of variables and, in this way, CA helps to show how variables are related, not just that a relationship exists. There are no statistical significance tests customarily applied to the results of a CA. The primary purpose of the technique is to produce a simplified two-dimensional scatterplot of the information in a frequency table. This representation may then be used to reveal the structure and patterns inherent in the data. The final goal of CA is to find theoretical interpretations, i.e., meaning, for extracted dimensions. Care is required in the interpretation of the results of a CA because the row and column coordinates are usually summarised in a single plot. The distances between row points are interpretable, as are distances between column points. However, it is not possible to interpret distances between row and column points. In general, points near the origin are used as an interpretation of the average profile, while points situated away from the origin, but close to each other, have similar profiles. For example, the following clusters of responses were found in the schooling subsector:

- Cluster 1: Respondents are concerned with the health of learners and colleagues but do not attend HIV/AIDS functions or participate in related community development initiatives.

- Cluster 2: Respondents are concerned about the impact of the HIV/AIDS pandemic; listen to learners' problems; believe that all staff should play a role; are themselves confident that they can play a role; believe that abstinence, faithfulness and condom use are important; believe that performance assessment of self and managers should include efforts to mitigate the impact of the pandemic; and believe that the institution and they themselves have ethical responsibilities in relation to the pandemic.
- Cluster 3: Respondents want to provide advice and support; want to play a specialised role; want to teach HIV/AIDS-related courses; refer to HIV/AIDS in their teaching; conduct related research; participate in related community development.
- Cluster 4: Respondents need training in knowledge, teaching methods, identifying HIV/AIDS-related problems, listening skills, emotional issues, counselling, gender and 'race'.
- Cluster 5: Respondents believe that resources needed are teaching/learning materials, infrastructure, counselling and HIV testing services, peer support for learners and staff, expert assistance and HIV/AIDS-related events.
- Cluster 6: Respondents believe that learners need to acquire knowledge, skills and develop values to help reduce the impact of HIV/AIDS.
- Cluster 7: Respondents believe that HIV/AIDS issues should be integrated in all curricula; teaching excellence should include social consciousness and relevance.

The clusters of responses generated through the correspondence analysis differ across the three subsectors, and the above list (for the schooling subsector) is therefore only indicative of the type of analysis that will be presented. We begin by presenting a fundamental finding regarding the predisposition of respondents in all three subsectors to play a role in mitigating the impact of the HIV/AIDS pandemic.

RESPONDENTS' PREDISPOSITION TOWARDS PLAYING A ROLE

A more in-depth examination of the quantitative dataset (presented in Chapter 7) is now presented. A significant general finding is that more than two-thirds (68%) of school respondents currently play a role in reducing the impact of HIV/AIDS at their schools and that three-quarters of those with no current role want to play a role in the future. Relatively few (only 11%) do not see a future role for themselves in pursuit of reducing the impact of HIV/AIDS at their schools (Figure 22).

Figure 22 Current and future roles at schools to reduce the impact of HIV/AIDS

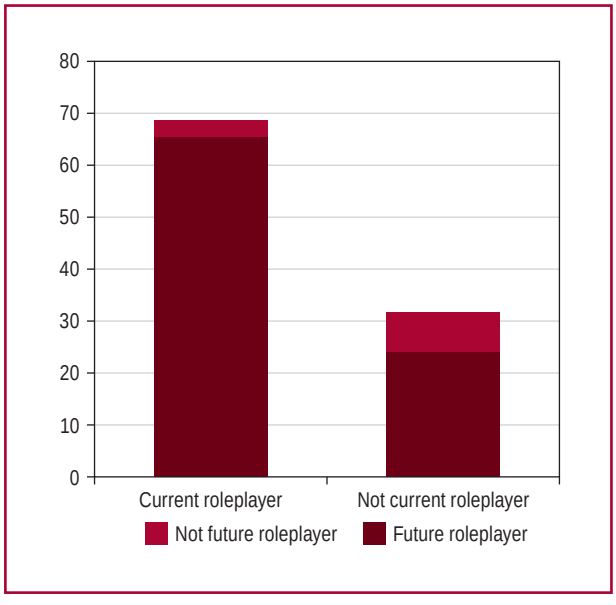
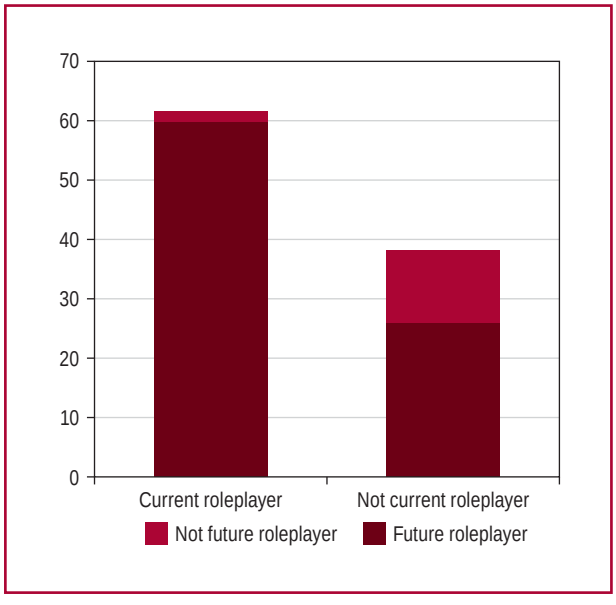


Figure 23 Current and future roles at colleges to reduce HIV/AIDS impact



The survey also indicates that more than three-fifths (62%) of college respondents currently play a role in reducing the impact of HIV/AIDS at their colleges. Again, a large proportion with no current role wants to play a role in the future. Only 15% do not see a future role for themselves in pursuit of reducing the impact of HIV/AIDS at their colleges (Figure 23).

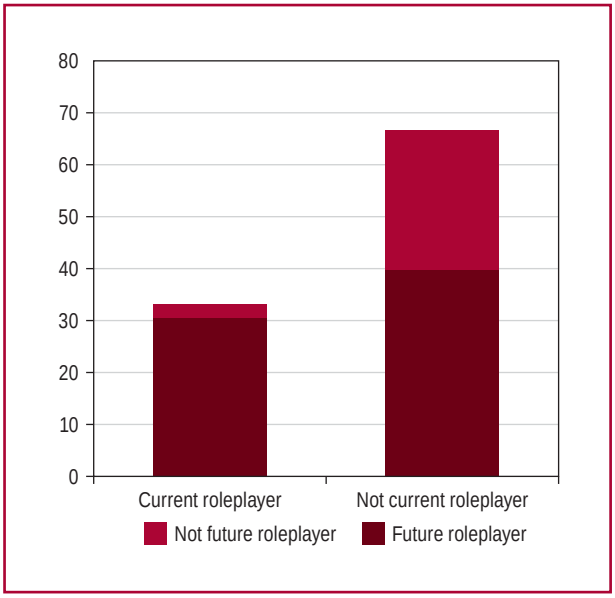
The one-third (33%) of university respondents who currently play a role in reducing the impact of HIV/AIDS at their universities could be more than doubled in the future, as more than half with no current role want to play a role in the future. Three in ten (30%) do not see a future role for themselves in pursuit of reducing the impact of HIV/AIDS at their universities (Figure 24).

These are already very important findings in terms of what appears to be a predisposition among educators across the three subsectors to help mitigate the impact of the HIV/AIDS pandemic. It is particularly interesting to note the high predisposition among the HE respondents in this study, given that it is in this subsector that a formal role in mitigating the impact of the pandemic is currently less common.

'ACTIVE' AND 'PASSIVE' APPROACHES TO THE PANDEMIC

Our first method of disaggregating the survey data is to identify and profile three subsets of respondents on the basis of their responses to the statement: "My main concern is the subject(s) that I teach, not the health of my colleagues or learners." The three subsets of respondents have been tentatively described as 'active', 'undecided' and 'passive' in their predisposition in terms of mitigating the impact of the pandemic. (The use of the term 'passive' is not intended to be disparaging – the analysis of the qualitative dataset has shown that many respondents gave cogent reasons for their inability or unwillingness to play a formal role with respect to the pandemic.) Although the results are statistically significant the numbers of respondents in each subset are small, with the largest 'active' subset of educators constituting only 14,1% of the university sample.

Figure 24 Current and future roles at universities to reduce HIV/AIDS impact

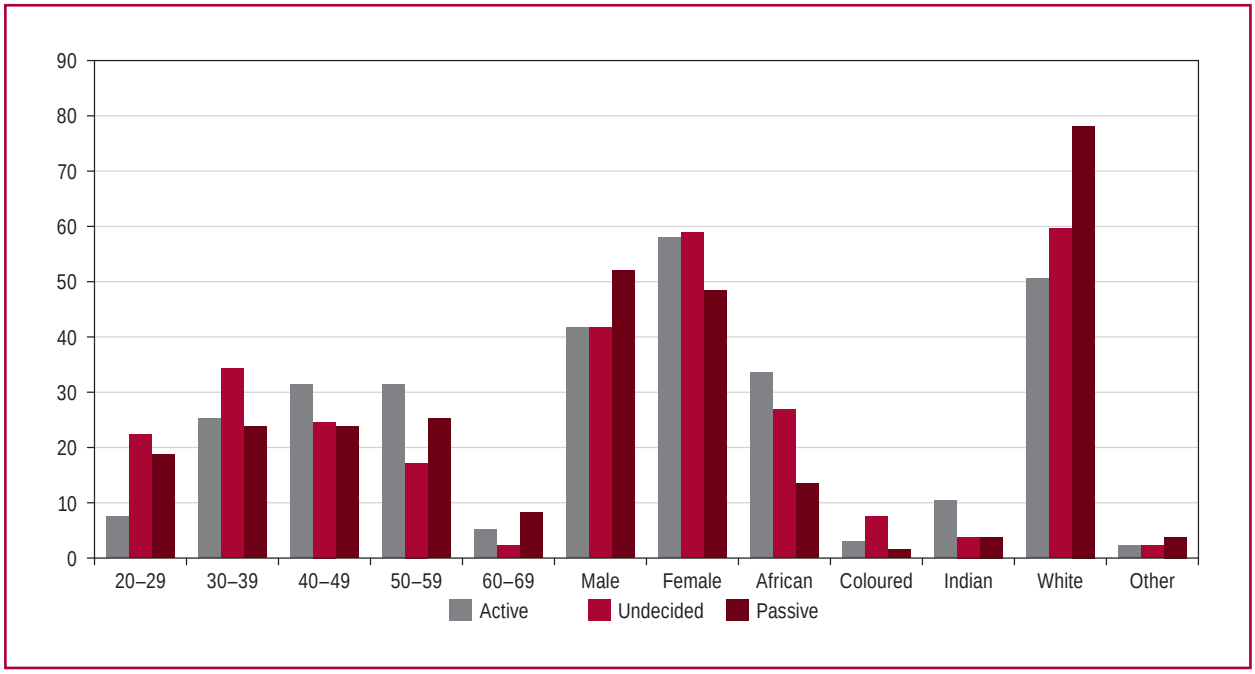


In the schooling and FET subsectors, it is interesting to note that no clear differences were found between the 'active' and 'passive' subsets with respect to their beliefs or predisposition towards acting to mitigate the effects of the pandemic. This could be attributable to the greater immediacy of the effects of the pandemic in these subsectors, which we have noted above and in more detail in Chapter 6. In the HE subsector, however, there were clear differences between the subsets which are presented below. We will first present the biodata of these three subsets in the HE subsector.

Of the university respondents, 14,1% emerged through the analysis as 'active', 10,3% as 'passive' and 4,6% as 'undecided'. 'Active' educators are over-represented[6] amongst those aged 40 to 59, females, Africans and Indians. Conversely, the 'passive' subset is slightly more represented amongst the 20-29 year old age group, males and whites than the other categories. The largest subset among the university respondents aged 20 to 39 years is 'undecided' (Figure 25).

In the HE subsector, the largest clusters of 'active' educators are found among those who teach Health Sciences and Education. Proportionately, 'active' educators are found more commonly amongst university

Figure 25 Demographics of university groups in respect of HIV/AIDS



respondents in Humanities, Social Sciences, Law or Theology, and the 'passive' subset amongst teachers of Commerce, Economics and Management, Engineering, Mathematical Sciences, Physical Sciences and 'Other' disciplines. The 'undecided' subset is the largest of the three groups amongst respondents in Arts, Education, Health Sciences and Life Sciences (Figure 26).

More 'active' educators (90%) than respondents from the 'undecided' (71%) or 'passive' (68%)

Figure 26 Disciplinary categories of university HIV/AIDS groupings

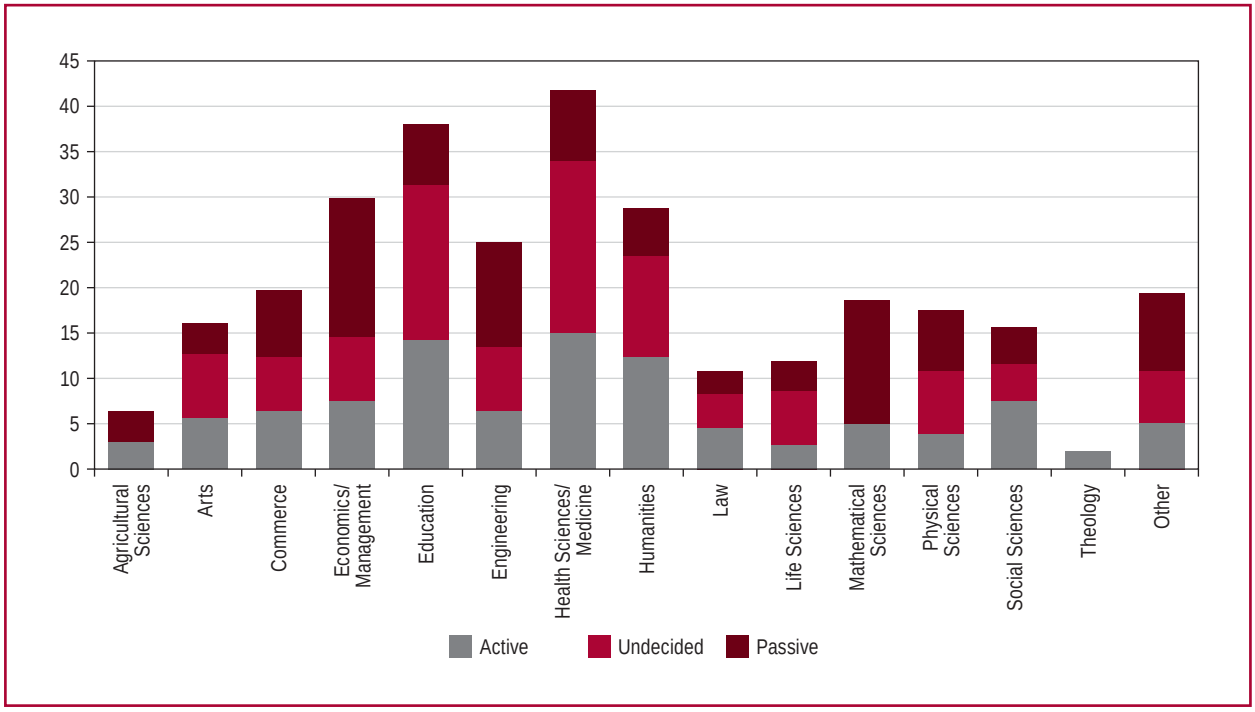
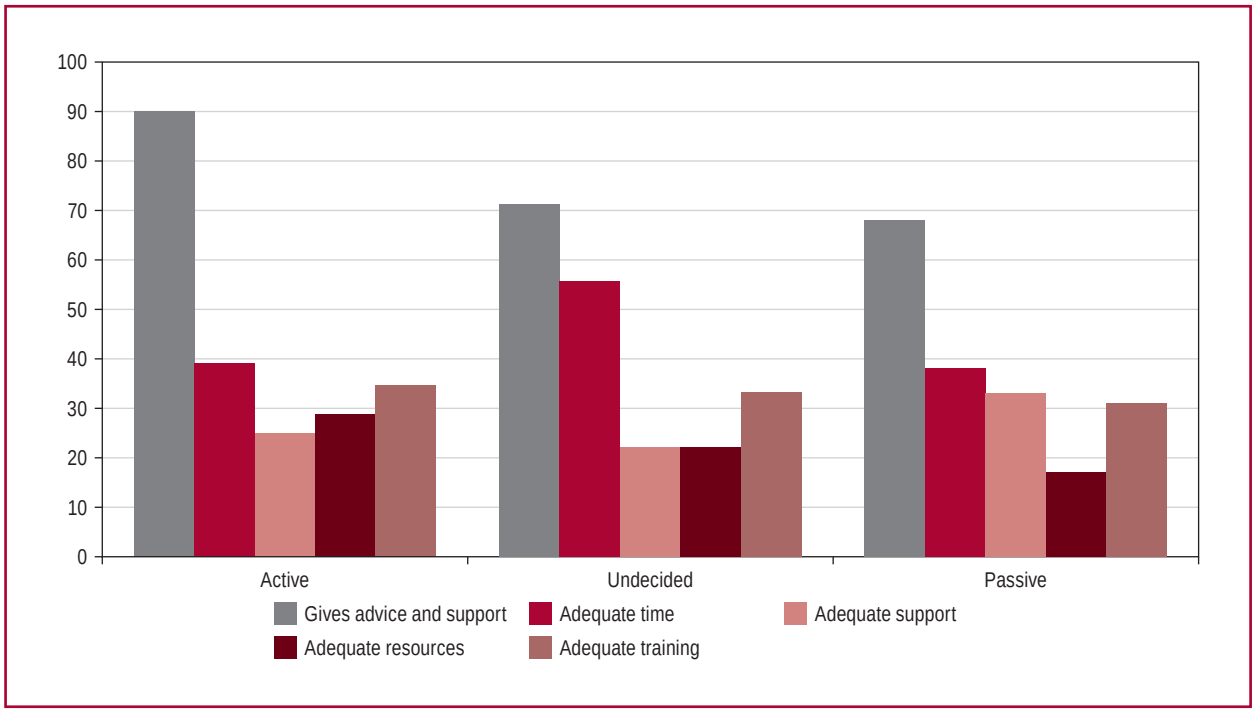


Figure 27 Provision of advice and support to students



subsets say that they give their learners advice and support that is related to HIV/AIDS. However, more of the 'undecided' than either of the other two subsets have time for this activity. Only one-third of all subsets have adequate training and only between one-fifth and one-third have the support and resources they need to facilitate their advisory function (Figure 27).

Figure 28 Conducting HIV/AIDS-related research at universities

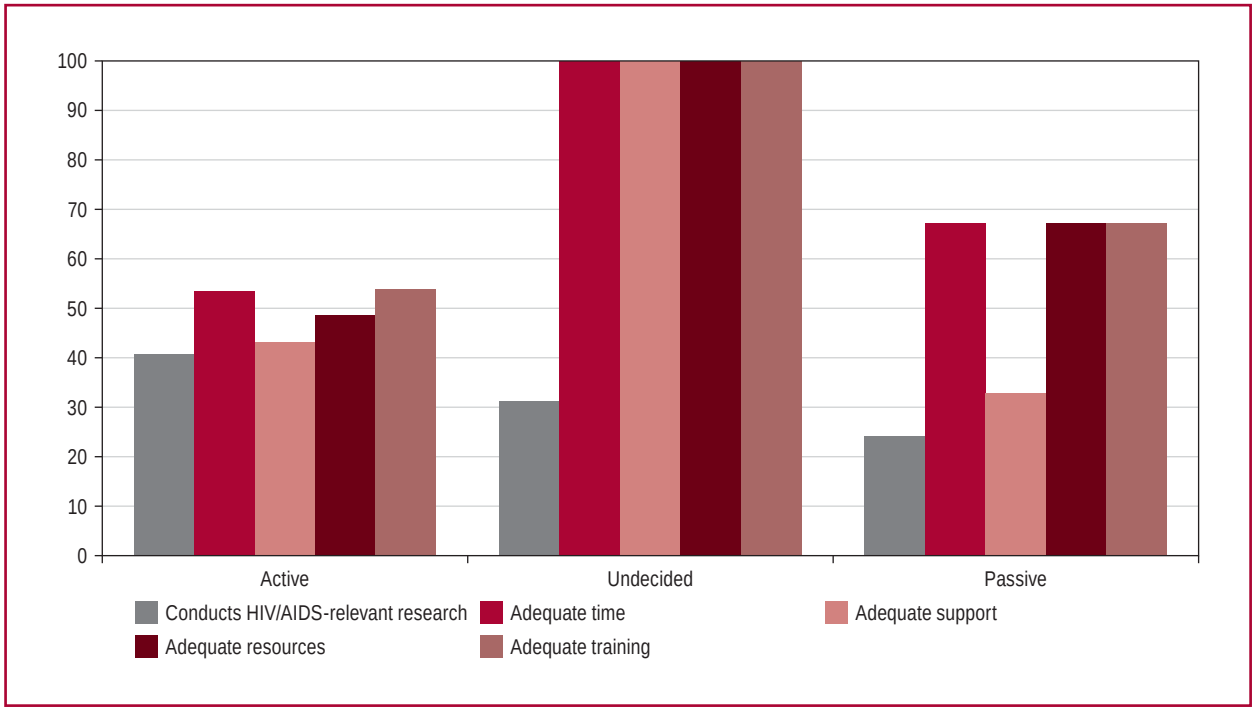
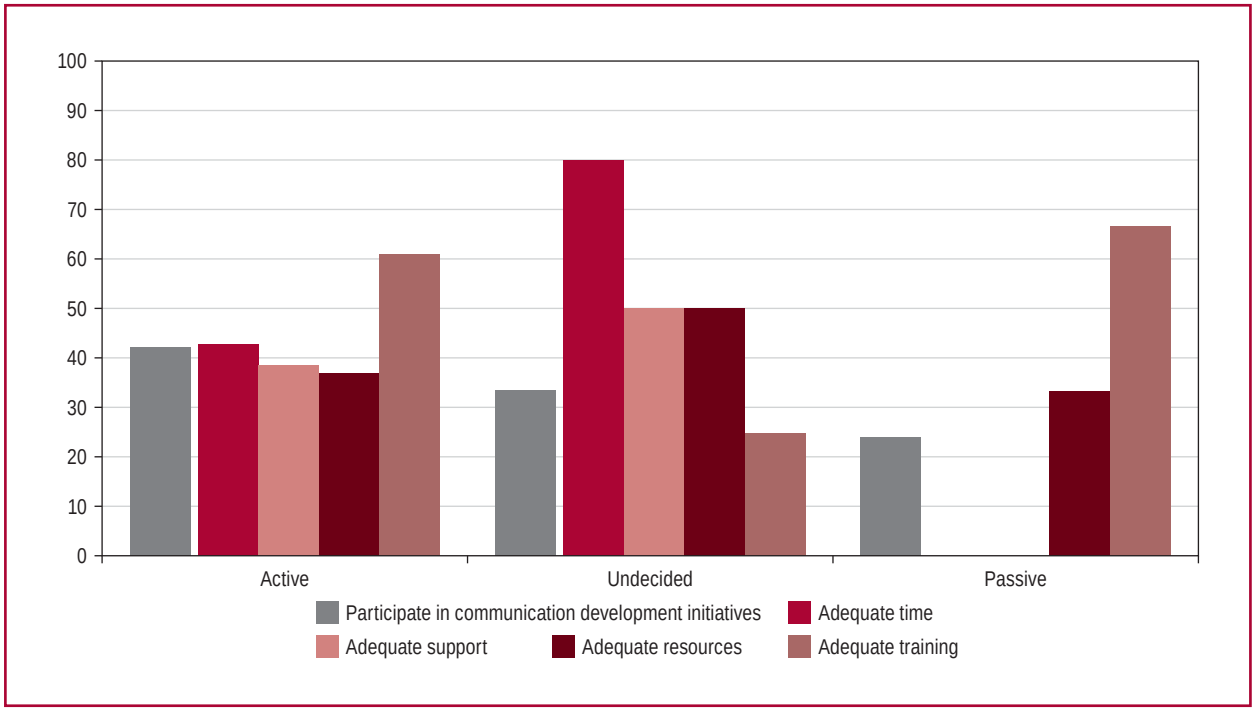


Figure 29 Participation in HIV/AIDS-related community development



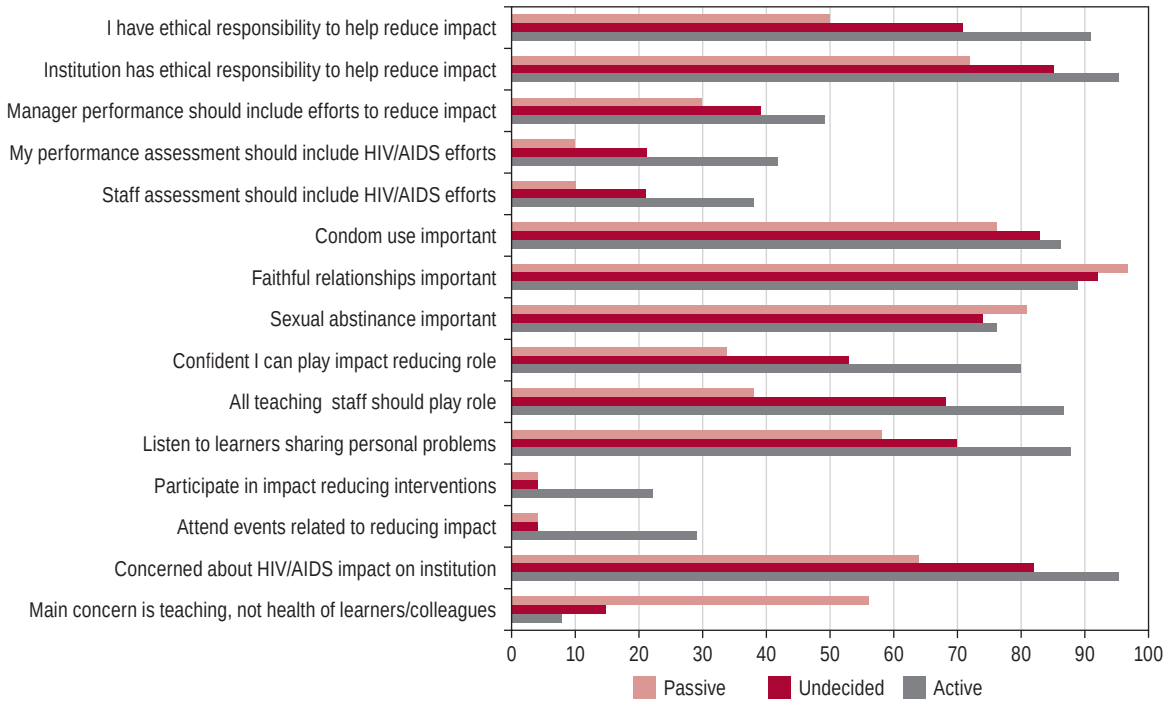
Forty percent of the 'active' subset and 24% of the 'passive' subset conduct research into issues that are relevant to HIV/AIDS. A relatively greater proportion of the 'passive' grouping have adequate time, resources and training to conduct this research, although similarly low proportions of both groups have enough resources. Of the 31% of the 'undecided' who said they conduct such research, all indicated that they have adequate time, support, resources and training (Figure 28). A larger proportion of the 'active' subset (42%) than the 'undecided' (33%) or 'passive' (24%) say that they participate in community development initiatives that are relevant to HIV/AIDS. Although about 60% of the 'active' educators say they have adequate training to be able to participate in these initiatives, only about 40% say they have adequate time and/or support and/or resources to do so. Conversely, 80% of the 'undecided' have adequate time to participate, but only half have adequate support and/or resources and only about one-quarter have adequate training. In the case of the 'passive' subset, more than the 24% who actually participate in community development initiatives have adequate resources to do so and almost two-thirds say they have training for this, implying that many of those qualified to do so are not participating (Figure 29).

University-based 'active' educators are highly distinguishable from the other subsets in their attitudes to several HIV/AIDS-related issues. They are far more likely than others to be concerned or very concerned about the impact of HIV/AIDS on their universities; to say that they and their universities have an ethical responsibility to help reduce this impact; to say that all teaching staff should play a role in this; to listen to students sharing their personal problems; and to be confident that they can play a role in reducing the impact of HIV/AIDS.

Educators in the 'active' subset are also more likely than others to agree that all staff, managerial and their own performance assessments should include the extent of their efforts to reduce the impact of HIV/AIDS, even though this is a much less prevalent attitude among university respondents generally. Most respondents (>89%) in all three groups think that faithful relationships should be an important part of messages propagated to reduce the impact of HIV/AIDS, as do 74% or more in respect of sexual abstinence (Figure 30).

Only one in six (17%) university educators in the 'active' subset think that there is open discussion about

Figure 30 Opinions of 'active' and 'passive' subsets of university respondents about HIV/AIDS



HIV/AIDS issues at their universities, unlike the 93% of the 'undecided' and 'passive' subsets who think that there is open discussion. Similarly, only 33% of the 'active' subset thinks that formal support is provided by their universities and a mere 13% that informal support is given by staff and/or learners to those affected by HIV/AIDS in their universities. Most educators in the 'undecided' and 'passive' subsets (95% of each subset)

Figure 31 Views about openness, support and curricula

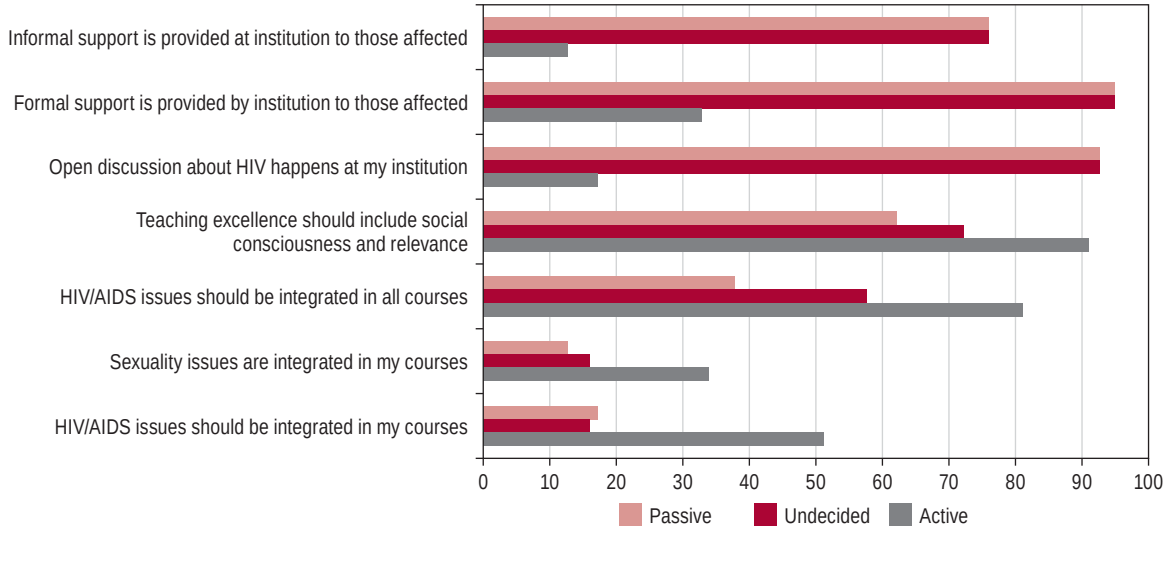
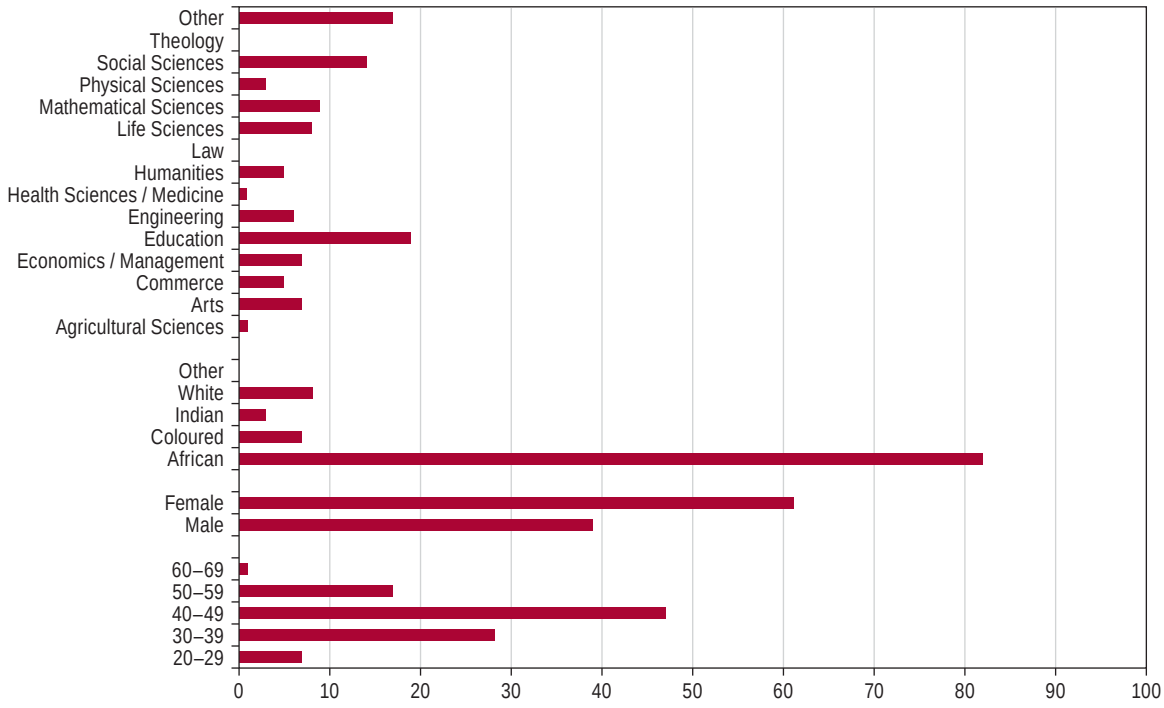


Figure 32 Schools Cluster 1 profile (%)



think that formal support is provided and three-quarters of these groups think that informal support is given by staff and/or students (Figure 31). This indicates that respondents in the 'active' subset perceive their institutions as both less open and less supportive with respect to the challenges presented by the pandemic.

Finally, 91% of the 'active' subset agrees that academic excellence should include social consciousness and social relevance, but this is the view of only 72% of the 'undecided' and 62% of the 'passive' subsets. A similar pattern exists in respect of thinking that HIV/AIDS education should be integrated into the curriculum of all students at their universities ('active' educators 81%; 'undecided' 58%; 'passive' 38%). Only 34% of the 'active' subset report that issues related to sexuality are integrated into the curricula for which they are responsible, but even fewer of the 'undecided' (16%) and 'passive' subsets (13%) concur. Whereas half (51%) of the 'active' subset believe that issues related to HIV/AIDS should be integrated into curricula for which they are responsible, only 16% of the 'undecided' and 13% of the 'passive' subsets agree (Figure 31).

CLUSTER ANALYSIS (SCHOOLING SUBSECTOR)

As noted in the introduction to this chapter, seven clusters of respondents were identified in the schooling subsector using correspondence analysis. The age, gender, 'race' and disciplinary profiles of respondents who subscribe to each cluster are provided in the pages that follow.

It is important to note that the explanatory text that follows each chart in this section of the report presents the statistically significant differences between the sample profile and the profile of the cluster.

Schooling Cluster 1: Respondents are concerned with the health of learners and colleagues but do not attend HIV/AIDS functions or participate in related community development initiatives (Figure 32).

In Schooling Cluster 1 there are proportionately more 40-49 year olds, males and educators whose reported discipline was Arts, Commerce, Economics and

Figure 33 Schools Cluster 2 profile (%)

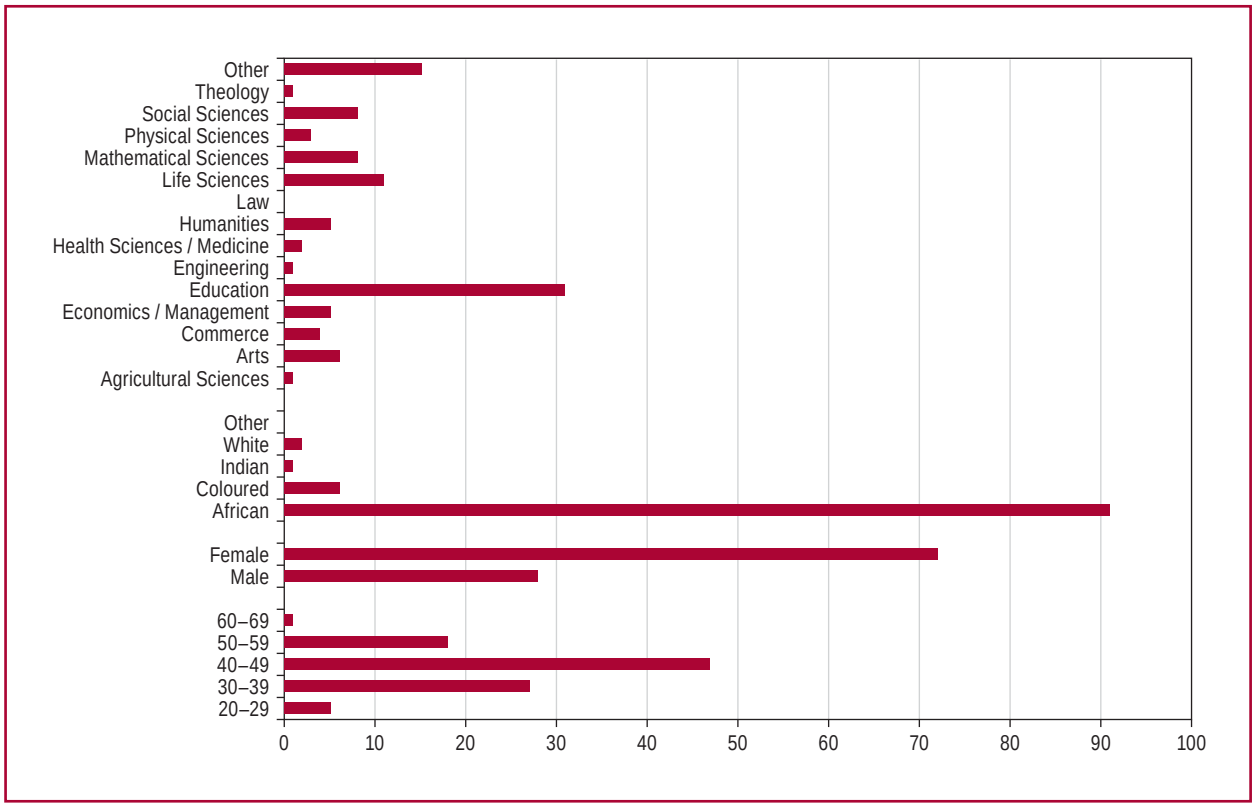


Figure 34 Schools Cluster 3 profile (%)

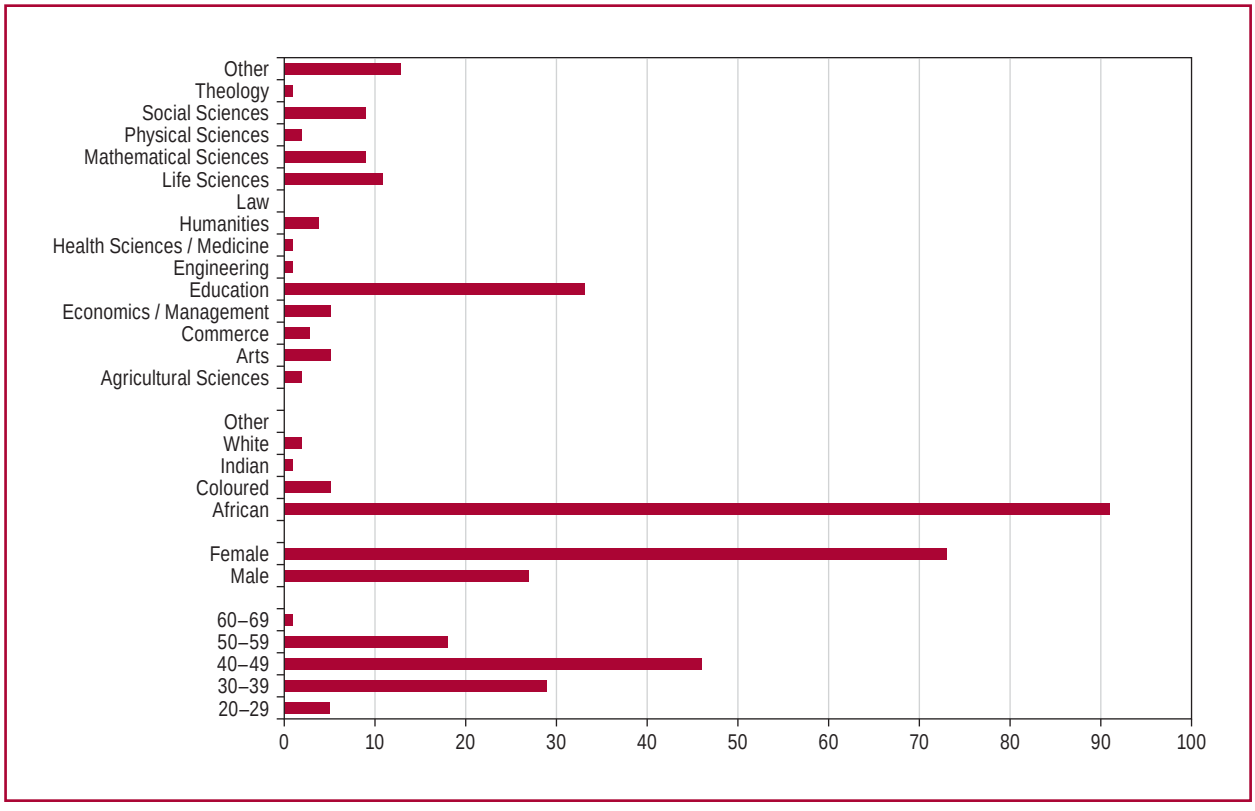
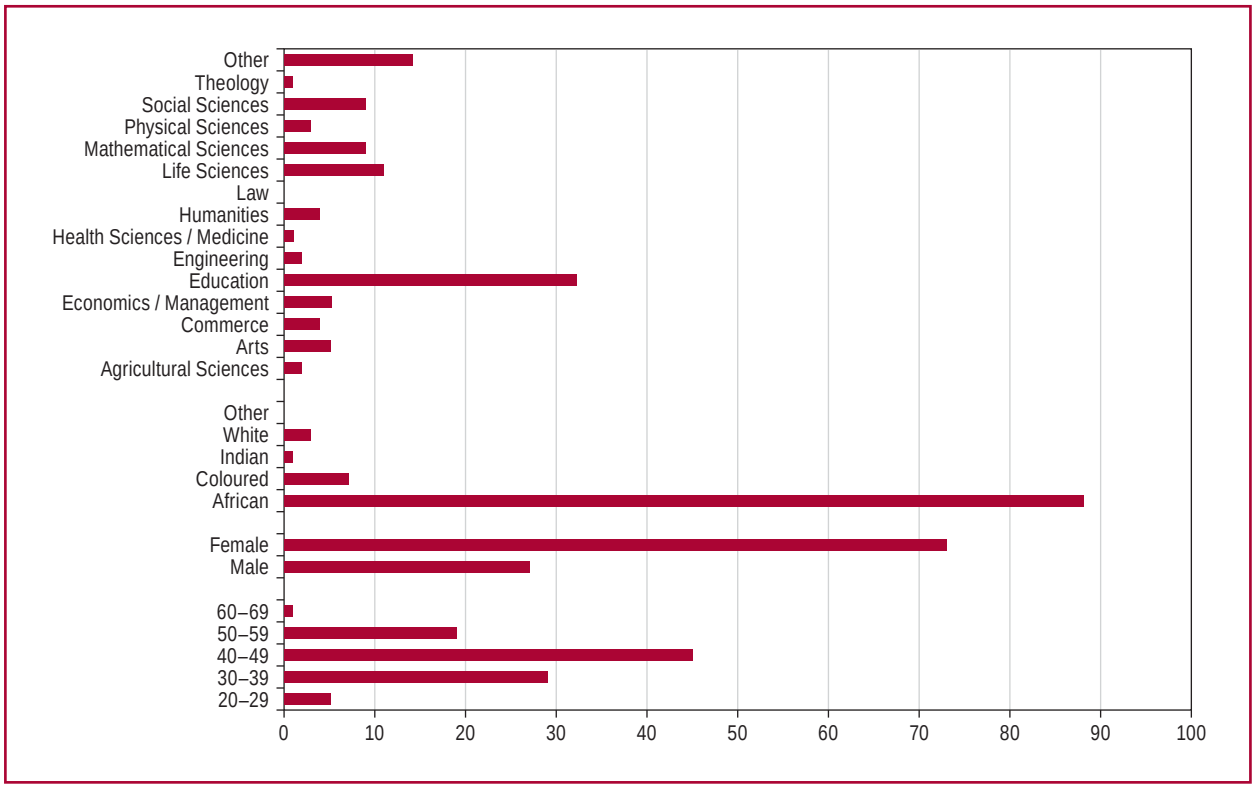


Figure 35 Schools Cluster 4 profile (%)



Management, Engineering, Humanities and Social Sciences.

Schooling Cluster 2: Respondents are concerned about the impact of the HIV/AIDS pandemic: listen to learners' problems; believe that all staff should play a role; are themselves confident that they can play a role; believe that abstinence, faithfulness and condom use are important; believe that performance assessment of self and managers should include efforts to mitigate the impact of the pandemic; and believe that the institution and they themselves have ethical responsibilities in relation to the pandemic (Figure 33).

Schooling Cluster 2 is characterised by disproportionate numbers of 40-49 year olds, Africans and educators whose reported discipline was Arts, Education, Health Sciences, Humanities, Life Sciences or Other subjects.

Schooling Cluster 3: Respondents want to provide advice and support, want to play a specialised role, want to teach HIV/AIDS-related courses, refer to HIV/AIDS in their teaching, conduct related research, and participate in related community development (Figure 34).

Schooling Cluster 3 has over-representations of people aged 40-49, Africans and educators whose reported discipline was Education or Life Sciences.

Schooling Cluster 4: Respondents need training in knowledge, teaching methods, identifying HIV/AIDS-related problems, listening skills, emotional issues, counselling, gender and 'race'. (Figure 35)

Females, Africans and educators whose reported discipline was Education or Life Sciences are disproportionately represented in Schooling Cluster 4.

Schooling Cluster 5: Respondents believe that resources needed are teaching/learning materials, infrastructure, counselling and HIV testing services, peer support for learners and staff, expert assistance and HIV/AIDS-related events (Figure 36).

Figure 36 Schools Cluster 5 profile (%)

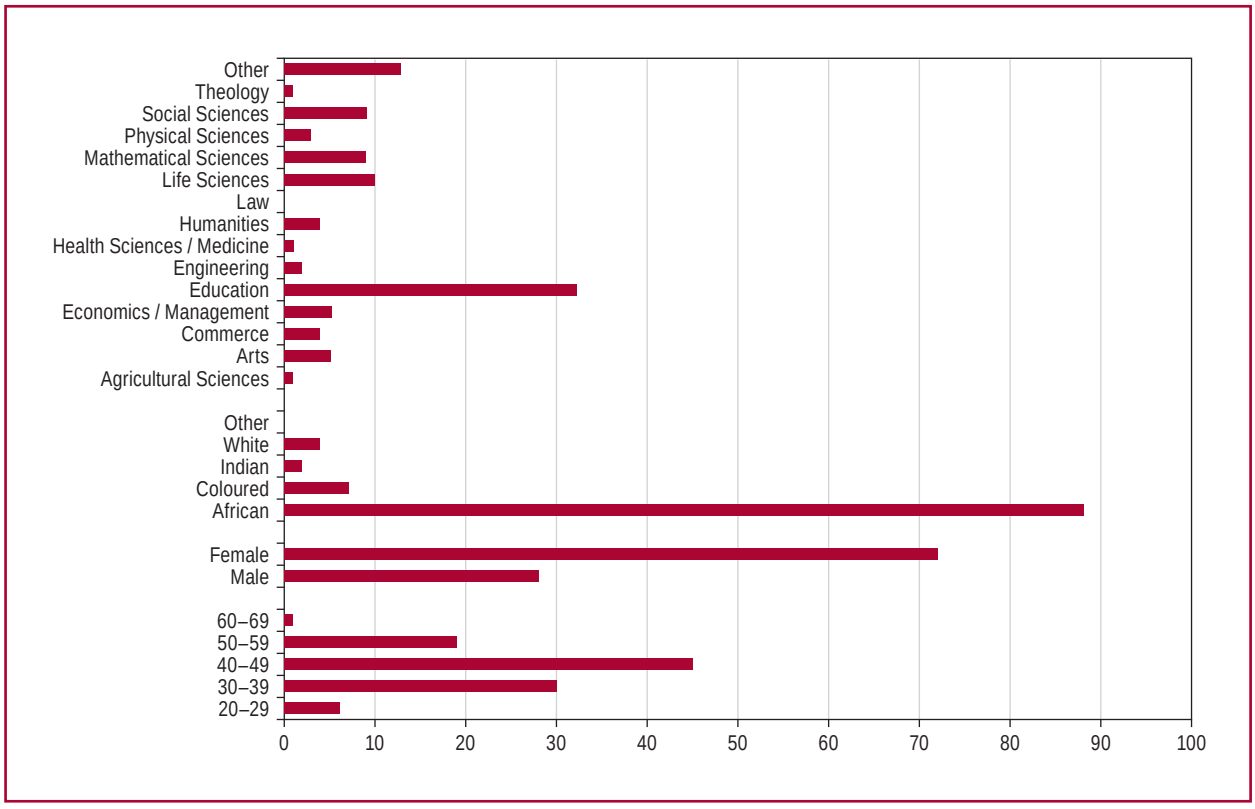


Figure 37 Schools Cluster 6 profile (%)

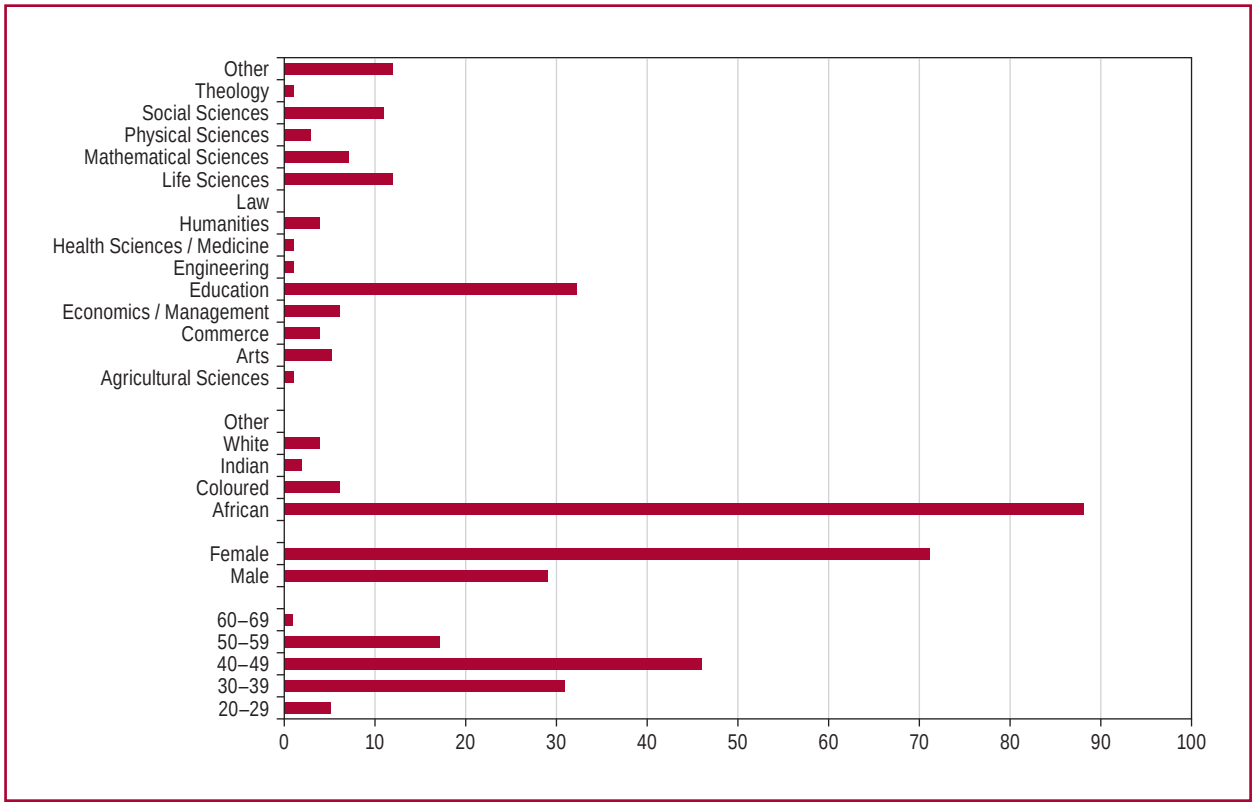
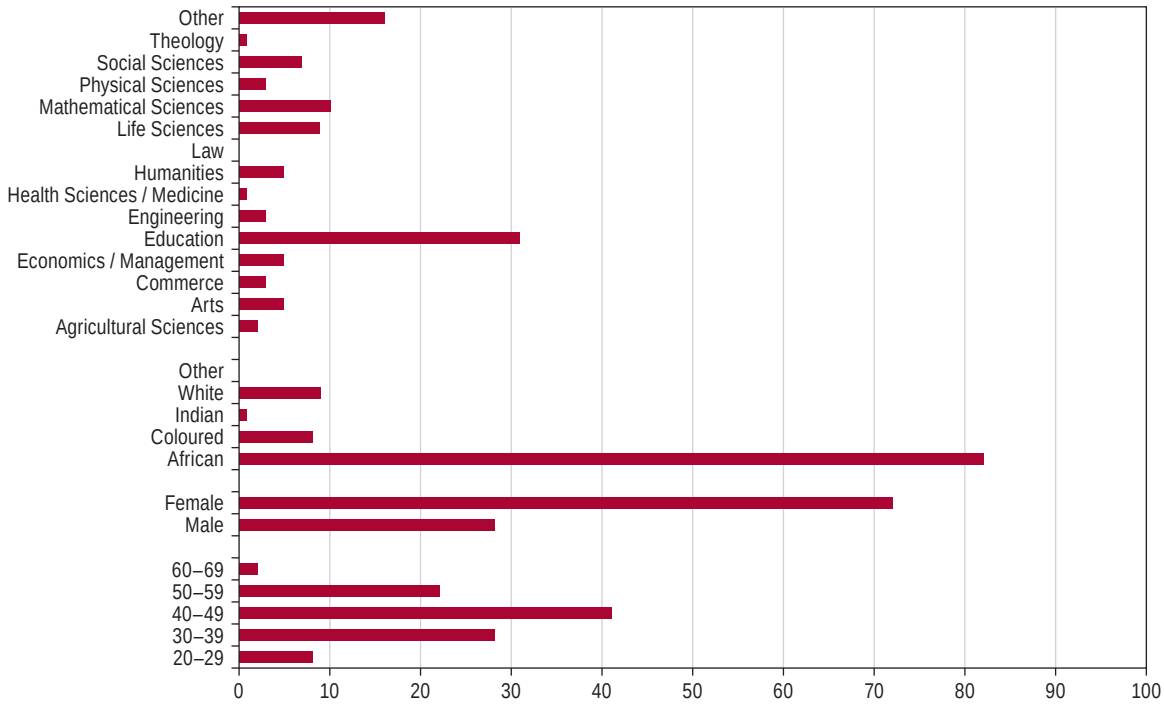


Figure 38 Schools Cluster 7 profile (%)



There are proportionately more 30-39 year olds, Africans and educators whose reported discipline was Education or Life Sciences in Schooling Cluster 5 than there are in the sample.

Schooling Cluster 6: Respondents believe that learners need to acquire knowledge, skills and develop values to help reduce the impact of HIV/AIDS (Figure 37).

There are disproportionate numbers of people aged 30-49, Africans and educators whose reported discipline was Education, Life Sciences or Social Sciences in Schooling Cluster 6.

Schooling Cluster 7: Respondents believe that HIV/AIDS issues should be integrated into all curricula and teaching excellence should include social consciousness and relevance (Figure 38).

Schooling Cluster 7 is characterised by over-representations of the 50-59 year old age category and educators whose reported discipline was Humanities, Mathematical Sciences or 'Other' subjects.

CLUSTER ANALYSIS (FET SUBSECTOR)

Six clusters emerged from the analysis of the college respondents. The age, gender, 'race' and disciplinary profiles of respondents who subscribe to each cluster are provided below. The explanatory text that follows each chart in this section of the report presents the statistically significant differences between the sample profile and the profile of the cluster.

FET Cluster 1: HIV testing services and peer support for learners and staff are not available or availability is not known by respondents (Figure 39).

FET Cluster 1 contains an over-representation of people aged 40-49, females, Coloured people and educators whose reported discipline was Agriculture, Economics, Education and Engineering.

FET Cluster 2: Respondents are concerned about the impact of HIV/AIDS; listen to students' problems; believe that all staff should play a role; confident

Figure 39 College Cluster 1 profile (%)

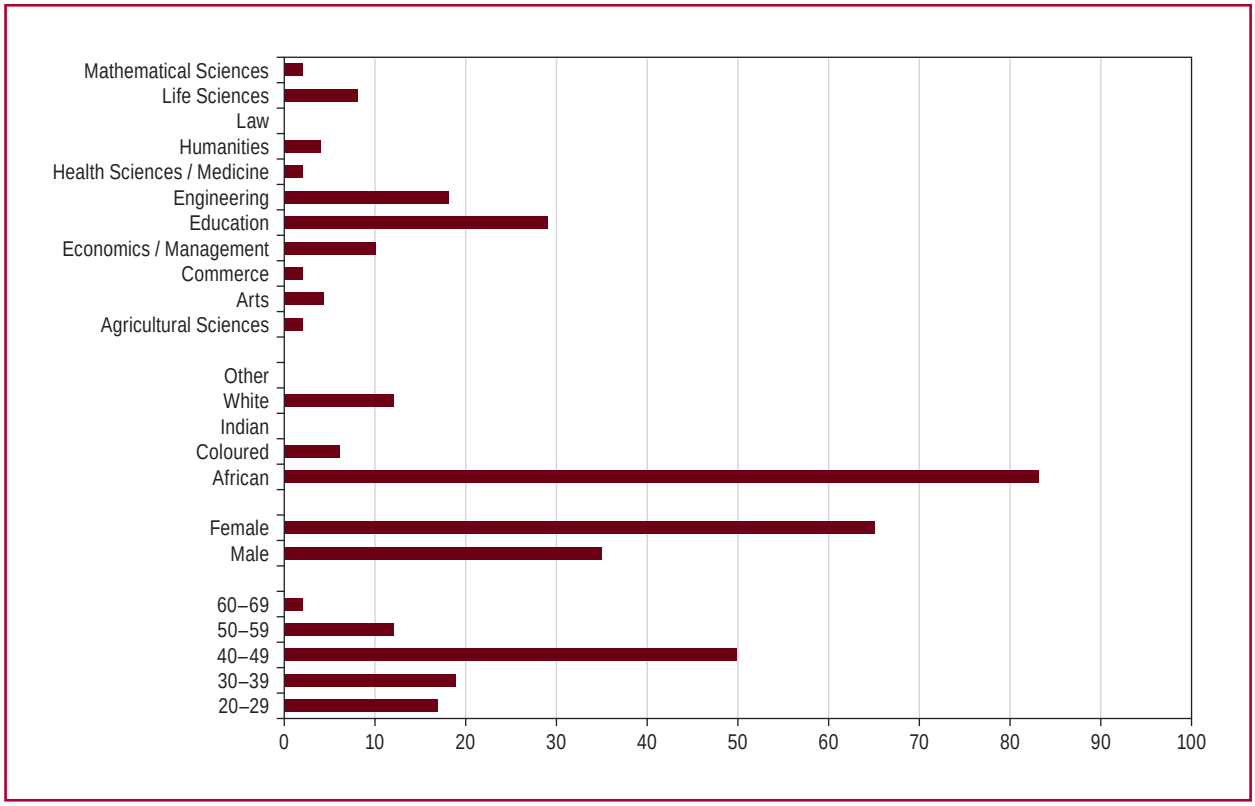


Figure 40 College Cluster 2 profile (%)

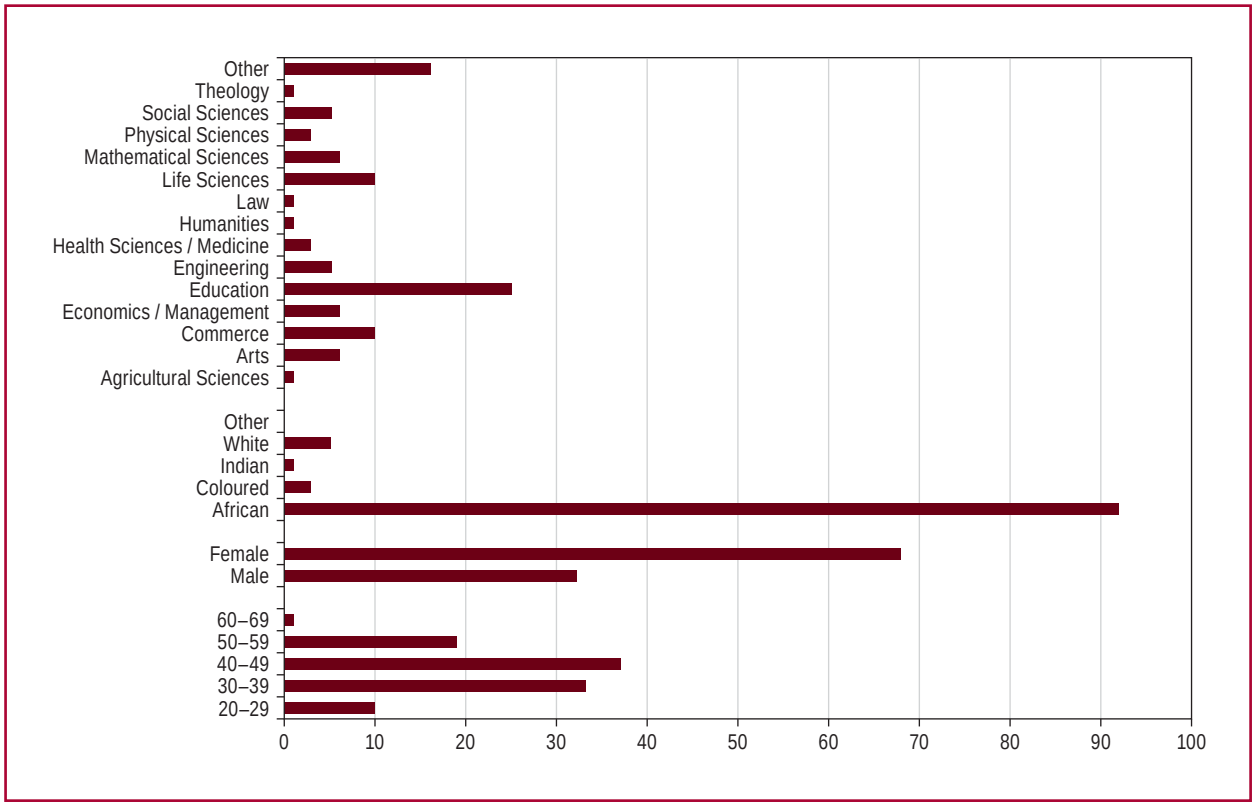
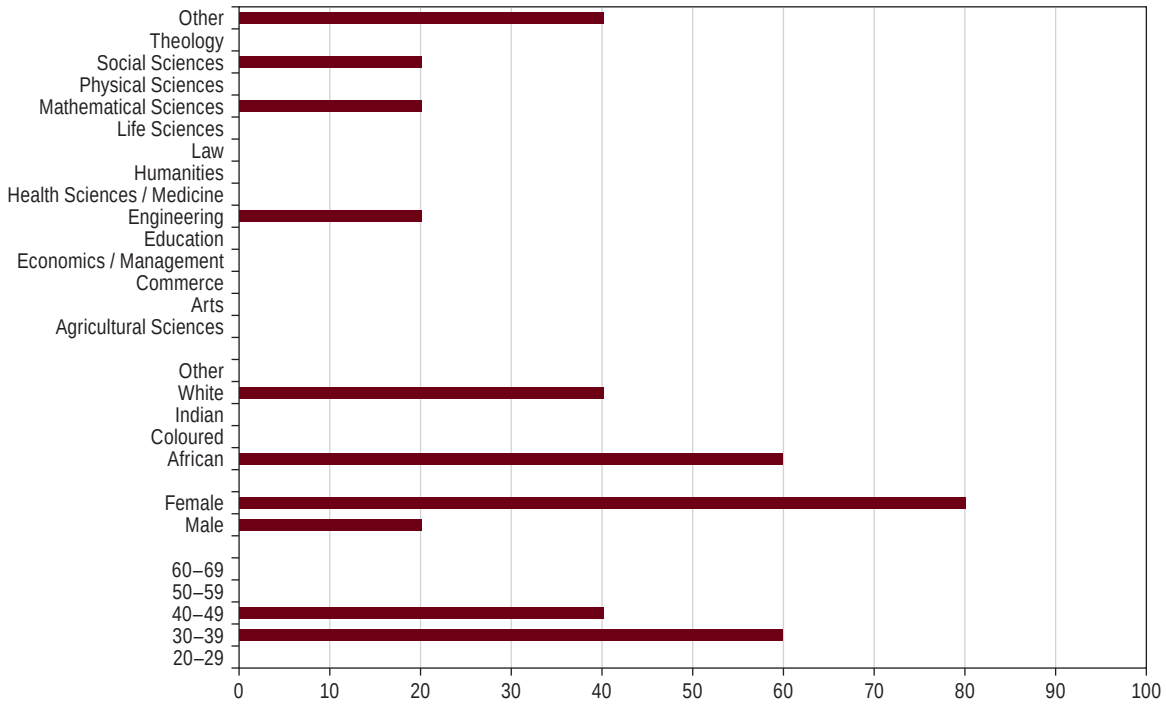


Figure 41 College Cluster 3 profile (%)



playing a role; think abstinence, faithfulness and condoms are important; think assessments of self and all staff managers should include HIV/AIDS efforts; believe that they and the college have ethical responsibilities to address HIV/AIDS-related challenges (Figure 40).

In FET Cluster 2 there are more people aged 40-59, males, Africans and educators whose reported discipline was Commerce, Education, Life Sciences or Mathematical Sciences than warranted by their numbers in the sample.

FET Cluster 3: Respondents would not like to offer counselling, conduct HIV/AIDS-related research or participate in HIV/AIDS community development initiatives (Figure 41).

In FET Cluster 3 there are over-representations of people aged 30-49, females, white people and educators whose reported discipline was Engineering, Mathematical Sciences, Physical Sciences, Social Sciences or 'Other' subjects.

FET Cluster 4: Training is needed in knowledge, teaching, problem identification, listening, counselling, gender and sexuality issues (Figure 42).

Females and Africans comprise more than average proportions of FET Cluster 4.

FET Cluster 5: Resources needed are materials, studies, infrastructure and HIV testing services (Figure 43).

FET Cluster 5 has over-representations of educators aged 50-59, males, Africans and educators whose reported discipline was Economics or Education.

FET Cluster 6: HIV/AIDS issues should be integrated into all curricula; students should acquire knowledge and develop values to reduce the impact of HIV/AIDS and teaching excellence should include social consciousness and relevance (Figure 44).

In FET Cluster 6 there are over-representations of 40-49 year olds, Africans and educators whose

Figure 42 College Cluster 4 profile (%)

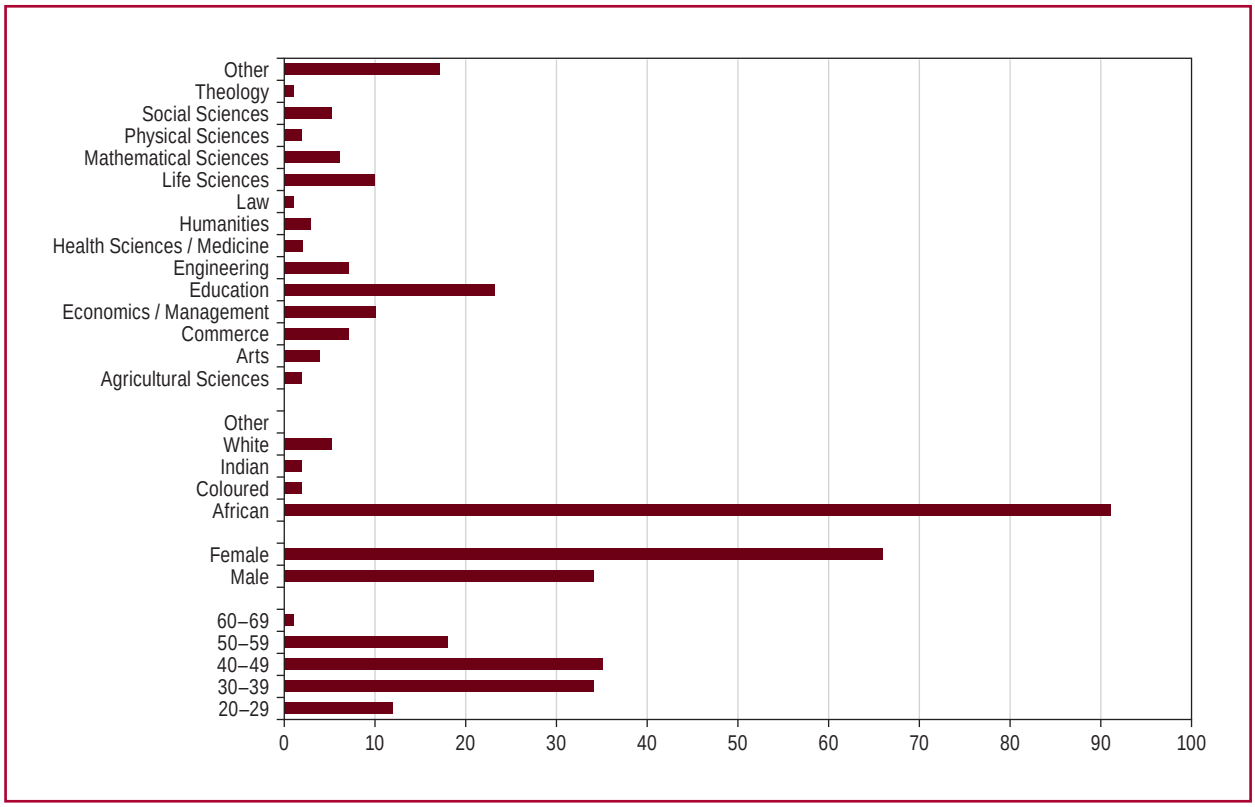


Figure 43 College Cluster 5 profile (%)

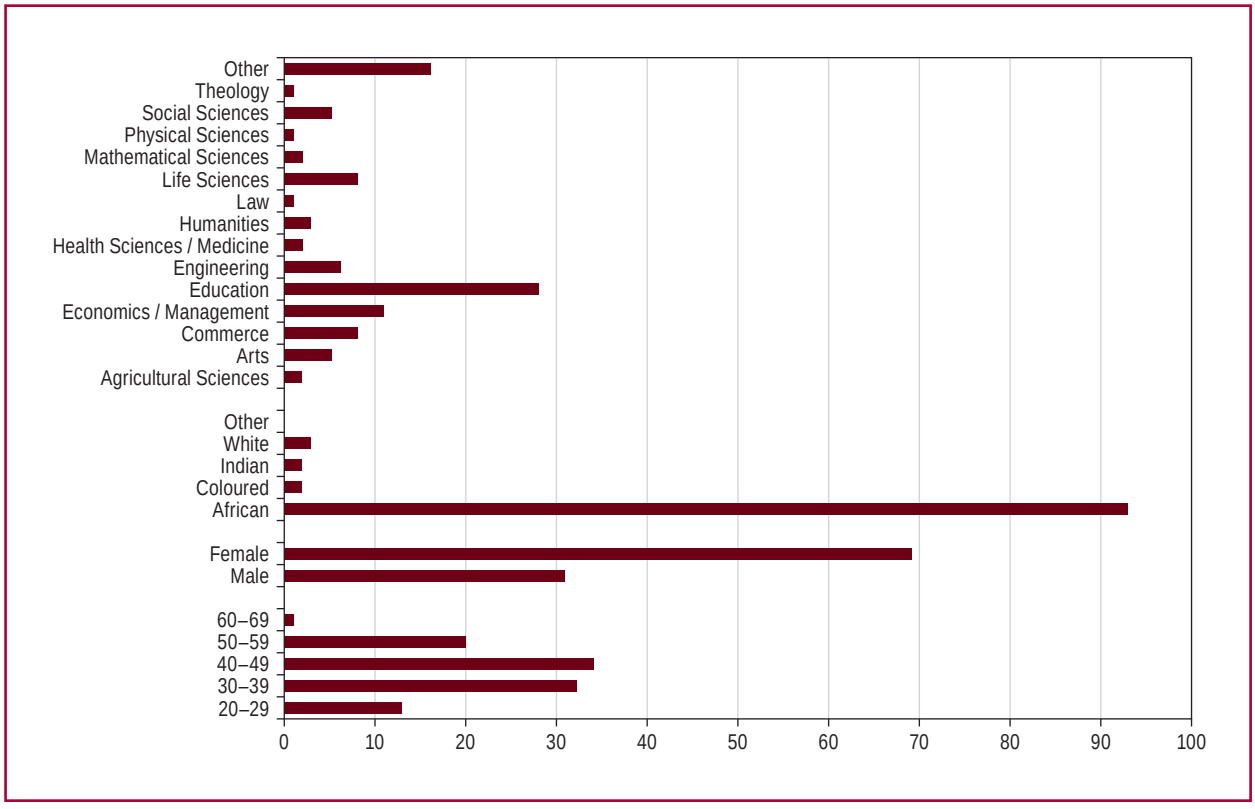
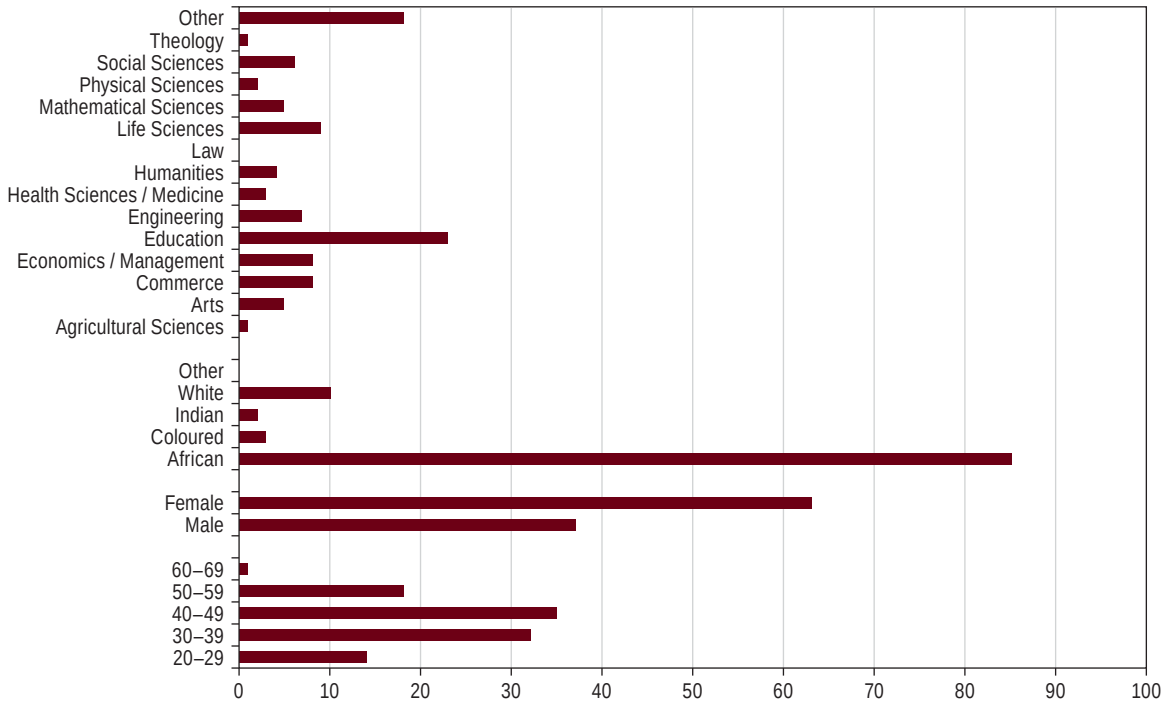


Figure 44 College Cluster 6 profile (%)



reported discipline was Education, Health Sciences, Humanities and Social Sciences.

CLUSTER ANALYSIS (HE SUBSECTOR)

Eight clusters emerged from the analysis of the university respondents. The age, gender, 'race' and disciplinary profiles of respondents who subscribe to each cluster are provided in the pages that follow. It is important to note that the explanatory text that follows each chart in this section of the report presents the statistically significant differences between the sample profile and the profile of the cluster.

HE Cluster 1: Training in gender, sexuality and 'race' issues is not available (Figure 45).

In HE Cluster 1 the categories that are over-represented are 30-49 year olds, females, Indians and educators whose reported discipline was Agriculture, Commerce, Humanities and Social Sciences.

HE Cluster 2: The quality of training in teaching HIV-related courses and identifying HIV-related problems is fair (Figure 46).

In HE Cluster 2 there are more than expected proportions of respondents aged 40-59; males; Africans; and educators whose reported discipline was Arts, Education, Engineering or Social Sciences.

HE Cluster 3: There is good or excellent infrastructure, counselling, HIV testing and external expert assistance available (Figure 47).

In HE Cluster 3 the over-represented are 50-59 year olds, females, Africans, Indians and those teaching Education, Life Sciences and Theology.

HE Cluster 4: Available information, materials and research is of fair quality (Figure 48).

In HE Cluster 4 there are disproportionate numbers of educators aged 60-69, males, Africans, Coloured people and educators whose reported discipline was Arts,

Figure 45 University Cluster 1 profile (%)

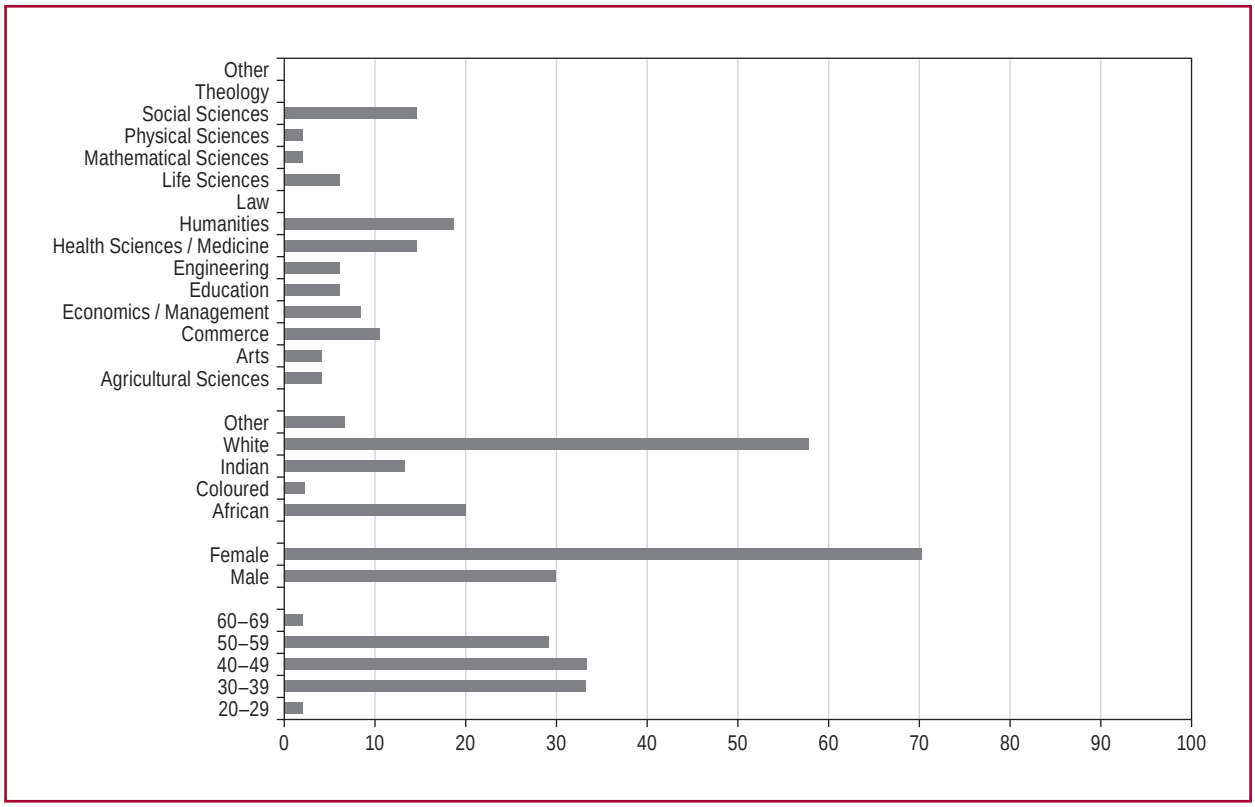


Figure 46 University Cluster 2 profile (%)

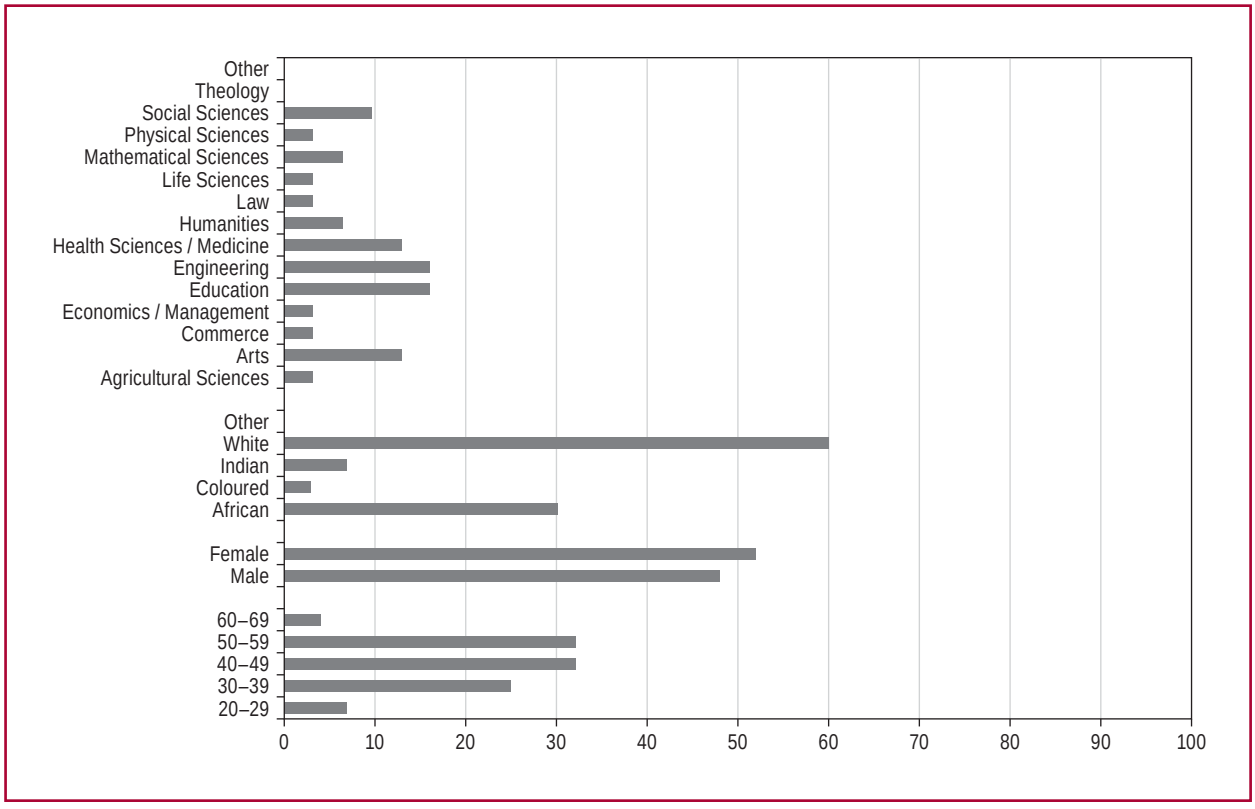


Figure 47 University Cluster 3 profile (%)

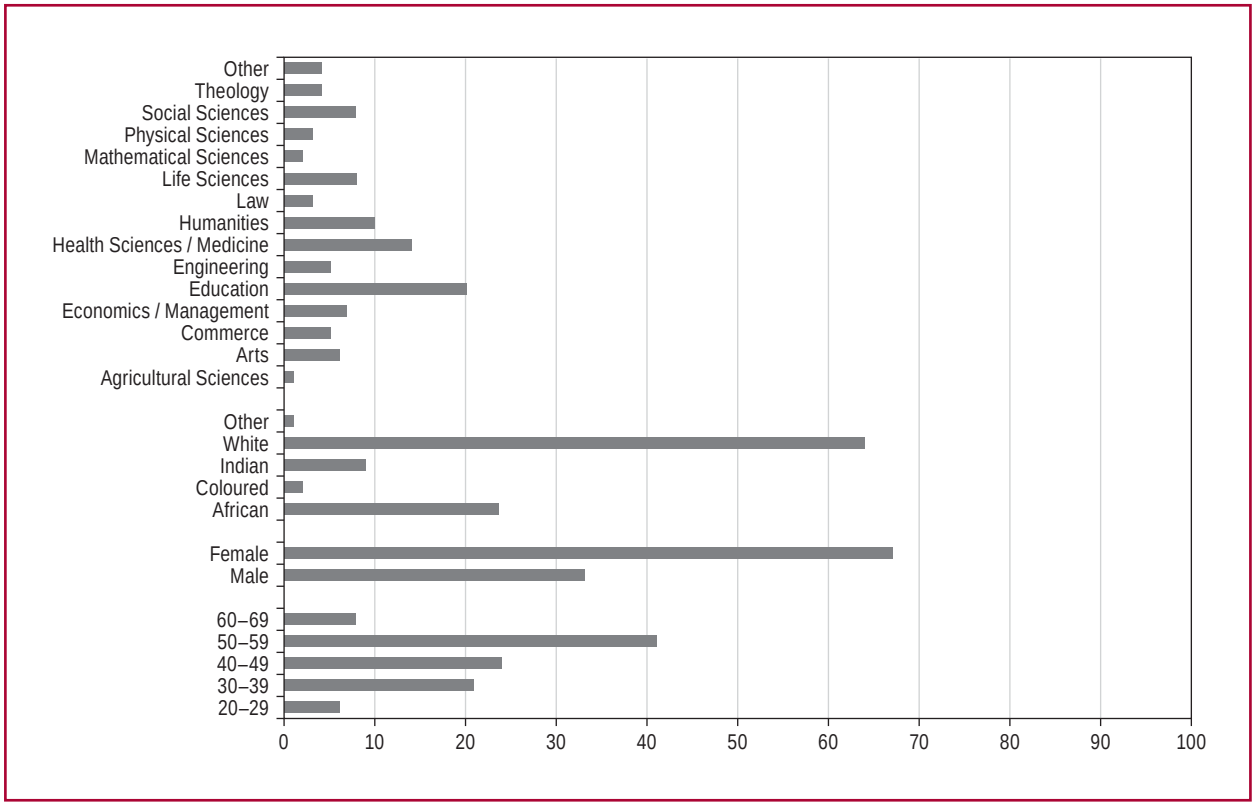


Figure 48 University Cluster 4 profile (%)

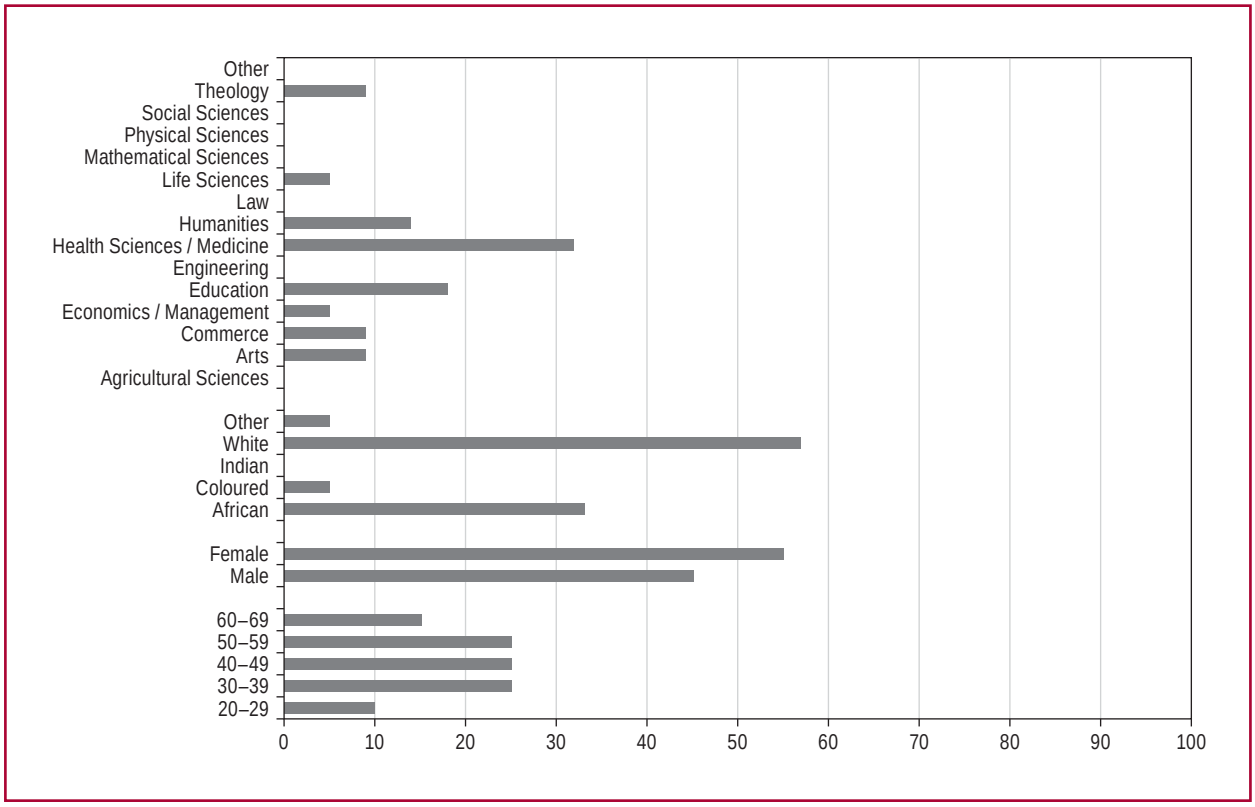


Figure 49 University Cluster 5 profile (%)

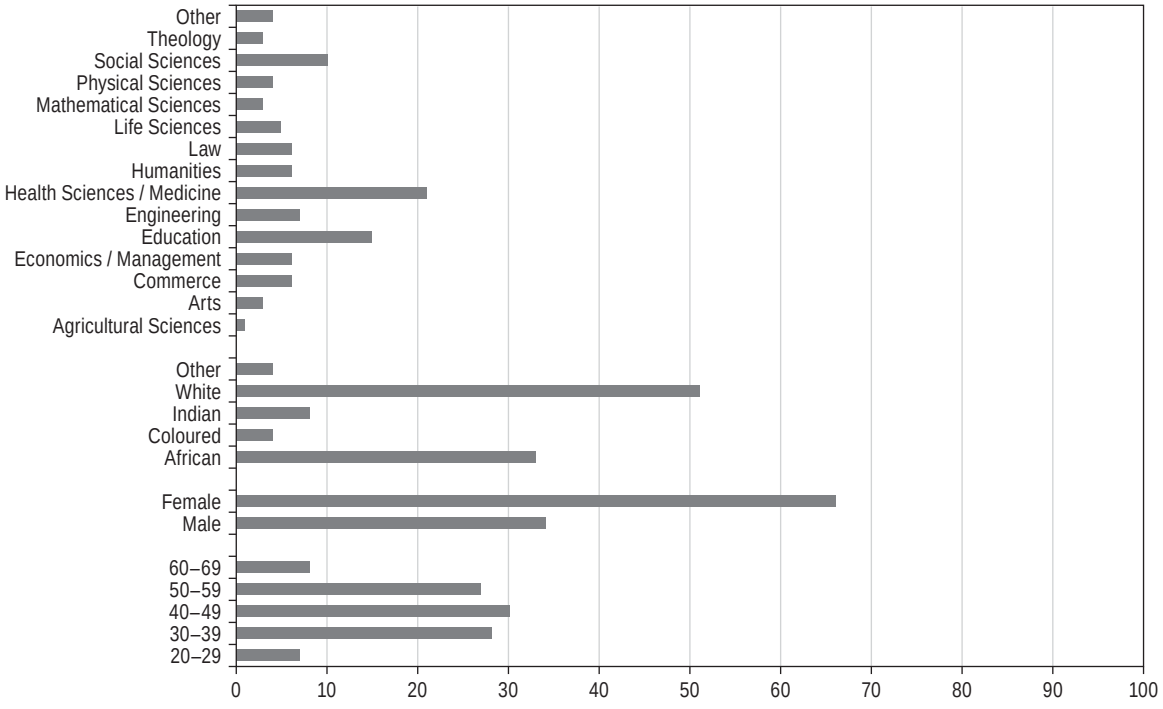


Figure 50 University Cluster 6 profile (%)

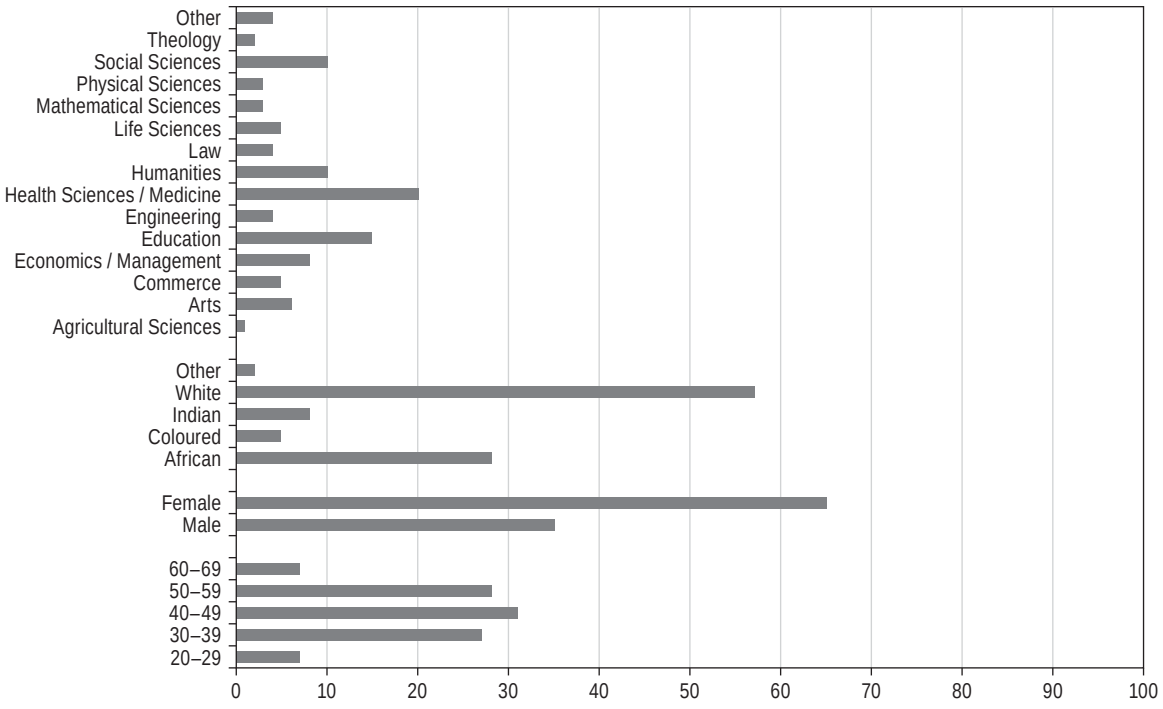


Figure 51 University Cluster 7 profile (%)

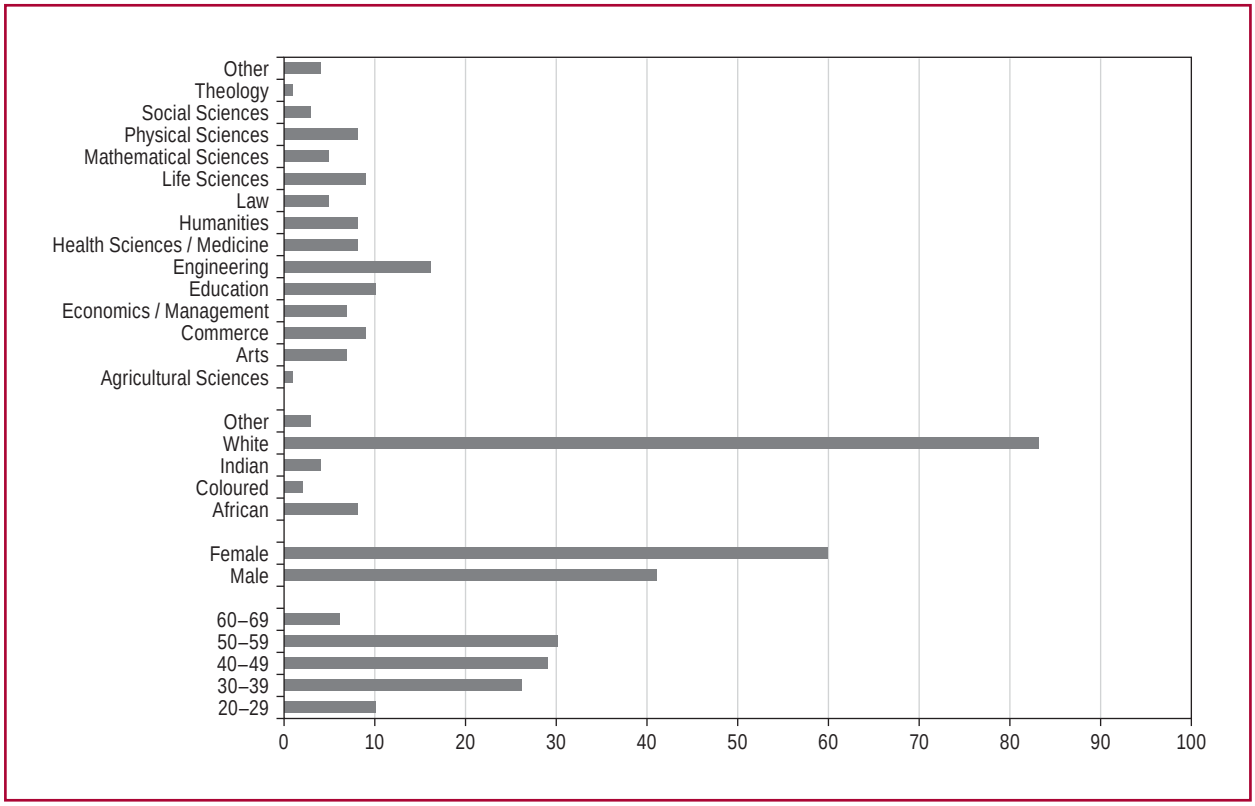
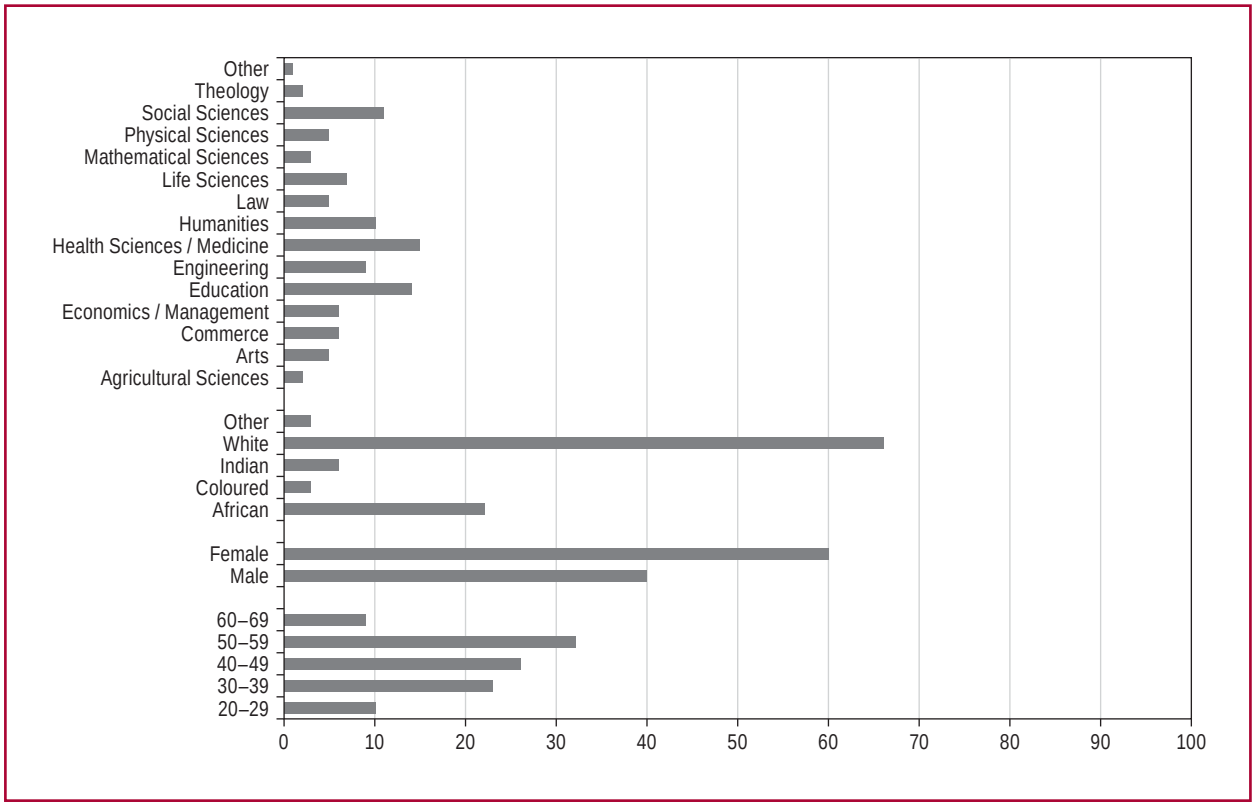


Figure 52 University Cluster 8 profile (%)



Commerce, Education, Health Sciences, Humanities and theology.

HE Cluster 5: Respondents are concerned about the impact of HIV; listen to students' problems; believe that all staff should be involved; know where to refer students; believe that abstinence/faithfulness/condoms are important; believe that they and the university have an ethical responsibility to reduce the impact of HIV/AIDS (Figure 49).

In HE Cluster 5 there are disproportionate numbers of females, Africans and lecturers in Education, Health Sciences, Law, Social Sciences and Theology.

HE Cluster 6: Respondents want to advise/support students and refer to HIV issues in teaching (Figure 50).

In HE Cluster 6 there are more educators aged 40-49, females, Africans, Coloured, Indians and educators whose reported discipline was Education, Health Sciences and Social Sciences than warranted by their proportions in the university sample.

HE Cluster 7: Respondents do not want a specialised role, to teach HIV-related courses, to conduct HIV-related research (Figure 51).

Those disproportionately represented in HE Cluster 7 are respondents in the age band 50-59, white educators and educators whose reported discipline was Commerce, Engineering, Life Sciences and Physical Sciences.

HE Cluster 8: Infrastructure, counselling and HIV testing services needed (Figure 52).

The over-represented in HE Cluster 8 are 50-59 years old and educators whose reported discipline was Education, Health Sciences, Engineering, Life Sciences, Law and Social Sciences.

CONCLUSION

The in-depth analysis of the quantitative dataset presented in this chapter shows that most respondents envisage a future role for themselves in mitigating the impact of HIV/AIDS at their institutions. It is striking that the percentage of university respondents playing a role in reducing the impact of HIV/AIDS at their universities could be more than doubled in the future, as more than half of those with no current role want to play a role in the future. The high predisposition towards playing such a role is particularly noteworthy in this subsector, in which a formal role in mitigating the impact of the pandemic is currently less common than in schools and colleges.

Disaggregating the survey data it was possible to identify and profile three subsets of respondents, who have been tentatively described as 'active', 'undecided' and 'passive' in their predisposition towards mitigating the impact of the pandemic. Although these subsets are small (the largest 'active' subset of educators constitutes only 14,1% of the university sample), statistically significant information emerges – for example, educators aged 40 to 59, female educators, and African and Indian educators teaching Health Sciences and Education are over-represented in the 'active' subset of respondents in the HE subsector, and 20-29 year olds, males and whites teaching Commerce, Economics and Management, Engineering, Mathematical Sciences, Physical Sciences and 'Other' disciplines are over-represented in the 'passive' subset. (We have cautioned that the term 'passive' refers to the pragmatic consequence of educators feeling unable or unwilling to address key issues related to the pandemic, such as sexuality, rather than to opposition to efforts to address the challenges of the pandemic.)

Educators in the 'active' subset in the HE subsector are far less likely than the other subsets to think that there is open discussion of HIV/AIDS-related issues at their institutions and that formal or informal support is provided to those affected by the pandemic; they are more willing to give their learners advice and support that is related to HIV/AIDS and more likely to conduct research into issues that are relevant to HIV/AIDS and participate in community development initiatives that are relevant to HIV/AIDS. They are also far more likely than others to be concerned or very concerned about the impact of HIV/AIDS on their universities,

to say that they and their universities have an ethical responsibility to help reduce this impact, to say that all teaching staff should play a role in this, to listen to students sharing their personal problems and to be confident that they can play a role in reducing the impact of HIV/AIDS. Educators in the 'active' subset are also more likely than others to agree that all staff (including their own) and managerial performance assessments should include the extent of their efforts to reduce the impact of HIV/AIDS, even though this is a much less prevalent attitude among university respondents generally than in schools and colleges, and they are far more likely to support the integration of HIV/AIDS education into the curriculum of all students at their universities.

Important examples of clusters of respondents identified through correspondence analysis include:

Schooling Cluster 2: Disproportionate numbers of educators aged 40-49 and African educators who are concerned about the impact of the HIV/AIDS pandemic: listen to learners' problems; believe that all staff should play a role; are themselves confident that they can play a role; believe that abstinence, faithfulness and condom use are important; believe that performance assessment of self and managers should include efforts to mitigate the impact of the pandemic; and believe that the institution and they themselves have ethical responsibilities in relation to the pandemic.

Schooling Cluster 3: Over-representations of educators aged 40-49 and African educators who want to provide advice and support, want to play a specialised role, and want to teach HIV/AIDS-related courses, refer to HIV/AIDS in their teaching, conduct related research and participate in related community development.

Schooling Cluster 7: Over-representations of educators aged 50-59 and 40-49 and African educators who believe HIV/AIDS issues should be integrated into all curricula and teaching excellence should include social consciousness and relevance.

FET Cluster 2: Over-representations of educators aged 40-59, males and African educators who are concerned about the impact of HIV; listen to students' problems; believe all staff should play a role; are confident playing a role; think abstinence, faithfulness and condoms are important; believe assessments of self and all managers should include HIV/AIDS-related efforts; and believe they and their college have ethical responsibilities in relation to the pandemic.

FET Cluster 3: Over-representations of educators aged 30-49, female educators and white educators who would not like to offer counselling, conduct HIV/AIDS-related research or participate in HIV/AIDS community development initiatives.

FET Cluster 6: Over-representations of educators aged 40-49 and African educators who believe that HIV/AIDS issues should be integrated into all curricula, that students should acquire knowledge and develop values to reduce the impact of HIV/AIDS and that teaching excellence should include social consciousness and relevance.

HE Cluster 5: Disproportionate numbers of female educators, African educators and educators whose reported discipline was Education, Health Sciences, Law, Social Sciences and Theology who are concerned about the impact of HIV, listen to students' problems, believe all staff should be involved, know where to refer students, believe abstinence/faithfulness/condoms are important, and feel they and the university have an ethical responsibility to reduce the impact of HIV/AIDS.

HE Cluster 6: Over-representations of educators aged 40-49, female educators, African, Coloured and Indian educators and educators whose reported discipline was Education, Health Sciences and Social Sciences who want to advise/support students and refer to HIV/AIDS-related issues in their teaching.

HE Cluster 7: Over-representations of educators aged 50-59, white educators and educators whose reported discipline was Commerce, Engineering, Life Sciences and Physical Sciences who do not want a specialised role in relation to the pandemic, to teach

HIV/AIDS-related courses or to conduct HIV/AIDS-related research.

In Section 4 (Chapters 9 and 10) we now synthesise the findings of the two closely related phases of the study – the qualitative and the quantitative work – and generate conclusions together with important implications for policy makers at all levels of the South African education system, including education institutions.

SECTION 4

Synthesis, Findings and Recommendations

Section Summary

Chapters 9 and 10 draw together the analyses and insights set out in the previous chapters. This exploratory study – designed using a grounded theory approach – was characterised by a relatively small number of core framework questions derived from the research objectives and a potentially infinite number of questions and concerns raised by the respondents.

Analysis of the data has revealed common themes in terms of respondents' beliefs, concerns and practices that had not been predicted when the core research questions were formulated. The study's robust research design allowed both expected and unexpected themes to emerge in the qualitative phase of the study and inform the design of the subsequent quantitative phase.

The synthesis and conclusions presented in this section contain findings that are qualitatively convincing and statistically significant. Although this has been presented as an exploratory study, the findings and recommendations have important implications for policy makers at all levels of the South African education system, including education institutions.

CHAPTER 9

Synthesis of the Qualitative and Quantitative Analyses

This report has so far presented the background and methodological choices (Section 1) underpinning a study that investigated the roles of educators in mitigating the impact of the HIV/AIDS pandemic on the education system in South Africa. Drawing on the literature review (also presented in Section 1), we have argued that the study was necessarily exploratory, since no comprehensive investigation of the roles of educators in the face of the pandemic had been undertaken in South Africa, and the terrain was therefore relatively uncharted.

Since our approach required a two-phase 'mixed-methods' investigation (qualitative research that informed a quantitative survey), Section 2 has presented the analysis of the qualitative dataset and Section 3 the analysis of the quantitative dataset. We have highlighted our progression in terms of the development of grounded theory (grounded in the beliefs, attitudes and practices of our respondents) in the conclusion to each chapter.

This chapter provides a synthesised interpretation of the results of the qualitative and quantitative phases of this exploratory, mixed-methods study. The synthesis of the analyses brings together the themes and patterns that are found in the two datasets; the factual survey results are collated with more interpretative findings (derived from in-depth analysis of the two datasets) to provide a richer understanding of the results of the two phases of the study. For example, as reported in Chapter 8, the in-depth analysis of the survey data enabled the identification (using correspondence analysis) of subsets of respondents associated with significantly clustered responses to the survey questions (for example, questions about possible future roles). This and other approaches to the analysis of both datasets have helped to construct the synthesised picture of the results of the study that follows.

An important explanatory backdrop to this chapter lies in the relationship between the qualitative fieldwork and the survey. The analysis of the qualitative data formed the basis for the design of the survey questionnaires for each of the three subsectors; for example, data provided by respondents regarding the roles they play (or want to play in the future) and the training they receive (or require in the future) enabled the research team to present a list of possible roles and types of training in the survey questionnaires. This was an important feature in the design of the study, rooted in the grounded theory approach adopted. There are aspects of the quantitative analysis, therefore, that help to understand the relative importance of certain aspects of the qualitative data – for example, the prevalence of the desire to play particular roles in mitigating the impact of the HIV/AIDS pandemic. It is not the case that each aspect of the quantitative analysis can confirm or disconfirm each aspect of the qualitative analysis – such levels of confirmation were beyond the scope of this study, given the complexity of the terrain explored and the limitations of the

survey questionnaires, which contained closed questions only. In the sections that follow, the source of each interpretation (qualitative or quantitative analysis) is clearly indicated, as is the extent to which the survey data quantify certain of the outcomes of the qualitative fieldwork.

SUPER-ORDINATE AND SUB-ORDINATE THEMATIC CATEGORIES

The heart of the study, we have argued, is the qualitative phase, which comprised many interviews with educators and students training to become educators in all three subsectors – higher education, further education and training and schooling. We have noted that it was important to begin the research with the qualitative work because of the exploratory nature of the study; this proved to be a sound decision because the interviews generated data categories (such as data related to the importance of sexuality, poverty and violence) that had not been foreseen at the time the research questions (and the interview questions) were developed. This was important to support our grounded theory approach to the study; from a practical design perspective, the qualitative data categories, including the foreseen and the unforeseen categories, provided a basis for the design of the survey questionnaires.

In the qualitative data analysis the superordinate theme is 'approaches to mitigating the impact of the pandemic'. Other thematic categories presented in Chapter 6 help to deepen our understanding of which of our respondents (and institutional types) adopt particular approaches to the pandemic and (as far as one can conjecture in an exploratory study of this nature) why they do so. This is at the heart of the purpose of the study: without such an understanding of the data, we would know little about educators' current approaches or their conscious or subconscious rationale for adopting them. More importantly, we would understand little about the likely impact of any future policy interventions that attempt to mitigate the impact of the HIV/AIDS pandemic. The purpose of this chapter is therefore to deepen our understanding of the implications of the qualitative dataset for policy development and strategic planning, and provide a triangulated analysis of the qualitative and quantitative datasets.

The subordinate qualitative categories relate to the superordinate thematic category (approaches to mitigating the impact of the pandemic) in the following ways:

- Gender, 'race' and age are biodata categories that may correlate with predispositions in terms of approaches to mitigating the impact of the pandemic; age, for example, in many of our interviews, seemed to be a factor that among some respondents gave rise to an unwillingness to talk about sexuality. The qualitative data also show that the analysis of these biodata categories uncovers at times deep-seated beliefs, attitudes and practices related to the pandemic, such as the notion presented by some respondents that the pandemic is not a phenomenon that threatens white South Africans. These biodata categories clearly, in the view of many of our respondents, point to risk factors such as the susceptibility of girl children and young female university students to exchanging sex for financial and/or food-related security. Our analysis of the qualitative dataset also shows that approaches to sexuality and to discussing issues related to sexuality and sexual behaviours themselves are likely to be influenced by age.
- Evidence of denial of the existence or the seriousness of the pandemic is a factor that clearly, in terms of our analysis of the qualitative dataset, influences approaches to mitigating the impact of the pandemic. A stark example is the assessment of students' behaviour by senior managers at one HE campus who felt that students largely abstain from premarital sex for religious reasons, despite the high prevalence of condom use on the campus. Such a belief would clearly be a driving factor in any approach to the pandemic and in this instance the belief had, by all accounts, impeded progress in recent years in making condoms freely available to students. Opinions on the advisability of promoting disclosure of HIV status (and, to a lesser degree, opinions related to voluntary counselling and testing) were similarly indicative of attitudes

to the pandemic that might be characterised as possibly 'enabling' at one extreme and possibly 'inhibiting' at the other. We will revisit this continuum of possible responses in our discussion of the quantitative dataset below.

- Poverty and violence were found to be important contextual themes in the qualitative phase of the study. These factors are extremely important, but nevertheless a subordinate category in our analysis because they have a strong influence on approaches to the pandemic reported by our respondents, many of whom faced extremely challenging situations on a daily basis that arose as a result of poverty and related violence – and many of whom did not.
- Curriculum issues are clearly at the heart of the purpose of the study because of the nature of the sector in which it was undertaken, and because curriculum-related decisions are arguably the most crucial an education institution can make. An approach to mitigating the impact of the HIV/AIDS pandemic in an education institution will necessarily include a strategic approach to how the institution designs and implements its curricula – whether the decision is 'enabling' or 'inhibiting' in terms of how (if at all) the pandemic is addressed in teaching and learning. Curriculum issues, however, are a subordinate category in our analysis because they are necessarily informed by our superordinate thematic category – what approaches to the pandemic are adopted by educators and education institutions and, as far as we can deduce, why they are adopted.

IDENTIFYING TYPES OF RESPONSE TO THE PANDEMIC

Before we proceed it is important to note that core assumptions made by educators about learners, students, other educators and themselves are intimately linked to the broad concerns our respondents raised in the qualitative phase of the study, and to the approaches to the HIV/AIDS pandemic that they advocated.

For example, we have argued that assumptions about age and sexuality inform the different versions of the 'moralistic approach' that we have described. In some versions of this approach, proponents construct didactic roles for educators by projecting 'innocence' onto their learners and students. The 'instrumentalist', 'holistic' and 'campaigning' approaches, on the other hand, require positioning oneself very differently as an educator in relation to learners and students and have very different practical implications for how educators might mitigate the impact of the pandemic.

We have also observed that the approaches educators advocate also depend on how they construct the problem of HIV/AIDS itself. An 'instrumentalist approach', for example, might be based on the assumption either that HIV/AIDS is not a problem in a given institution or not a problem for certain educators – because of their discipline, age or gender, for example. Whether or how HIV/AIDS is constructed as a problem depends, we have noted, on the values educators hold in relation to issues such as youth, adulthood, gender and sexuality. These apparently diverse themes are clearly interconnected and central to the purpose of the research, and have been highlighted as a direct consequence of our social constructionist approach to the design of the study. The implications for policy in the South African education system, and for policy at the level of education institutions, will be presented in Chapter 10.

It is important to note that these various approaches were identified initially in the qualitative analysis in the first phase of the development of grounded theory as described in Chapter 2. The categorisations were then tested in the survey phase, and in the course of the quantitative analysis it became possible to assess the prevalence of the different approaches and to characterise them as 'active', 'undecided' and 'passive' and, in this chapter, on a continuum from possibly 'enabling' to possibly 'inhibiting' approaches.

The use of the terms 'passive' and 'inhibiting' is not intended to be disparaging – the analysis of the qualitative dataset has shown that many respondents gave cogent reasons for their inability or unwillingness to play a formal role with respect to the pandemic. However, such approaches are unlikely to advance the implementation of institutional strategies to effectively mitigate the impact of the HIV/

AIDS pandemic, although there is no evidence that they would necessarily impede such strategies. Conversely, a variety of approaches were identified that go beyond the 'core business' of teaching and learning, particularly but not only in the FET and schooling subsectors, where the impact of the HIV/AIDS pandemic appears to be more immediate and where deeply emotional responses, including feelings of despair and impotence, were more prevalent among respondents than in the HE subsector. In the design and implementation of any institutional strategy, however, it will be important to bear in mind that the categories of approaches described lie on a continuum from possibly 'enabling' to possibly 'inhibiting' (in terms of the extent to which they may contribute to mitigating the impact of the pandemic), and to assess at what point on the continuum the institution currently lies.

The categories identified in the course of the qualitative fieldwork are described below:

- A 'campaigning approach' was reported especially but not only among HE educators who were committed to practical initiatives and to raising the profile of HIV/AIDS in their institutions.
- A 'holistic approach' to mitigating the impact of the pandemic recognises that learners and students have more than purely academic concerns (some school-based educators, for example, reported changes in their teaching strategies in relation to the pandemic in recent years, sometimes as a result of interactions with affected children).
- A 'socially responsible' approach to mitigating the impact of the pandemic was reported across all three subsectors by educators who expressed a powerful sense of responsibility to address the challenges of the pandemic, many of whom supported the integration of HIV/AIDS-related issues in all curricula.
- A 'critical approach' was expressed by a very small number of respondents who took issue with the emphasis on sexual abstinence in the national message, and insisted on accepting that learners and students are engaging in sexual behaviour and on the need for appropriate strategies to mitigate the impact of the pandemic, such as promoting condom use.
- An 'instrumentalist approach', characterised by lack of acceptance of responsibility for learners' and students' lives outside the institution, was evident among senior managers in several HEIs. These respondents were not opposed to referring to HIV/AIDS in the teaching of academic disciplines, but tended to stress the importance of thinking skills and future managerial roles more than their students' wellbeing.
- A 'moralistic approach' to the pandemic was commonly found in all three subsectors, but is difficult to neatly characterise because of the variations in the approach and the very diverse contexts in which it was evident. This approach was characterised at times by quite intense 'conservative' and 'religious' values (adjectives used by several HE respondents themselves), and was particularly evident in a small number of HE institutions and FET colleges and in a much larger number of schools.
- A moralistic approach was associated in certain HE institutions, and much more commonly in schools and FET colleges, with a desire to adopt a 'parental approach' to students' behaviour (including their sexual behaviour) despite the students' ages. Sexual abstinence outside marriage was promoted in this approach, which led some respondents to attribute the causes of the pandemic to 'loose moral values' rather than to poverty, and among school-based educators the supposed 'sexual innocence' of children was particularly common, even though this notion seemed to be contradicted in the strategy (reported by many of the same educators) of reminding children that they must abstain from sex.
- 'Less concerned' approaches to the pandemic were presented by respondents who did not deny its importance but did not want to play specialised roles in mitigating its impact.
- An 'uncritical approach' was identified, characterised by denial of the importance of the pandemic, usually for particular institutions. This position was evident to a limited degree in all three subsectors, and in institutions with apparently high degrees of risk in terms of exposure to the pandemic (such as

schools with high pregnancy rates). Silences resulting from difficulty in talking explicitly about issues related to sexuality and from the social stigma attached to HIV/AIDS were particularly evident in these institutions, but it must be noted that many respondents in the qualitative phase of the study found it difficult to talk about key issues related to HIV/AIDS generally and sexuality in particular, irrespective of the institutional climate in which they worked.

Although certain of the above approaches might be characterised as 'enabling' (in terms of the likelihood that they will be effective in mitigating the impact of the pandemic) and others as 'inhibiting', whether they are enabling or inhibiting in practice is beyond the scope of this study. The categories of approaches may nevertheless be useful for institutions that wish to assess the prevalence of different approaches among staff members. However, some important points need to be made about the meaning of these categorisations:

- They are not neat categorisations – educators might 'belong' in one or more classification. For example, interviewees who presented a 'moralistic' stance often also reported playing a 'parental' role.
- The categories are not simple – they include important nuances. For example, a 'parental' role was advocated in the qualitative phase of the study by a small number of respondents who believed that it is important to make condoms available in education institutions. Although this particular nuance was unusual, it is important to note that respondents within any particular category may 'belong' in it for different reasons and may, as a result, advocate different strategies to mitigate the impact of HIV/AIDS.
- The categorisations are crude. For example, a 'moralistic' position includes but is not defined by religious values that were explicitly conveyed to interviewers. More generally, this category represents respondents who were critical of 'loose moral values' among students and learners without explicit reference to religious beliefs.
- Respondents often expressed contradictory opinions that undermine neat classifications. For example, some school-based educators who expressed a belief in the 'sexual innocence' of children also noted that many of their learners are sexually active, and believed that it is important to teach about safe sex.
- Respondents in the qualitative phase of the study often appeared to change their minds in the course of the interview as a result of engagement with other interviewees or with the questions posed. For example, respondents in one interview who had expressed a belief that their students did not engage in premarital sex were intrigued to hear how one of their colleagues lectured explicitly about sexuality as part of his attempt to reduce the risk of HIV transmission, and began to problematise their 'conservative values' (their own phrase) and to reflect on appropriate approaches and pedagogies to mitigate the impact of the pandemic. This shifting of views is an extremely important phenomenon, as it indicates that the kind of dialogue that the research triggered may serve useful purposes in strategically reshaping an institution's response to HIV/AIDS. We have noted already that for many interviewees the study had provided their first opportunity to discuss HIV/AIDS-related issues with colleagues.

The above points are extremely important to bear in mind when examining the synthesis presented in this chapter and the findings presented in Chapter 10. Understanding the degree of current concern and the types of concern in a given institutional context, how widespread different approaches are and why they are present (or absent) may help an institution to assess its current situation as a first step towards reshaping its strategy to mitigate the impact of the pandemic. It is in this spirit that the classifications are presented.

GENERAL PREDISPOSITIONS AND OPINIONS

The qualitative phase of the study generated quite polarised concerns (and lack of concern) regarding the HIV/AIDS pandemic, ranging from what we have termed a 'campaigning approaches' among respondents

who displayed high degrees of concern to 'uncritical approaches' identified among those who lacked awareness of or denied the importance of the pandemic, some of whom were unwilling to use terms related to the pandemic or to discuss relevant institutional policies.

The qualitative phase of the study necessarily did not throw light on how widespread the different levels of concern are in the South African education system. However, the analysis of the survey data uncovered a very positive response in this regard: it is clear that among the survey respondents there is a high degree of concern about the impact of the HIV/AIDS pandemic on their institutions, and a significant finding is that they believe that they and their institutions have an ethical responsibility to help mitigate its impact. For example, relatively few respondents reported that teaching is their main concern rather than the health of their colleagues or learners/students. The results were slightly less positive in the HE subsector, where more HE respondents than others reported that teaching is their main concern. More HE respondents than others also limited their discussions with students to issues related to their courses, and far fewer HE respondents than others are in favour of including efforts to mitigate the impact of the pandemic in their own, their colleagues' and their institutional managers' performance assessments. However, most respondents in all three subsectors agree or strongly agree that the definition of teaching excellence should include social consciousness and social relevance.

The qualitative fieldwork also uncovered different attitudes to the broad strategies to mitigate the impact of HIV/AIDS that are widely disseminated in the national message about the pandemic ('abstain, be faithful and condomise'). These attitudes ranged from acceptance of the three aspects of the message to a 'critical approach' expressed by a relatively small number of respondents to the effect that 'preaching abstinence' is inappropriate given the real-world sexual behaviours that they were aware of among their students. This 'critical approach' was a relatively rarely expressed position, however, and the more dominant 'moralistic approach' was even shared by student teachers interviewed in universities, some of whom were reluctant to address HIV/AIDS issues with primary school children despite acknowledging that children in this age group were often sexually knowledgeable and precocious. We have noted in Chapter 6 the dangers associated with such contradictions, and that many respondents who expressed such ambivalent positions began to problematise their 'moralistic approach' in the course of the discussions.

The qualitative analysis also notes the responses of a number of school-based respondents who are 'tired' of the national message and feel that they have 'nothing new' to give their learners. The possible dangers related to this view, which emphasises transmission of knowledge rather than development of critical decision-making skills, have been noted in Chapter 6.

The survey results, however, have shown a high level of agreement among respondents with regard to the importance of faithful relationships in reducing HIV transmission; condom use and sexual abstinence were also felt to be important, the latter slightly less so among HE respondents. This confirms that the 'critical approach' to the national message referred to above is likely to be favoured by only a small minority of educators.

INSTITUTIONAL CLIMATE

The qualitative fieldwork uncovered radically different descriptions of the institutional climates in which educators (including those who are concerned and those who are less so) make decisions about their role in the pandemic. Like the professional and personal responses of individuals, institutional approaches (as influenced by senior managers) varied from 'campaigning approaches' to 'uncritical approaches'. This clearly impacts on educators' own responses to the pandemic, and on their feelings about how they can or should respond: for example, respondents who advocated a 'campaigning approach' often felt frustrated and marginalised by senior management in institutions in which an 'uncritical approach' was reported. Conversely, a small number of respondents

felt uncomfortable with the 'campaigning approach' advocated and practised by their senior managers.

The qualitative analysis clearly could not provide an assessment of how widespread any given type of institutional climate is. However, the analysis of the survey data shows that the institutional climates reported by our respondents in relation to the HIV/AIDS pandemic are generally favourable in terms of open discussion of the pandemic (most prevalent in universities and schools), formal support for people affected by HIV/AIDS (far more prevalent at universities), informal support (most prevalent at schools) and supportive senior managers (most prevalent at schools and universities):

- open discussion of issues related to HIV/AIDS is the experience of 71% of respondents at universities and schools and 59% of those at colleges;
- almost four-fifths of university respondents reported formal support such as counselling or social welfare support for people affected by HIV/AIDS – however, this is far less common at schools and colleges, where less than half of the respondents reported such support;
- informal support (such as social acceptance of HIV-positive people, or attendance at funerals of persons whose death is AIDS-related) is slightly more prevalent at schools (59%) than at universities (52%) or colleges (49%); and
- senior managers at schools and universities (both 66%) are more likely to be supportive of interventions to reduce the impact of HIV/AIDS at their institutions than at colleges (55%).

We return to the issue of institutional support in more detail below, drawing on more in-depth analysis of the survey data.

CURRICULUM ISSUES

The qualitative phase of the study generated quite polarised opinions about the place of the HIV/AIDS pandemic in the curriculum of South African education institutions. These included a 'campaigning approach' favouring the inclusion of compulsory courses and modules, an 'instrumentalist approach' favouring the development of critical decision-making skills, and a position expressed by a small number of respondents who felt (as noted above) that they have 'nothing new' to give their learners.

In the HE subsector the qualitative data show that there are widely divergent views on approaches to HIV/AIDS in the curriculum of university programmes. All institutions were implementing some form of curriculum intervention to mitigate the impact of the pandemic. We have noted that these are not indicative of a widespread curriculum 'integration' or 'infusion' strategy, which some respondents strongly advocated, although in some institutions it is clear that a concerted effort is being made to adopt such approaches. We have reported a criticism presented by many respondents to the effect that HIV/AIDS is 'peripheral' to many disciplines, with many HE educators feeling that HIV/AIDS is a 'life orientation' or 'life skills' issue. We have also reported that among respondents who advocated attention to the pandemic in the curriculum separate courses were often believed to be less effective than 'stitching' HIV/AIDS-related issues into the curriculum.

In FET colleges the range of positions regarding the curriculum expressed in the qualitative phase of the study was much less varied, and most approaches hinged on the recent introduction of the new FET curriculum of which Life Skills is now a compulsory part. Because lecturers in this subsector are required to implement curriculum integration generally, the policy environment provides opportunities to introduce HIV/AIDS-related issues across the curriculum.

We have noted that the school subsector stood out, in the qualitative fieldwork, as the one in which greatest support was expressed for curriculum-related interventions. The Life Orientation curriculum was positively viewed by many educators interviewed, who felt that it was enjoyed by learners and helped to address issues such as tolerance of HIV-positive people, silence about issues related to the pandemic and incorrect information prevalent in learners' households about sexuality.

In schools and FET colleges the qualitative phase of the study shows that the pandemic has generated curriculum-related needs because of the greater immediacy of the impact of the pandemic on education institutions in these subsectors. Divergent opinions in these subsectors were related more to implementation strategies, what messages should be conveyed and the kinds of training and support needed than to curriculum design dilemmas.

However, in the FET and the schooling subsectors educators reported, in the qualitative phase of the study, that they often found it difficult to talk about sexuality with their learners, which clearly inhibits effective curriculum-related approaches. Contrasting attitudes to sexuality were found in all three subsectors, with some educators advocating sexual abstinence and the maintenance of what they viewed as 'strong values' in the curriculum, and others emphasising the importance of recognising that many of their learners are sexually active and advocating curricular interventions which do not alienate them but address their anxieties. As we have indicated in Chapter 6, these approaches were informed by radically different constructions of young people, gender and sexuality and the roles of educators.

The qualitative analysis again does not help to throw light on how widespread any opinion about HIV/AIDS and the curriculum is. The survey data, on the other hand, show a very positive attitude to the inclusion of HIV/AIDS-related issues in the curriculum:

- More than four out of five FET college and school respondents believed that issues related to HIV/AIDS should be included in their curricula, but fewer HE respondents (51%) shared this opinion. Specifically, while more than three-quarters of respondents at schools and colleges felt that issues related to sexuality should be included in their curricula, only 38% of HE respondents agreed.
- Similar differences between the HE subsector and the other two subsectors were found in other curriculum-related questions: while more than 70% of respondents at schools and colleges agreed with the inclusion of HIV/AIDS education as a compulsory stand-alone module for learners or students, at universities only 41% agreed; fewer HE respondents (37% as opposed to over 60% in schools and FET colleges) felt that HIV/AIDS education should be an elective stand-alone module; while more than 80% at schools and colleges felt that HIV/AIDS education should be integrated into the curriculum, fewer HE respondents (60%) think this should be the case.

Despite the less positive response in the HE subsector, support for the inclusion in the curriculum of HIV/AIDS-related issues is evident in all subsectors, and it should be noted that between 92% and 98% of all survey respondents agree or strongly agree that it is important for learners and students to acquire knowledge and skills and develop values that are relevant to mitigating the impact of the pandemic.

ROLES AND LEVELS OF SUPPORT

Types of roles in mitigating the impact of HIV/AIDS

In the course of the qualitative fieldwork educators reported the roles that they currently play. As discussed in Chapter 2, these reported roles were then included in the survey questionnaires to establish how prevalent the roles are. The roles were listed in the survey questionnaires as follows:

- I do not play a role in mitigating the impact of the HIV/AIDS pandemic on my university
- I give my students advice and support that is related to the HIV/AIDS pandemic
- I play a specialised role (e.g. counselling) in mitigating the impact of the HIV/AIDS pandemic
- I teach HIV/AIDS-related courses
- I refer to HIV/AIDS-related issues in the teaching of my discipline
- I conduct research into issues that are relevant to the HIV/AIDS pandemic
- I participate in community development initiatives that are relevant to the HIV/AIDS pandemic
- I play a role in mitigating the impact of the HIV/AIDS pandemic that is not listed in B to G above

The analysis of the survey data shows that:

- Reported roles currently played in mitigating the impact of HIV/AIDS were much more prevalent among respondents at schools and FET colleges than at universities. The proportions of respondents playing formally assigned roles varied from 40% at schools to 36% at FET colleges and only 20% at universities.
- However, the proportions of educators playing formal and informal roles are greater: about two-thirds of respondents at schools (68%) and colleges (62%) and one-third at universities (33%) indicated that they play a role in mitigating the impact of HIV/AIDS at their institutions.
- Many school and college respondents reported playing roles in mitigating the impact of HIV/AIDS, including specialised roles:
  - More than half of the college and school respondents said that they give their learners advice and support related to HIV/AIDS.
  - About half of the college and school respondents refer to HIV/AIDS-related issues in the course of their teaching.
  - About three out of ten college and school respondents play one or more of five other roles in reducing HIV/AIDS impact at their institutions. These are relatively specialised roles such as counselling, teaching specifically HIV/AIDS-related courses, conducting research into HIV/AIDS-related issues, participating in community development initiatives relevant to HIV/AIDS or playing another unspecified role.
- In contrast, university respondents are much less likely to be playing roles in mitigating the impact of HIV/AIDS. About one-quarter refer to HIV/AIDS-related issues in their teaching and about one-quarter provide advice and support to their students in respect of HIV/AIDS. One-eighth or less of the university respondents play any of the other roles that are more prevalent at schools and colleges.

In-depth analysis of 'active' and 'passive' subsets of respondents

In-depth analysis of the survey data identified and profiled subsets of respondents who have been described as 'active', 'undecided' and 'passive' in their predisposition towards mitigating the impact of the pandemic. In the schooling and FET subsectors, as noted in Chapter 8, no clear differences were found between the 'active' and 'passive' subsets with respect to their beliefs or predisposition towards acting to mitigate the effects of the pandemic. In the HE subsector there were significant differences between the 'active' subset (14,1% of HE survey respondents, predominantly older, female and African or Indian from Health Sciences and Education) and the 'passive' subset (10,3% of HE survey respondents, predominantly younger, male and white from Commerce, Economics and Management, Engineering, Mathematical Sciences and Physical Sciences). These and other aspects of the quantitative analysis are summarised below (broadly in order from most 'active' to most 'passive'):

- Significantly more HE educators in the 'active' subset reported being concerned or very concerned about the impact of HIV/AIDS on their universities, referred to an ethical responsibility to help reduce this impact (feeling that all teaching staff should play a role and that performance assessments should include the extent of their efforts to reduce the impact of the pandemic) and expressed support for integration into the curriculum of HIV/AIDS-related issues.
- Significantly more HE educators in the 'active' subset play a variety of roles in relation to the pandemic, including listening to their students' personal problems and giving them relevant advice and support, conducting relevant research and participating in relevant community development initiatives. They also tend to feel confident that they can play a role in reducing the impact of HIV/AIDS, although relatively few think that there is open discussion about HIV/AIDS issues at their universities, or sufficient formal and informal support to mitigate the impact of the pandemic.
- A subset of respondents (predominantly African respondents in the age band 40-49) in the schooling subsector want to provide advice and support, play a specialised role in mitigating the impact of HIV/AIDS, teach HIV/AIDS-related courses; refer

to the pandemic in their teaching, conduct related research and participate in related community development.

- A subset of respondents (predominantly African respondents in the age band 40-49) in the schooling subsector are significantly concerned about the impact of the HIV/AIDS pandemic, listen to students' problems, believe that all staff should play a role, are confident that they can play a role, believe that abstinence, faithfulness and condom use are important, believe that assessments of self and managers should include attention to their efforts in reducing the impact of the pandemic, and believe that they and their college have ethical responsibilities in relation to HIV/AIDS.
- A subset of respondents in the schooling subsector (predominantly in the age band 50-59) believe that HIV/AIDS issues should be integrated in all curricula and that teaching excellence should include social consciousness and relevance.
- A subset of respondents in the FET subsector (predominantly African respondents in the age band 40-49) believe that HIV/AIDS issues should be integrated in all curricula, that students should acquire knowledge and develop values to reduce the impact of HIV/AIDS, and that teaching excellence should include social consciousness and relevance.
- A subset of respondents in the HE subsector (predominantly African female respondents from Education, Health Sciences, Law, Social Sciences and Theology) are concerned about the impact of the HIV/AIDS pandemic, listen to students' problems, believe that all staff should be involved, know where to refer students to, believe in the importance of messages related to abstinence, faithfulness and condom use, and believe that they and their university have an ethical responsibility to mitigate the impact of HIV/AIDS.
- A 'concerned but distant' subset of respondents in the schooling subsector (predominantly males in the age band 40-49) who are significantly concerned with the health of learners and colleagues but do not attend HIV/AIDS functions or participate in related community development initiatives.
- A 'relatively unconcerned' subset of respondents in the FET subsector (predominantly white female respondents in the age band 30-49) who would not like to offer counselling, conduct HIV/AIDS-related research or participate in relevant community development initiatives.
- Another 'relatively unconcerned' subset of respondents in the HE subsector (predominantly white respondents in the age band 50-59 from Commerce, Engineering, Life Sciences and Physical Sciences) who do not want to play a specialised role, teach HIV-related courses or conduct HIV-related research.

These brief profiles are interesting indications of possible relationsips between predispositions towards mitigating the impact of the pandemic and biodata categories such as age, gender, ethnicity and discipline. However, further research would be required to explore such relationships.

Future roles of educators in mitigating the impact of the pandemic

The analysis of the qualitative dataset (presented in Section 2) shows that the predisposition towards playing a future role in mitigating the impact of the pandemic is very prevalent among educators in the schooling subsector and to a lesser degree in the FET subsector. In the HE subsector much more ambivalent attitudes are expressed. An examination of the quantitative dataset (presented in Section 3) throws very useful light on the qualitative analysis:

- In the HE subsector (in which only 33% of respondents reported that they currently play a role) 70% of respondents expressed a desire to play a role in the future.
- The desire to play a role in the future is even stronger in FET colleges and schools; in these subsectors the majority (>80%) of respondents would like to play a future role in all of the areas specified in the questionnaire (including specialised roles such as teaching HIV/AIDS-related courses).
- In contrast, at universities only approximately half or less than half of our respondents indicated their wish

to play most of the roles listed in the questionnaire, with two exceptions – providing advice and support to their students (94% of HE respondents) and referring to HIV/AIDS-related issues in their teaching (81%).

These are important findings that reflect a generally favourable predisposition among respondents across the three subsectors towards helping to mitigate the impact of the HIV/AIDS pandemic. The very positive response of the HE respondents in this study is particularly noteworthy, given that it is in this subsector that a formal role in mitigating the impact of the pandemic is currently less common.

Current support, resources and training

Educators who play a role in mitigating the impact of the HIV/AIDS pandemic were asked whether they have sufficient time, support and resources to play their roles. The types of support and resources listed in the survey were derived from the qualitative dataset, and are presented below:

- Information, e.g. brochures, posters
- Teaching and learning material
- Research studies related to the HIV/AIDS pandemic
- Infrastructure, e.g. clinics, counselling and testing unit
- Counselling services
- HIV testing service
- Peer educator programme for staff
- Peer educator programme for students
- Assistance and/or inputs from external experts with experience and/or knowledge related to the HIV/AIDS pandemic
- Events, such as 'Wellness Week', memorial services or guest lectures, that help to mitigate the impact of the HIV/AIDS pandemic

The statistically significant survey results are presented below:

- Most respondents who reported playing one or more roles in mitigating the impact of the pandemic indicated that they do not have enough time to do so.
- Sufficient support seems to be generally more available at universities than at colleges or schools, although the converse applies in relation to giving advice and support to students and learners in HIV/AIDS-related matters, with better support available at schools and colleges.
- Research on HIV/AIDS issues is better supported at universities than at colleges or schools, but specialised roles are reported to be less well supported at universities.
- Support for involvement in HIV/AIDS-related community development initiatives or for playing other unspecified roles in mitigating the impact of the pandemic is experienced in less than half of cases in all three subsectors.
- Resources to facilitate the roles played by respondents are generally in extremely short supply at schools and colleges, but less so at universities. However, lack of adequate resources for HIV/AIDS-related interventions was also a problem reported by HE respondents in relation to both specialised and non-specialised roles, although good or excellent resources and support were reported more at universities than elsewhere.

In the course of the qualitative fieldwork educators who play a role related to the HIV/AIDS pandemic reported various types of relevant training. As discussed in Chapter 2, these reported types of training were then included in the survey questionnaires to establish how prevalent they are. The types of training were listed in the survey questionnaires as follows:

- Training that imparts knowledge about the HIV/AIDS pandemic
- Training in teaching HIV/AIDS-related curricula
- Training in the identification of HIV/AIDS-related problems
- Training in listening skills
- Training in how to deal with emotional issues
- Training in counselling HIV-positive people
- Training in issues related to gender
- Training in issues related to sexuality
- Training in issues related to race

The statistically significant survey results are presented below:

- More than in the FET and schooling subsectors, HE respondents reported having received adequate training, but only with respect to the teaching of HIV/AIDS-related courses, conducting HIV/AIDS-related research, making reference to HIV/AIDS-related issues during their teaching and participating in HIV/AIDS-related community development initiatives.
- At schools and colleges, one-third or less of the staff who play roles in reducing the impact of HIV/AIDS at their institutions reported having received adequate training of any kind.
- With the exception of certain types of training, approximately two-thirds of respondents across the subsectors have not received good or excellent training for the roles that they play.
- The exceptions to the above were found at universities (good or excellent training in dealing with emotional issues), at universities and colleges (training that imparts knowledge about HIV/AIDS and training in listening skills) and at schools and colleges (training in listening skills).

Future support, resources and training required

Educators who want to play a role in the future in mitigating the impact of the HIV/AIDS pandemic were asked whether they have sufficient time, support, resources and training to play future roles. The statistically significant survey results are presented below:

- High levels of need for training and resources for future roles were expressed by respondents in all three subsectors.
- Almost all college and school respondents (>90%) said that in order to play a future role in mitigating the impact of HIV/AIDS it would be important or very important to receive training that imparts relevant knowledge and teaching methods, training in counselling and training dealing with issues related to gender, sexuality and 'race'.
- Many – but fewer – university respondents reported that they were in need of training; their perceived level of need ranged from 68% for training on issues related to 'race' to 85% for training in dealing with emotional issues.
- More than 80% of all respondents who want to play a future role in mitigating the impact of the pandemic at their institutions said that it would be important or very important that a range of resources and support (such as peer support programmes and testing and counselling services) be made available.
- Although all of the resources and forms of support mentioned in the questionnaire were perceived to be important by most respondents, at universities the need for counselling services and a peer support programme for students emerged as the highest priorities.
- At colleges and schools, none of the resources or forms of support received an importance rating of less than 94%.

In Chapter 8 we used correspondence analysis to identify and profile clusters of respondents who strongly associate themselves with particular levels of support. The results of this subset analysis regarding respondents who feel inadequately and adequately supported in their response to the pandemic are presented below:

- A 'less supported' subset of respondents in the schooling subsector (predominantly African female respondents) express a need for training in knowledge, teaching methods, identifying HIV/AIDS-related problems, listening skills, emotional issues, counselling, gender and 'race'.
- A 'less supported' subset of respondents in the FET subsector (predominantly African respondents and female respondents) express a need for training that imparts relevant knowledge, teaching methods, problem identification, listening, counselling, and issues related to gender and sexuality.
- A 'less supported' subset of respondents in the higher education subsector (predominantly Indian female respondents in the age band 30-49 from Agriculture, Commerce, Humanities and Social Sciences) report that training in issues related to gender, sexuality and 'race' is not available.

- A 'less supported' subset of respondents in the schooling subsector (predominantly African respondents in the age band 30-39) express a need for resources including teaching/learning materials, infrastructure, counselling and HIV testing services, peer support for learners and staff, expert assistance and HIV/AIDS-related events.
- A 'less supported' subset of respondents in the FET subsector (predominantly coloured female respondents in the age band 40-49) report that HIV testing services and peer support for learners and staff are not available or their availability is not known.
- A 'less supported' subset of respondents in the FET subsector (predominantly African male respondents in the age band 50-59) express a need for resources including teaching and learning material, research studies related to HIV/AIDS, infrastructure and HIV testing services.
- A 'less supported' subset of respondents in the higher education subsector (predominantly in the age band 50-59 from Education, Health Sciences, Engineering, Life Sciences, Law and Social Sciences) express a need for infrastructure, counselling services and HIV testing services.
- An 'adequately supported' subset of respondents in the higher education subsector (predominantly African male respondents in the age band 40-59 from Arts, Education, Engineering and Social Sciences) report that the quality of training in teaching HIV/AIDS-related courses and identifying HIVAIDS-related problems is fair.
- An 'adequately supported' subset of respondents in the higher education subsector (predominantly African and Indian female respondents in the age band 50-59 from Education, Life Sciences and Theology) report that they have access to good or excellent infrastructure, counselling, HIV testing services and external expert assistance.
- An 'adequately supported' subset of respondents in the higher education subsector (predominantly African and coloured male respondents in the age band 60-69 from Arts, Commerce, Education, Health Sciences, Humanities and Theology) assessed available information, teaching and learning materials and research as being of fair quality.

CAUTIONS REGARDING THE CLASSIFICATION OF EDUCATORS' ROLES

The neat definition of distinct approaches is complicated by the fact that some respondents seemed to advocate different positions and approaches (for example, 'holistic' and 'moralistic') and alternated between them even when they seemed to be contradictory. We have also observed that adopting a particular approach might differ widely across the subsectors – for example, in a school an 'instrumentalist approach' might mean limiting the pastoral duties prescribed in national policy for school-based educators, while in HEIs it might mean opposing the suggestion that educators have any kind of pastoral role to play, let alone in the context of the HIV/AIDS pandemic.

Moreover, it must be noted that in the course of many of the interviews respondents shifted their position, sometimes as a result of interaction with colleagues and the interviewer and sometimes, it appeared, as a result of their own reflections. For example, many respondents who expressed ambivalent positions began to problematise their 'moralistic approach' in the course of the discussion. This indicates that positions on approaches to mitigating the impact of the pandemic, and the beliefs and assumptions on which they rest, may not be static for many educators.

POLICY ON THE ROLES OF EDUCATORS

Some discussion of the relationship between the roles of educators identified in this study and the roles set out in national policy is necessary.

In the HE subsector no HIV/AIDS-specific educator roles are prescribed in policy. *Education White Paper 3 – a Programme for the Transformation of the Higher Education System*, the *Higher Education Act (Act No. 101 of 1997)* and the 2001 *National Plan for Higher Education* set out the three core areas of teaching and learning, research and community engagement, but do not detail specific roles that are relevant to the HIV/AIDS pandemic. There is therefore no discrepancy between what the study has found regarding

educators' current roles in relation to the pandemic and what is stipulated in policy. Despite the lack of any HIV/AIDS-specific role in policy, it must be reiterated that 33% of HE survey respondents report that they currently play a role in mitigating the impact of HIV/AIDS in their institutions, and 70% want to play such a role in the future.

In the FET subsector the Department of Education's *HIV/AIDS Policy for Learners, Students and Educators in Public Schools and Students and Educators in Further Education and Training Institutions* (1999) provides a framework for mitigation of the impact of the pandemic in FET colleges. The policy obliges colleges to:

- create a non-discriminatory institutional environment (which includes adopting a code of conduct);
- create a safe institutional environment (in which the universal precautions regarding the transmission of HIV/AIDS are applied);
- establish a continuing life skills and HIV/AIDS programme;
- develop and implement an institutional policy on HIV/AIDS;
- develop and adopt their own implementation plan on HIV/AIDS to give operational effect to the national policy; and
- establish a health advisory committee involving FET institutional staff and community members to deal with HIV /AIDS matters in the institution.

Relevant roles for educators in the FET subsector in relation to the HIV/AIDS pandemic are embedded in these requirements, but no role is explicitly defined in the policy. The qualitative fieldwork has shown that the immediacy of the impact of the pandemic is less severe in FET colleges than in schools. Nevertheless, the analysis of the survey data shows that 62% of college-based respondents report having adopted roles that are specifically directed at mitigating the impact of the HIV/AIDS pandemic.

In the schooling subsector the *Norms and Standards for Educators* (Department of Education: 2000b) set out the roles, the associated set of applied competences (norms) and qualifications (standards) for the development of educators. One of the seven roles described is the 'community, citizenship and pastoral role'. This role requires that educators act beyond the limits of the classroom and school grounds, expanding their reach into the community. The role requires that educators be able to 'respond to current social and educational problems with particular emphasis on the issues of violence, drug abuse, poverty … HIV and AIDS', to 'demonstrate caring, professional and committed behaviour' and to know about available support services and how they must be utilized.'

These requirements are further explicated in the *HIV/AIDS Emergency: Guidelines for Educators* (Department of Education, 2000), which sets out HIV/AIDS-specific roles of educators in 'making the school a centre of hope and care in the community' through:

- exemplifying responsible sexual behavior;
- spreading correct information;
- leading discussion among learners and parents;
- creating a work environment that does not discriminate against those who are infected or affected; and
- supporting learners and educators who are ill.

The qualitative fieldwork has generated very different examples of how the pastoral and HIV/AIDS-specific roles of school-based educators are understood and practised, ranging from explicitly dismissive responses that ignore the role altogether to examples of educators who play the role with great commitment. However, the analysis of the survey data shows that 68% of school-based respondents report having adopted roles that are not only pastoral in orientation but specifically directed at mitigating the impact of the HIV/AIDS pandemic.

A STRATEGIC DILEMMA

A strategic dilemma was explicitly presented by respondents in the qualitative fieldwork (especially HE respondents) who reported institutional strategies of

allowing individual educators to develop their own responses to the pandemic – in contrast to the notion that they should be obliged to undertake specific actions. The latter approach was advocated by a small number of HE respondents with formally assigned roles related to the pandemic, but often generated hostile reactions among other respondents. This particular dilemma was not so evident among respondents in the FET and schooling subsectors, although some of these were critical of 'ritualistic' activities and messages related to the pandemic. We have noted that respondents who reported this manifestation of what is often referred to as 'AIDS fatigue' expressed resentment at having to incorporate HIV/AIDS-related issues in their curricula, but at the same time questioned whether there is 'anything new' to teach, suggesting that they placed emphasis on facts rather than relevant skills (such as decision making skills) or values. The latitude that should be given to educators to develop their own responses to the pandemic may therefore be a general strategic dilemma for institutions and, where relevant, national policy.

CONCLUSION

The heart of this exploratory study, the qualitative phase, generated both expected and unexpected data categories in response to our grounded theory approach to the research. The qualitative thematic categories (see Chapters 4 to 6) provided a basis for the design of the survey phase, in which we were able to generate new insights into educators' roles and potential roles in mitigating the impact of the pandemic (see Chapters 7 and 8).

In this chapter the superordinate qualitative theme that has been examined is 'approaches to mitigating the impact of the pandemic'. Other thematic categories contribute to a deeper understanding of the nature of and possible reasons for the respondents' (and their institutions') approaches to the pandemic. Moreover, in this chapter we have triangulated the qualitative and quantitative datasets to provide a synthesised analysis of the two phases of the study. We have also noted, as argued in Chapter 6, the importance of core assumptions made by educators that influence the approaches to the pandemic that they advocated. We have observed that the approaches educators advocate depend on how they construct the problem of HIV/AIDS itself – whether, for example, the pandemic is viewed as a problem or not in particular institutional contexts and as a result of factors such as age, gender and values. The analysis of such issues is an important outcome of our social constructionist approach to the design of the study.

The findings of the study are presented in Chapter 10 below, together with the implications of the findings for policy in the South African education system, and for policy at the level of education institutions.

CHAPTER 10

Findings and Recommendations

INTRODUCTION

The aims of the research were to:

- Establish
  - how educators across the three education sub-sectors understand and accept their roles as an important contribution to the mitigation of the spread amongst, and the effect of the pandemic on, their students or learners and colleagues in their institutions, and
  - whether these relate to their roles as teachers, researchers and social actors in their communities.
- Determine the nature and the forms of support needed by educators to mitigate the impact of HIV/AIDS.
- Present recommendations concerning the education and professional development of educators, as well as resource provisioning, to enable them to play a meaningful role in the mitigation of the effect of the HIV/AIDS pandemic on their students or learners and colleagues.

Chapter 9 has presented a synthesised interpretation of the results of this exploratory, mixed-methods study, triangulating the analyses of the qualitative and quantitative datasets. In Chapter 9 we noted that the quantitative analysis helps to understand the relative importance of certain aspects of the qualitative data, such as the prevalence of particular roles played by educators in mitigating the impact of the HIV/AIDS pandemic. In addition to quantifying key outcomes of the qualitative fieldwork, the quantitative analysis also confirms certain aspects of the qualitative analysis.

This chapter presents the findings of the study together with recommendations regarding future efforts to mitigate the impact of the HIV/AIDS pandemic on South African education institutions. These recommendations relate to:

- the need to resolve a strategic dilemma – at both national and institutional levels, whether to prescribe approaches to mitigating the impact of the HIV/AIDS pandemic or allow individuals and institutions to develop their own responses to the pandemic;
- curriculum interventions that meet the challenges of the pandemic;
- differentiated interventions that enable educators to meet the challenges of the pandemic; and
- the need to allocate time and appropriate resources and support, including training, for educators' roles in mitigating the impact of HIV/AIDS.

EDUCATORS' UNDERSTANDING AND ACCEPTANCE OF THEIR ROLES IN MITIGATING THE IMPACT OF HIV/AIDS

Introduction

This section contains findings related to the first research aim, which was to investigate how educators

understand and accept their roles in mitigating the impact of the HIV/AIDS pandemic. Because of the exploratory nature of the study and the grounded theory approach adopted, the section goes beyond an understanding of the current and future roles of educators and also addresses:

- levels of concern regarding HIV/AIDS;
- attitudes to the national HIV/AIDS message;
- institutional climates;
- the current and possible future roles of educators in mitigating the impact of the pandemic;
- the continuum of potentially 'enabling' and 'inhibiting' responses to the pandemic; and
- curriculum-related issues.

Levels of concern regarding HIV/AIDS

Finding 1: Levels of concern regarding the pandemic

Levels of concern among educators across the three subsectors are polarised with respect to the pandemic, ranging from lack of concern and denial of its importance to extreme concern and a strong sense of ethical responsibility to mitigate its impact. Although the qualitative fieldwork showed that reactions to the pandemic are polarised, the majority of survey respondents displayed a very high level of concern regarding the pandemic, and most survey respondents in all three subsectors agreed or strongly agreed that the definition of teaching excellence should include social consciousness and social relevance. Survey respondents in the higher education subsector were more likely to view teaching as their main concern, more likely to limit their discussions with students to issues related to their courses and less likely to accept efforts to mitigate the impact of the pandemic as part of their institution's performance assessment framework.

Finding 2: Agreement about the national HIV/AIDS message

Although a small number of respondents in both the qualitative and quantitative phases of the study were critical of the national HIV/AIDS message, there was a high level of agreement among survey respondents with regard to the importance of faithful relationships in reducing HIV transmission; condom use and sexual abstinence were also felt to be important, the latter slightly less so among HE respondents.

Finding 3: Generally favourable institutional climates

Although the institutional climates reported by interviewees varied as greatly as their professional and personal responses, the survey responses show that institutional climates across all three subsectors in relation to the HIV/AIDS pandemic are generally favourable in terms of open discussion of the pandemic (most prevalent in universities and schools), formal support for people affected by HIV/AIDS (far more prevalent at universities), informal support (most prevalent at schools) and supportive senior managers (most prevalent at schools and universities).

Finding 4: The current roles of educators

Reported roles currently played in mitigating the impact of HIV/AIDS were much more prevalent among survey respondents at schools and FET colleges than at universities. However, the proportions of educators playing both formal and informal roles are greater, and much greater in schools (68%) and colleges (62%) than in universities (33%). More than half of the college and school respondents give their learners advice and support related to HIV/AIDS. About half of the college and school respondents refer to HIV/AIDS-related issues in the course of their teaching. About three out of ten college and school respondents play one or more of five other roles in reducing HIV/AIDS impact at their institutions. These are relatively specialised roles such as counselling, teaching specifically HIV/AIDS-related courses, conducting research into HIV/AIDS-related issues or participating in community development initiatives relevant to HIV/AIDS. In contrast, university respondents are much less likely to be playing roles in mitigating the impact of HIV/AIDS. About one-quarter refer to HIV/AIDS-related issues in their teaching and about one-quarter provide advice and support to their students in respect of HIV/AIDS. One-eighth or less of the university respondents play any of the other roles that are more prevalent at schools and colleges.

Finding 5: The predisposition of educators towards playing a mitigating role

The survey responses show that the predisposition towards playing a future role in mitigating the impact of the pandemic is very prevalent among educators in the schooling subsector and to a lesser degree in the FET subsector – the majority (>80%) of respondents in these subsectors reported that they would like to play a future role in all of the areas specified in the questionnaire (including specialised roles such as teaching HIV/AIDS-related courses). In the HE subsector much more ambivalent attitudes are evident. However, although only 33% of HE respondents reported that they currently play a role, 70% of HE respondents expressed a desire to play a role in the future – typically less specialised roles such as providing advice and support to their students (94% of HE respondents) and referring to HIV/AIDS-related issues in their teaching (81%).

A continuum of possibly 'enabling' and 'inhibiting' responses to the pandemic

Finding 6: The continuum of responses to the pandemic

A continuum of approaches from possibly 'enabling' to possibly 'inhibiting' (in terms of the extent to which they may contribute to mitigating the impact of the pandemic) was identified in the qualitative phase of the study. Certain approaches that go beyond the 'core business' of teaching and learning were particularly but not only evident in the FET and schooling subsectors, where the impact of the HIV/AIDS pandemic appears to be more immediate and where deeply emotional responses, including feelings of despair and impotence, were more prevalent than in the HE subsector. The continuum of approaches identified in the qualitative fieldwork is summarised below:

- A 'campaigning approach' was reported especially but not only among HE educators who were committed to practical initiatives and to raising the profile of HIV/AIDS in their institutions.
- A 'holistic approach' to mitigating the impact of the pandemic recognises that learners and students have more than purely academic concerns, and was evident in all three subsectors but most powerfully expressed in schools.
- A 'socially responsible' approach to mitigating the impact of the pandemic was reported across all three subsectors by educators who expressed a powerful sense of responsibility to address the challenges of the pandemic.
- A 'critical approach' was expressed by a very small number of respondents who took issue with the emphasis on sexual abstinence in the national message.
- An 'instrumentalist approach', characterised by lack of acceptance of responsibility for learners' and students' lives outside the institution, was evident among senior managers in several HEIs.
- A 'moralistic approach' to the pandemic was commonly found in all three subsectors, characterised at times by quite intense 'conservative' and 'religious' values, and was particularly evident in a small number of HE institutions and FET colleges and in a much larger number of schools.
- A moralistic approach was associated in certain HE institutions, and much more commonly in schools and FET colleges, with a desire to adopt a 'parental approach' to students' behaviour despite the students' ages.
- 'Less concerned' approaches to the pandemic were presented by respondents in all subsectors who did not deny its importance but did not want to play specialised roles in mitigating its impact.
- An 'uncritical approach' was identified in all subsectors, characterised by denial of the importance of the pandemic, usually for particular institutions, and silences resulting from difficulty in talking explicitly about issues related to sexuality and from the social stigma attached to HIV/AIDS.

Finding 7: The roles of educators and national policy

In the HE subsector no HIV/AIDS-specific educator roles are prescribed in policy. Despite the lack of any prescribed role, it must be reiterated that 33% of HE survey respondents reported that they currently play a role in mitigating the impact of HIV/AIDS in their institutions, and 70% want to play such a role in the

future. The roles most commonly reported by educators in the HE subsector were providing advice and support to learners and referring to HIV/AIDS-related issues in their teaching.

In the FET subsector relevant roles for educators in relation to the HIV/AIDS pandemic are embedded in policy requirements, but no role is explicitly defined. The qualitative fieldwork has shown that the immediacy of the impact of the pandemic is less severe in FET colleges than in schools. Nevertheless, the analysis of the survey data shows that 62% of college-based respondents report having adopted roles that are specifically directed at mitigating the impact of the HIV/AIDS pandemic. Again, the roles most commonly reported by educators in the FET subsector were providing advice and support to learners and referring to HIV/AIDS-related issues in their teaching. The study has not generated evidence that the roles reported by FET educators fall short of the implicit policy requirements in the subsector.

In the schooling subsector one of the seven roles set out in policy is the 'community, citizenship and pastoral role'. This role requires that educators be able to 'respond to current social and educational problems with particular emphasis on the issues of violence, drug abuse, poverty … HIV and AIDS.' The qualitative fieldwork has generated very different examples of how the pastoral role of school-based educators is understood and practised, ranging from explicitly dismissive responses that ignore the role altogether to examples of educators who play the role with great commitment. The analysis of the survey data shows that 68% of school-based respondents report having adopted roles that are not only pastoral in orientation but specifically directed at mitigating the impact of the HIV/AIDS pandemic.

However, it must be noted that the roles reported by school-based educators fall short in some respects of the HIV/AIDS-specific roles specified in national guidelines. As was the case in the other two subsectors, the roles most commonly reported by educators in schools were providing advice and support to learners and referring to HIV/AIDS-related issues in their teaching. The national guidelines for school-based educators contain more extensive requirements, such as 'exemplifying responsible sexual behaviour' and 'leading discussion among learners and parents', for which no evidence was found in the study.

Finding 8: 'Active' and 'passive' subsets of respondents

In-depth analysis of the survey data identified and profiled three subsets of HE respondents who have been tentatively described as 'active', 'undecided' and 'passive' in their predisposition towards mitigating the impact of the pandemic. (We have noted that the use of the term 'passive' is not intended to be disparaging – the analysis of the qualitative dataset has shown that many respondents gave cogent reasons for their inability or unwillingness to play a formal role with respect to the pandemic.)

Perhaps because of the less immediate impact of HIV/AIDS in the HE subsector, and the greater space that may exist for HE educators to adopt or reject active approaches to the pandemic, there were significant differences between the 'active' subset (14,1% of HE survey respondents, predominantly older, female and African or Indian from Health Sciences and Education) and the 'passive' subset (10.3% of HE survey respondents, predominantly younger, male and white from Commerce, Economics and Management, Engineering, Mathematical Sciences and Physical Sciences). For example, significantly more of the 'active' subset of respondents identified:

- refer to an ethical responsibility to help reduce the impact of the pandemic;
- believe that all teaching staff should play a role in doing so;
- believe performance assessments should include the extent of their efforts and expressed support for integration into the curriculum of HIV/AIDS-related issues;
- play a variety of roles in relation to the pandemic, including listening to their students' personal problems and giving them relevant advice and support, conducting relevant research and participating in relevant community development initiatives;

- tend to feel confident about playing a role in reducing the impact of HIV/AIDS;
- tend to report a lack of open discussion about HIV/AIDS issues at their universities and of sufficient formal and informal support to mitigate impact.

Further in-depth analysis of the survey data, using correspondence analysis, revealed more detailed descriptions of two 'active' subsets of educators in the schooling subsector who are predominantly African respondents in the age band 40-49.

The correspondence analysis also identified subsets of respondents with a strong sense of social responsibility:

- in the schooling subsector (predominantly in the age band 50-59);
- in the FET subsector (predominantly African respondents aged 40-49); and
- in the higher education subsector (predominantly African female respondents from Education, Health Sciences, Law, Social Sciences and Theology).

Curriculum issues

Finding 9: Curriculum issues

The study has generated important distinctions in terms of educators' attitudes to HIV/AIDS and the curriculum, with support for curriculum-related interventions most evident in the schooling subsector:

Although the qualitative fieldwork showed that opinions about HIV/AIDS and the curriculum are quite polarised, survey respondents expressed a very positive attitude to the inclusion of HIV/AIDS-related issues in the curriculum, ranging from approaches that favour the inclusion of compulsory courses and modules to those that support the development of critical decision-making skills.

The qualitative fieldwork indicates that educators who feel that they have 'nothing new' to offer their learners and students may be placing emphasis on transmission of knowledge rather than development of critical decision-making skills.

In schools and FET colleges interviewees in the qualitative fieldwork largely acknowledged that the pandemic has generated curriculum-related needs, and divergent opinions were more related to implementation strategies. In the HE subsector there was greater polemic among interviewees. The survey data show that the school subsector stands out as the one in which greatest support exists for curriculum-related interventions.

The qualitative data show that the different, more positive survey responses to curriculum-related questions in the FET and schooling subsectors are likely to be a result of the greater immediacy of the impact of the pandemic in these two subsectors. However, in both the FET and the schooling subsectors interviewees reported that they often found it difficult to talk about sexuality with their learners, and this clearly inhibited effective curriculum approaches. Curriculum approaches reported in these subsectors appear to be informed by radically different constructions of young people, gender and sexuality and the roles of educators.

THE FORMS OF SUPPORT NEEDED BY EDUCATORS

This section contains findings related to the second research aim, which was to ascertain the types of support required by educators to mitigate the impact of the HIV/AIDS pandemic. The types of support were identified in the qualitative phase of the study and then included in the survey questionnaires. The section addresses the current levels of support available to educators and the support they require in the future to play the roles that many educators to take on:

Finding 10: Time, support, resources and training for current roles

In the course of the qualitative fieldwork educators across the three subsectors reported on the types and adequacy of support that they receive in mitigating the impact of the pandemic. These types of support (including time to allocate to efforts to mitgate the impact,

resources and training) formed the basis for pertinent questions in the survey questionnaires. The analysis of the survey data generated the following findings:

- Most respondents who reported playing one or more roles in mitigating the impact of the pandemic indicated that they do not have enough time to do so.
- Sufficient support seems to be generally more available at universities than at colleges or schools, although the converse applies in relation to giving advice and support to students and learners in HIV/AIDS-related matters, with better support available at schools and colleges.
- Research on HIV/AIDS issues is better supported at universities than at colleges or schools, but specialised roles are reported to be less well supported at universities.
- Support for involvement in HIV/AIDS-related community development initiatives or for playing other unspecified roles in mitigating the impact of the pandemic is experienced in less than half of cases in all three subsectors.
- Resources to facilitate the roles played by respondents are generally in extremely short supply at schools and colleges, but less so at universities. However, lack of adequate resources for HIV/AIDS-related interventions was also a problem reported by HE respondents in relation to both specialised and non-specialised roles, although good or excellent resources and support were reported more at universities than elsewhere.
- More than in the FET and schooling subsectors, HE respondents reported having received adequate training, but only with respect to the teaching of HIV/AIDS-related courses, conducting HIV/AIDS-related research, making reference to HIV/AIDS-related issues during their teaching and participating in HIV/AIDS-related community development initiatives.
- At schools and colleges, one-third or less of the staff who play roles in reducing the impact of HIV/AIDS at their institutions reported having received adequate training of any kind.
- With the exception of certain types of training, approximately two-thirds of respondents across the subsectors have not received good or excellent training for the roles that they play.
- The exceptions to the above were found at universities (good or excellent training in dealing with emotional issues), at universities and colleges (training that imparts knowledge about HIV/AIDS and training in listening skills) and at schools and colleges (training in listening skills).

Finding 11: Future support, resources and training required

The types of support identified in the course of the qualitative fieldwork formed the basis for survey questions about future support, resources and training required by educators to mitigate the impact of the HIV/AIDS pandemic. The analysis of the survey data generated the following findings:

- High levels of need for training and resources for future roles were expressed by respondents in all three subsectors.
- Almost all college and school respondents (>90%) said that in order to play a future role in mitigating the impact of HIV/AIDS it would be important or very important to receive training that imparts relevant knowledge and teaching methods, training in counselling and training dealing with issues related to gender, sexuality and 'race'.
- Many – but fewer – university respondents reported that they were in need of training; their perceived level of need ranged from 68% for training on issues related to 'race' to 85% for training in dealing with emotional issues.
- More than 80% of all respondents who want to play a future role in mitigating the impact of the pandemic at their institutions said that it would be important or very important that a range of resources and support (such as peer support programmes and testing and counselling services) be made available.
- Although all of the resources and forms of support mentioned in the questionnaire were perceived to be important by most respondents, at universities the need for counselling services and a peer support programme for students emerged as the highest priorities.

- At colleges and schools, none of the resources or forms of support received an importance rating of less than 94%.

Finding 12: Subsets of respondents in terms of support needs

The profiling of survey respondents in terms of how well supported they feel shows that there are biodata trends that could be specifically explored in a more in-depth manner in future research. In our study it seems to be the case that African respondents (and African female respondents in particular) figure prominently (but not at all exclusively) in the subsets of respondents with the greatest need for support.

- A 'less supported' subset of respondents in the schooling subsector (predominantly African female respondents) express a need for training that imparts relevant knowledge, as well as training in teaching methods, identifying HIV/AIDS-related problems, listening skills, emotional issues, counselling, gender and 'race'.
- A 'less supported' subset of respondents in the FET subsector (predominantly African respondents and female respondents) express a need for training that imparts relevant knowledge, teaching methods, problem identification, listening, counselling, and issues related to gender and sexuality.
- A 'less supported' subset of respondents in the higher education subsector (predominantly Indian female respondents in the age band 30-49 from Agriculture, Commerce, Humanities and Social Sciences) report that training in issues related to gender, sexuality and 'race' is not available.
- A 'less supported' subset of respondents in the schooling subsector (predominantly African respondents in the age band 30-39) express a need for resources including teaching/learning materials, infrastructure, counselling and HIV testing services, peer support for learners and staff, expert assistance and HIV/AIDS-related events.
- A 'less supported' subset of respondents in the FET subsector (predominantly coloured female respondents in the age band 40-49) report that HIV testing services and peer support for learners and staff are not available or their availability is not known.
- A 'less supported' subset of respondents in the FET subsector (predominantly African male respondents in the age band 50-59) express a need for resources including teaching and learning material, research studies related to HIV/AIDS, infrastructure and HIV testing services.
- A 'less supported' subset of respondents in the higher education subsector (predominantly in the age band 50-59 from Education, Health Sciences, Engineering, Life Sciences, Law and Social Sciences) express a need for infrastructure, counselling services and HIV testing services.
- An 'adequately supported' subset of respondents in the higher education subsector (predominantly African male respondents in the age band 40-59 from Arts, Education, Engineering and Social Sciences) report that the quality of training in teaching HIV/AIDS-related courses and identifying HIVAIDS-related problems is fair.
- An 'adequately supported' subset of respondents in the higher education subsector (predominantly African and Indian female respondents in the age band 50-59 from Education, Life Sciences and Theology) report that they have access to good or excellent infrastructure, counselling, HIV testing services and external expert assistance.
- An 'adequately supported' subset of respondents in the higher education subsector (predominantly African and coloured male respondents in the age band 60-69 from Arts, Commerce, Education, Health Sciences, Humanities and Theology) assessed available information, teaching and learning materials and research as being of fair quality.

DIFFERENT AND CONTRADICTORY APPROACHES TO THE PANDEMIC

Finding 13: Different and contradictory approaches

The definition of distinct approaches is complicated by the fact that some interviewees in the qualitative phase of the study seemed to advocate different positions and approaches to the HIV/AIDS pandemic (for example, 'holistic' and 'moralistic') and alternated

between approaches even when they seemed to be contradictory. We have also observed that the effect of adopting a particular approach to the pandemic might differ widely across the subsectors – for example, in a school an 'instrumentalist approach' might mean limiting the pastoral duties prescribed in national policy for school-based educators, while in HEIs it might mean opposing the suggestion that educators have any kind of pastoral role to play, let alone in the context of the HIV/AIDS pandemic.

Moreover, it must be noted that in the course of many of the interviews respondents shifted their position, sometimes as a result of interaction with colleagues and the interviewer, and sometimes, it appeared, as a result of their own reflections. For example, many respondents began to problematise their approach to the pandemic in the course of the discussion. This indicates that positions on approaches to mitigating the impact of the pandemic, and the beliefs and assumptions on which they rest, may not be static for many educators.

A STRATEGIC DILEMMA

Finding 14: Degrees of latitude for educators to develop their own responses

A strategic dilemma was explicitly presented in the qualitative fieldwork, especially by HE respondents, who reported institutional strategies of allowing individuals to develop their own responses to the HIV/AIDS pandemic – in contrast to the notion that they should be obliged to undertake specific actions. The latter approach was advocated by a small number of HE respondents with formally assigned roles related to the pandemic, but often generated hostile reactions among other respondents.

This strategic dilemma was not evident among interviewees in the FET and schooling subsectors, although a small number of these were critical of 'ritualistic' activities and messages related to the pandemic. We have noted that respondents who reported this manifestation of what is often referred to as 'AIDS fatigue' expressed resentment at having to incorporate HIV/AIDS-related issues in their curricula, but at the same time questioned whether there is 'anything new' to teach, suggesting that they placed emphasis on facts rather than relevant skills (such as decision-making skills) or values. The latitude that should be given to educators to develop their own responses to the pandemic may therefore be a general strategic dilemma across the subsectors.

RECOMMENDATIONS

Introduction

The recommendations of the study are presented below. It must be noted that in an exploratory study recommendations should be viewed with caution and applied in a context-sensitive manner. Indeed, the first recommendation below addresses the importance of context in detail. Because of the grounded theory approach adopted in the design of the study, the recommendations presented in this section go beyond the reference in the research aims to the education and professional development of educators and resource provisioning to enable them to play a meaningful role in the mitigation of the impact of the HIV/AIDS pandemic on their students or learners and colleagues.

Recommendation 1: Resolving a strategic dilemma

Preamble

The study has shown that there are high levels of concern among respondents in all three subsectors with respect to HIV/AIDS, and institutional climates that are generally favourable in terms of HIV/AIDS-related interventions. Probably because of the greater immediacy of the impact of the pandemic on FET colleges and schools, respondents in these subsectors were more likely to be already playing a role – and often playing mutliple roles – in mitigating the impact of the pandemic. It must be noted that in all three subsectors the predisposition among respondents towards playing a role in the future was very high. However, both individual attitudes and institutional climates

are highly polarised with respect to the types of concern expressed and the types of institutional climate reported, and 'campaigning' approaches to mitigating the impact of the pandemic do not always receive appropriate institutional support.

It should be noted that not all beliefs and attitudes are polarised – for example, there were very high levels of agreement among respondents with regard to the importance of faithful relationships; condom use and sexual abstinence in reducing HIV transmission.

A strategic dilemma is evident at both national and institutional levels: whether to prescribe approaches to mitigating the impact of the HIV/AIDS pandemic, or whether to allow individuals and institutions to develop their own responses to the pandemic. We have noted that in the HE subsector there is greater latitude to design various kinds of intervention to mitigate the impact of the pandemic, notably curriculum-related interventions. We have also reported that institutional climates and personal and professional responses to the pandemic vary considerably and in important ways, and that variations in the latter may be explained by deeply held beliefs that in some cases are related to biographical data such as gender, age, 'race' and discipline.

Recommendations

- The fertile ground that exists for the development or refinement of national and institutional strategies should be exploited to develop context-sensitive strategies to mitigate the impact of the pandemic.
- 'One size fits all' strategies are unlikely to effectively mitigate the impact of the HIV/AIDS pandemic. Different approaches to mitigating the impact of the pandemic will be required in different social and intra-institutional contexts. Generic prescriptions should be avoided in favour of a range of types of intervention that will find fertile ground in particular institutions, and that can be implemented by educators with different values and belief systems.
- For example, institutions in which a 'paternal moralistic' or 'uncritical' approach is found – with or without evidence of high-risk sexual behaviour among students and learners – are likely to require a very different type of intervention from one in which a 'campaigning' approach is advocated, and in some cases practised, by senior managers.
- Each institution should examine the implications of this study for developing or refining its strategy, after examining its own current situation and context.
- The strategies should take cognisance of the prevailing climate in a given institution and of the types of concern expressed (and approaches advocated) by its educators, and include interventions that educators with different belief systems can fruitfully implement.
- Although the interventions will differ across institutions, a common framework of expected outcomes should be developed in relation to strategies to mitigate the impact of the pandemic.

Recommendation 2: Curriculum interventions that meet the challenges of the HIV/AIDS pandemic

Preamble

Respondents expressed a very positive attitude to the inclusion of HIV/AIDS-related issues in the curriculum. However, opinions about HIV/AIDS and the curriculum are quite polarised, with greater polemic in the HE subsector. There appears to be greatest support for curriculum-related interventions in the schooling subsector, and the more positive responses to curriculum questions in the FET and schooling subsectors are likely to be a result of the greater immediacy of the impact of the pandemic in these two subsectors. There is limited evidence that some educators may be placing emphasis on transmission of knowledge rather than development of critical decision-making skills. It is important to note that approaches reported in all three subsectors appear to be informed by radically different constructions of young people, gender and sexuality and the roles of educators that have a strong influence on approaches to the curriculum.

Recommendations

- The strong predisposition that exists towards incorporating HIV/AIDS-related issues in the

curriculum should be seen as an important basis for future action, noting the differences in how support for curriculum interventions was expressed by respondents – for example, fundamental differences between transmission of knowledge and development of skills and values at the level of curriculum design and curriculum implementation in lecture rooms and classrooms.

- In particular, curriculum interventions (and associated training interventions) must explicitly address the challenge of high-risk sexual behaviour (including high-risk behaviour among children and young people) and training interventions must enable educators to do so effectively.

Recommendation 3: Differentiated interventions that enable educators to mitigate the impact of the HIV/AIDS pandemic

Preamble

Educators' beliefs can strongly influence whether they are able to effectively address the effects of HIV/AIDS – for example, whether they are able to overcome obstacles related to the social stigma attached to the pandemic or to their own reluctance, in many instances, to talk about key HIV/AIDS-related issues such as sexuality.

Approaches adopted by educators to actively mitigate the impact of the pandemic appear to be quite common, and unconcerned or uncritical approaches less so. A 'moralistic approach' is dominant, particularly in the schooling subsector, in many cases in spite of the evidence of high-risk sexual behaviour among children and of children being at risk in the future because of their socioeconomic circumstances and environment.

We have noted that the neat definition of distinct approaches is complicated by the fact that some respondents seemed to advocate different positions and approaches and alternated between them even when they seemed contradictory. Moreover, during many interviews respondents shifted their position, sometimes as a result of interaction with colleagues and the interviewer, and sometimes, it appeared, arising from own reflections.

While respondents who expressed a high degree of concern (and willingness to act to mitigate the impact of the pandemic) often expressed frustration, it is important to note that school-based educators in particular often expressed powerful feelings of despair and impotence in the face of profound social problems related to the pandemic.

The profiling of respondents shows that there are trends in the biodata of the 'active' and 'passive' subsets that could be specifically explored in a more in-depth manner in future research.

Recommendations

- Individual educators who advocate and practise radically different approaches to mitigating the impact of HIV/AIDS should receive appropriately differentiated support – for example, the 'campaigning approach' advocated by many educators in our study may require a greater emphasis on resource provision than on training, and at the other extreme more effort in training is likely to be required to counteract the effects of 'uncritical' approaches to the pandemic.
- Somewhere along the continuum between these extremes, interventions are particularly needed in the schooling subsector to address the frequently expressed lack of confidence among educators with respect to talking to children about sexuality, especially since this is a compulsory element of the school curriculum. Support and training related to effective interaction with young people and their priorities and values is urgently needed.
- Each institution should examine the implications of this study for developing or refining its strategy, after examining its own current situation and context, including dominant value systems among its educators.
- There is a need to engage, through training initiatives, with beliefs that are clearly unhelpful in relation to the pandemic – in particular, those that inform 'uncritical' approaches to HIV/AIDS.

- The likelihood that educators' positions with regard to HIV/AIDS will be generally dynamic rather than static should be borne in mind when designing training interventions.
- There is a need to provide support to educators, particularly in the schooling subsector, for educators who are most directly affected by the pandemic.
- Since deeply held beliefs (about sexuality or children, for example) clearly influence educators' approaches to the pandemic, it will be useful to understand through further research in what ways biographical data (including factors such as age, gender, 'race' and discipline) may be important variables in individual and collective responses to the HIV/AIDS pandemic.

Recommendation 4: Time, resources, support and training for educators' roles in mitigating the impact of HIV/AIDS

Preamble

Most respondents in all three subsectors who reported playing one or more roles in mitigating the impact of HIV/AIDS indicated that they do not have enough time to do so. Sufficient support seems to be generally more available at universities than at colleges or schools. Resources to facilitate the roles played by respondents are generally in extremely short supply at schools and colleges, but less so at universities, where good or excellent resources and support were reported more than elsewhere. With the exception of certain types of training, approximately two-thirds of respondents across the subsectors have not received good or excellent training for the roles that they play. At schools and colleges, where one-third or less of the staff who play roles in reducing the impact of HIV/AIDS reported having received adequate training, the situation is particularly problematic.

The need for training and resources for future roles was expressed by respondents in all three subsectors. Almost all college and school respondents reported a strong need for training (including training that imparts relevant knowledge and teaching methods, training in counselling, and training dealing with issues related to gender, sexuality and 'race'), and in universities the need was less but the need for training to deal with emotional issues was strongly present.

The vast majority of respondents in all subsectors who want to play a future role in mitigating the impact of the pandemic at their institutions reported that it would be important or very important that a range of resources and support (such as peer support programmes and testing and counselling services) be made available. Needs are particularly acute at colleges and schools, where none of the resources or forms of support that were itemised in the survey received an importance rating of less than 94%. It must be noted that educators who want to play a future role in mitigating the impact of the pandemic constituted the vast majority of respondents.

The profiling of the 'less supported' respondents in the analysis of the survey data shows that there are trends in their biodata that could be specifically explored in a more in-depth manner in future research. In our study it seems to be the case that African respondents (and African female respondents in particular) figure prominently (but not at all exclusively) in the subsets of respondents with the greatest need for support.

Recommendations

- When developing institutional strategies to mitigate the impact of HIV/AIDS, educators' time needs to be viewed as an important resource and allocated appropriately.
- Training, resources and support systems for mitigating the impact of the pandemic are in great demand and must be provided in the differentiated manner suggested in Recommendation 1 above.
- Demand for training, resources and support systems is greatest in the schooling and FET subsectors and these subsectors should be prioritised.
- The study has identified certain types of training, resources and support systems that are in demand, and institution-specific needs should be determined bearing in mind the need for differentiated approaches to support noted in Recommendation 1. Training appears to be needed that imparts

relevant knowledge and teaching methodologies, as well as training in how to identify HIV/AIDS-related problems, in listening skills, in dealing with emotional issues, in first-level counselling with a view to referring people affected by the pandemic to appropriate specialised support, and in issues related to gender, sexuality and 'race'. Specialised support appears to be urgently needed in the schooling and FET subsectors.

- It will be useful to understand through further research in what ways factors such as age, gender, 'race', discipline and institutional context may influence the need for certain types of training, resources and support.

Notes and References

NOTES

1 It should be noted that due to mergers in recent years all FET colleges now contain a mix of historically advantaged and disadvantaged campuses.

2 Although the focus of the student support units is not on HIV/AIDS per se, it was thought that the student support units could in the future provide a basis for expanding student support in order to mitigate the impact of HIV/AIDS.

3 Schools in quintiles 4 and 5 are fee-paying schools on a sliding scale, with the top scale of 4 overlapping with 5, so it has become common practice to collapse these 2 quintiles for research purposes.

4 Schools in Quintiles 1 and 2 are non-fee-paying schools.

5 In this research, respondents' beliefs and opinions were measured by means of five-point scales. In such situations, it is desirable to have a test statistic that provides a measure of the amount of agreement, or disagreement, in the sample, that is, whether or not a particular item 'pole' is characteristic of the respondents. This is preferable to making arbitrary decisions about the extremeness or otherwise of the sample responses. A suitable test for this purpose was designed by Cooper (1976) (Cooper *z*), with modifications suggested by Whitney (1978) (Whitney *t*). Cooper showed that for large samples, the Cooper *z* statistic has a sampling distribution that is approximately normal. The alternative Whitney *t* statistic has a sample distribution that is approximately *t* with (*n*-1) degrees of freedom and is suitable for small samples. In this report, where significance is reported as $p<0.01$, there is less than 1 chance in 100 that the percentage distribution is a consequence of a non-random influence.

6 'Over-represented' means that there were disproportionate numbers of respondents in the subsets with respect to our sample. Such over-representation was in each case statistically significant.

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APPENDIX 1

Higher Education Survey Questionnaire

1. Biographical data

1.1 What is your age group?	
20-29	1
30-39	2
40-49	3
50-59	4
60-69	5
70 or more	6

1.2 What is your gender?	
Male	1
Female	2

1.3 How do you classify yourself in terms of race?	
Black African	1
Coloured	2
Indian	3
White	4
Other (specify	5

1.4 Where is your university located?	
Urban area	1
Peri-urban area	2
Rural area	3

1.5 How many years' experience do you have in universities?	
0-4	1
5-9	2
10-14	3
15-19	4
20-24	5
25 or more	6

1.6 How many years have you been working at your current university?	
0-4	1
5-9	2
10-14	3
15-19	4
120-24	5
25 or more	6

1.7 What is your position in the university?	
Professor	1
Associate Professor	2
Senior Lecturer	3
Lecturer	4
Junior Lecturer	5
Other (specify)	6

1.8 What is your discipline?	
Agricultural Sciences	1
Arts	2
Commerce	3
Economics/Management	4
Education	5
Engineering	6
Health Sciences/Medicine	7
Humanities	8
Law	9
Life Sciences	10
Mathematical Sciences	11
Physical Sciences	12
Social Sciences	13
Theology	14
Other (specify)	15

1.9 Do you have formally assigned HIV/AIDS responsibilities?	
Yes	1
No	2

2. Information about your institution

2.1 There is open discussion of the HIV/AIDS pandemic at my university.

Strongly disagree	Disagree	Undecided	Agree	Strongly agree
1	2	3	4	5

2.2 There is *formal* support provided by my university for those affected by the HIV/AIDS pandemic in my university (such as university support for attendance at funerals of persons whose death is AIDS-related).

Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Don't know
1	2	3	4	5	6

2.3 There is *informal* support provided by staff and/or students at my university for those affected by the HIV/AIDS pandemic in my university (such as attendance at funerals of persons whose death is AIDS-related).

Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Don't know
1	2	3	4	5	6

2.4 Senior managers at my university support interventions to mitigate the impact of the HIV/AIDS pandemic on the university

Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Don't know
1	2	3	4	5	6

3. Personal and professional responses to the HIV/AIDS pandemic

3.1 Tick one or more of the following statements if they characterise the role(s) that you currently play in mitigating the impact of the HIV/AIDS pandemic on your university. IF YOU TICK STATEMENT A, SKIP TO QUESTION 3.4.

OTHERWISE indicate whether you believe that you have sufficient time, adequate support, resources available and training available to facilitate your playing each role that you tick.

	Statement	3.1.1 Current role	3.1.2 Sufficient time	3.1.3 Adequate support	3.1.4 Resources available	3.1.5 Training available
A	I do not play a role in mitigating the impact of the HIV/AIDS pandemic on my university	1	1	1	1	1
B	I give my students advice and support that is related to the HIV/AIDS pandemic	2	2	2	2	2
C	I play a specialised role (e.g. counselling) in mitigating the impact of the HIV/AIDS pandemic	3	3	3	3	3
D	I teach HIV/AIDS-related courses	4	4	4	4	4
E	I refer to HIV/AIDS-related issues in the teaching of my discipline	5	5	5	5	5
F	I conduct research into issues that are relevant to the HIV/AIDS pandemic	6	6	6	6	6
G	I participate in community development initiatives that are relevant to the HIV/AIDS pandemic	7	7	7	7	7
H	I play a role in mitigating the impact of the HIV/AIDS pandemic that is not listed in B to G above	8	8	8	8	8

3.2 Rate the quality of *training* that you have received for the role(s) that you currently play in mitigating the impact of the HIV/AIDS pandemic on your university.

	Training	Very poor	Poor	Fair	Good	Excellent	Not available	Available, but not received
A	Training that imparts knowledge about the HIV/AIDS pandemic	1	2	3	4	5	6	7
B	Training in teaching HIV/AIDS-related curricula	1	2	3	4	5	6	7
C	Training in the identification of HIV/AIDS-related problems	1	2	3	4	5	6	7
D	Training in listening skills	1	2	3	4	5	6	7
E	Training in how to deal with emotional issues	1	2	3	4	5	6	7
F	Training in counselling HIV-positive people	1	2	3	4	5	6	7
G	Training in issues related to gender	1	2	3	4	5	6	7
H	Training in issues related to sexuality	1	2	3	4	5	6	7
I	Training in issues related to race	1	2	3	4	5	6	7

3.3 Rate the quality of the *resources and support* that you have at your disposal for the role(s) that you currently play in mitigating the impact of the HIV/AIDS pandemic on your university.

	Resource/support	Very poor	Poor	Fair	Good	Excellent	Not available	Don't know if available
A	Information, e.g. brochures, posters	1	2	3	4	5	6	7
B	Teaching and learning material	1	2	3	4	5	6	7
C	Research studies related to the HIV/AIDS pandemic	1	2	3	4	5	6	7
D	Infrastructure, e.g. clinics, counselling and testing unit	1	2	3	4	5	6	7
E	Counselling services	1	2	3	4	5	6	7
F	HIV testing service	1	2	3	4	5	6	7
G	Peer educator programme for staff	1	2	3	4	5	6	7
H	Peer educator programme for students	1	2	3	4	5	6	7
I	Assistance and/or inputs from external experts with experience and/or knowledge related to the HIV/AIDS pandemic	1	2	3	4	5	6	7
J	Events, such as 'Wellness Week', memorial services or guest lectures, that help to mitigate the impact of the HIV/AIDS pandemic	1	2	3	4	5	6	7

3.4 Rate the following statements according to their accompanying scales.

3.4.1 My main concern is my academic discipline, not the health of my colleagues or students.

Strongly disagree	Disagree	Undecided	Agree	Strongly agree
1	2	3	4	5

3.4.2 I am concerned about the impact of the pandemic on my university.

Strongly disagree	Disagree	Undecided	Agree	Strongly agree
1	2	3	4	5

3.4.3 I limit my discussions with students to issues related to the courses that I am responsible for. IF YOU ARE RESPONSIBLE FOR AN HIV/AIDS RELATED COURSE, TICK NOT APPLICABLE

Strongly disagree	Disagree	Undecided	Agree	Strongly agree
1	2	3	4	5

3.4.4 I attend events (such as guest lectures) related to mitigation of the impact of the HIV/AIDS pandemic.

Strongly disagree	Disagree	Undecided	Agree	Strongly agree
1	2	3	4	5

3.4.5 I participate in interventions that are designed to mitigate the impact of the HIV/AIDS pandemic on the university.

Strongly disagree	Disagree	Undecided	Agree	Strongly agree
1	2	3	4	5

3.4.6 I listen to my students when they share their personal problems with me.

Strongly disagree	Disagree	Undecided	Agree	Strongly agree
1	2	3	4	5

IF YOU RESPOND STRONGLY DISAGREE, DISAGREE OR UNDECIDED, SKIP TO QUESTION 3.4.8

3.4.7 I am happy to listen to my students when they share their personal problems with me.

Strongly disagree	Disagree	Undecided	Agree	Strongly agree
1	2	3	4	5

3.4.8 All teaching staff at my university should be playing a role in mitigating the impact of the HIV/AIDS pandemic.

Strongly disagree	Disagree	Undecided	Agree	Strongly agree
1	2	3	4	5

3.4.9 I know who to refer a student to if I know or suspect that she or he has a problem related to the HIV/AIDS pandemic.

Strongly disagree	Disagree	Undecided	Agree	Strongly agree
1	2	3	4	5

3.4.10 I feel confident that I can play a role in mitigating the impact of the HIV/AIDS pandemic.

Strongly disagree	Disagree	Undecided	Agree	Strongly agree
1	2	3	4	5

3.4.11 I believe that the promotion of abstinence from sexual activity is an important component of any message that is intended to combat HIV transmission (e.g. communicated via television or by your university using any medium).

Strongly disagree	Disagree	Undecided	Agree	Strongly agree
1	2	3	4	5

3.4.12 I believe that the promotion of faithful relationships is an important component of any message that is intended to combat HIV transmission (e.g. communicated via television or by your university using any medium).

Strongly disagree	Disagree	Undecided	Agree	Strongly agree
1	2	3	4	5

3.4.13 I believe that the promotion of condom use is an important component of any message that is intended to combat HIV transmission (e.g. communicated via television or by your university using any medium).

Strongly disagree	Disagree	Undecided	Agree	Strongly agree
1	2	3	4	5

3.4.14 Performance assessment for all academic staff at my university should include assessment of their contribution to mitigating the impact of the HIV/AIDS pandemic should be incorporated into.

Strongly disagree	Disagree	Undecided	Agree	Strongly agree
1	2	3	4	5

3.4.15 Assessment of my performance as a staff member should include assessment of my contribution to mitigating the impact of the HIV/AIDS pandemic.

Strongly disagree	Disagree	Undecided	Agree	Strongly agree
1	2	3	4	5

3.4.16 Performance assessment for managers in my university should include assessment of their contribution to mitigating the impact of the HIV/AIDS pandemic.

Strongly disagree	Disagree	Undecided	Agree	Strongly agree
1	2	3	4	5

3.4.17 I believe that my university has an ethical responsibility to help mitigate the impact of the HIV/AIDS pandemic.

Strongly disagree	Disagree	Undecided	Agree	Strongly agree
1	2	3	4	5

3.1.18 I believe that I have an ethical responsibility to help mitigate the impact of the HIV/AIDS pandemic.

Strongly disagree	Disagree	Undecided	Agree	Strongly agree
1	2	3	4	5

4. Future role

4.1 Which of the following statements best characterises the role, if any, that you would like to play in the future in mitigating the impact of the HIV/AIDS pandemic on your university?

TICK ALL STATEMENTS THAT APPLY.

A	I do not wish to play a role in mitigating the impact of the HIV/AIDS pandemic on my university.	1
B	I would like to give/continue to give my students advice and support.	2
C	I would like to play a specialised role (such as counselling).	3
D	I would like to teach HIV/AIDS-related courses.	4
E	I would like to refer to HIV-AIDS-related issues in the teaching of my discipline.	5
F	I would like to conduct research into issues of relevance to the HIV/AIDS pandemic	6
G	I would like to participate in community development initiatives that are relevant to the HIV/AIDS pandemic.	7
H	I would like to play a role in mitigating the impact of the HIV-AIDS pandemic that is not listed in B to G above.	8

IF YOU TICK STATEMENT A, SKIP TO QUESTION 5.1

4.2 What kinds of training would you need for the future role that you envisage for yourself in mitigating the impact of the HIV/AIDS pandemic on your university? Rank the following in order of importance, where 1 = most important and 9 = least important.

	Training	Rank
A	Training that imparts knowledge about the HIV/AIDS pandemic	
B	Training in teaching HIV/AIDS-related curricula	
C	Training in the identification of HIV/AIDS-related problems	
D	Training in listening skills	
E	Training in how to deal with emotional issues	
F	Training in counselling HIV-positive people	
G	Training in issues related to gender	
H	Training in issues related to sexuality	
I	Training in issues related to race	

4.3 What kinds of resources and support would you need for the future role that you envisage for yourself in mitigating the impact of the HIV/AIDS pandemic on your university? Rank the following in order of importance, where 1 = most important and 10 = least important.

	Resource/support	Rank
A	Information, e.g. brochures, posters	
B	Teaching and learning material	
C	Research studies related to the HIV/AIDS pandemic	
D	Infrastructure, e.g. clinics, counselling and testing unit	
E	Counselling services	
F	HIV testing service	
G	Peer educator programme for staff	
H	Peer educator programme for students	
I	Assistance and/or inputs from external experts with experience and/or knowledge related to the HIV/AIDS pandemic	
J	Events, such as 'Wellness Week', memorial services or guest lectures, that help to mitigate the impact of the HIV/AIDS pandemic	

5. Research and curriculum in relation to the HIV/AIDS pandemic

5.1 Indicate to what extent you agree or disagree with each of the following statements.

	Statement	Strongly disagree	Disagree	Not sure	Agree	Strongly agree	Not applicable
A	Issues related to the HIV/AIDS pandemic **are integrated** into the curriculum/a that I am responsible for.	1	2	3	4	5	6
B	Issues related to the HIV/AIDS pandemic **should be integrated** into the culrriculum/a that I am responsible for.	1	2	3	4	5	6
C	Issues related to sexuality **are integrated** into the curriculum/a that I am responsible for.	1	2	3	4	5	6
D	Issues related to sexuality **should be integrated** into the curriculum/a that I am responsible for.	1	2	3	4	5	6
E	HIV/AIDS education should be a compulsory stand-alone module for students at my university.	1	2	3	4	5	6
F	HIV/AIDS education should be an elective stand-alone module for students at my university.	1	2	3	4	5	6
G	HIV/AIDS education should be integrated into the curriculum of the programmes that I am responsible for as an educator.	1	2	3	4	5	6
H	HIV/AIDS education should be integrated into the curriculum of all students at my university.	1	2	3	4	5	6
I	It is important for my students to acquire knowledge that is relevant to mitigating the impact of the HIV/AIDS pandemic.	1	2	3	4	5	6
J	It is important for my students to acquire skills that are relevant to mitigating the impact of the HIV/AIDS pandemic.	1	2	3	4	5	6
K	It is important for my students to develop values that are relevant to mitigating the impact of the HIV/AIDS pandemic.	1	2	3	4	5	6
L	The definition of academic excellence should include social consciousness and social relevance.	1	2	3	4	5	6

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