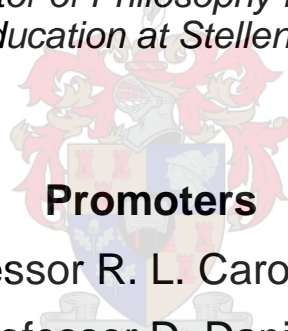


HIGH SCHOOL LEARNERS' EXPERIENCES OF LEARNING ABOUT HIV AND AIDS

By

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*A thesis submitted in fulfilment of the requirements for the degree of
Doctor of Philosophy in the
Faculty of Education at Stellenbosch University*



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December 2020

DECLARATION

I hereby solemnly declare that this thesis, entitled '**High school learners' experiences of learning about HIV and AIDS**', is my own original work (see Turnitin report Appendix 11). This work has not been submitted to any other institution of higher learning for obtaining any qualification. I have used information from the published or unpublished work of other scholars, and I have acknowledged the sources in the text and in the list of references.

DATE: July 2020

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DECLARATION ON RESEARCH ETHICS CLEARANCE

I, **Phelicia Nonzukiso Tyilo**, student number, **14668319**, hereby declare that I am fully aware of the research ethics guidelines of the University of Stellenbosch and have conformed to the stipulated regulations. I have obtained an ethical clearance certificate from the University of Stellenbosch Research Ethics Committee, and my reference number is: **SU-HSD-001750**.

OPSOMMING

Hierdie studie is gemotiveer deur die stilte rondom leerders se stemme en perspektiewe en die proses om oor MIV en VIGS te leer. Beduidende navorsing is reeds oor MIV en VIGS onderrig onderneem. Dit omvat navorsing oor skoolgebaseerde programme om leerders te ondersteun; onderwysers op die implementering van LO voor te berei; leerders se siening van MIV en VIGS en hul welstand te bepaal; hoe skoolkinders geslagsinvloed ervaar; en hoe weeskindleerders sorg en ondersteuning in die konteks van MIV en VIGS ervaar. Ondanks die studies wat onderneem is om leerders se stemme te bekom, is min bekend oor die ervarings van leerders wanneer hulle oor MIV en VIGS in formele en informele kontekste leer. Die studie het dus 'n platform vir leerders in graad 10 geskep om hul ervarings oor MIV en VIGS in skole en informele kontekste te deel. Sosiale leerteorie en ekologiese sisteemteorie was die belangrikste teorieë wat die studie gelei het omdat beide teorieë die onderlinge invloed van die individu en die omgewing in die leerproses beklemtoon. Die studie het 'n interpretatiewe paradigma met 'n kwalitatiewe navorsingsmetodologie gebruik. Gevallestudie is as studie ontwerp gekies om die bestudeerde verskynsel te ondersoek aangesien die ervarings van leerders ondersoek is.

Navorsingsdeelnemers is deur middel van doelgerigte steekproefneming gekies om te verseker dat geselekteerde deelnemers meer kundig was oor die verskynsel wat bestudeer is. Graad 10 leerders van twee geselekteerde skole is in hierdie geval vir die studie gekies. Die data is deur middel van waarneming in die klaskamer, fokusgroeponderhoude en semigestruktureerde onderhoude ingesamel. Meerdere data insamelmodes is gebruik om metodologiese triangulering vir die betroubaarheid en geloofwaardigheid van die studie te verseker. Die studie toon dat kennisgenereringsterreine uit formele en informele kontekste leerders se leer beïnvloed wanneer hulle oor MIV en VIGS leer. Die formele kurrikulum beïnvloed leerders beide positief en negatief by hulle leer oor MIV en VIGS. Sommige leerders ervaar steeds uitdagings wanneer hulle oor MIV en vigs leer, aangesien onderwysers en ouers nie bereid is om openlik met hulle oor MIV en VIGS te gesels nie. Sommige leerders het ook aangedui dat hulle ongemaklik gevoel het wanneer 'n ouer onderwyser hulle oor MIV en VIGS onderrig het, aangesien dit hul deelname in die klas beïnvloed het. Ondanks die uitdagings wat ondervind is, het leerders ook aangedui dat hulle positiewe

ervarings gehad het. Sommige leerders het aangedui dat die gemeenskap positief deur NRO's vir die fasilitering van reprodktiewe gesondheidswerkswinkels vir jong mense beïnvloed is. Die rol wat ouers en familieledede in sommige gesinne speel, was prysenswaardig ten opsigte van die verbetering van leerders se leer oor MIV en VIGS. Verder het leerders in gevalle waar ouers oor MIV en VIGS swyg, ook gevind dat onderwysers en portuurgerigte sessies betroubare bronne vir hul leer oor MIV en vigs was. Die bevindinge van hierdie studie dui daarop dat die boodskappe wat oorgedra word wanneer leerders oor MIV en vigs leer, gediversifiseer moet word om leerders se kennis oor MIV en VIGS te verdiep. Samewerking tussen die skool, gemeenskapsentrums en ander belanghebbendes deur middel van bewusmakingswerkswinkels wat jongmense in skole sowel as in informele kontekste bemagtig word aangemoedig. In diens en voor diens onderwysersopleiding moet ook daarvoor pleit dat LO onderwysers deelnemende onderrigmetodes gebruik, veral in die konteks van MIV en VIGS onderrig.

ABSTRACT

The silence around learners' voices and perspectives and their process of learning about the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) motivated this study. Significant research has been conducted into HIV and AIDS education. This includes research on school-based programmes to support learners, preparing teachers to implement Life Orientation, learners' views of HIV and AIDS and their well-being, how school children perceive gender influence, and how orphaned learners experience care and support in the context of HIV and AIDS. Despite the studies being conducted to access learners' voices, little is said about experiences of learners when learning about HIV and AIDS in formal and informal contexts. This study, therefore, created a platform where learners in Grade 10 could share their experiences of learning about HIV and AIDS both in schools and in informal contexts. Social learning theory and ecological systems theory were the main theories that guided the study because they both emphasise the mutual influence of the individual and environment in the learning process.

The study adopted an interpretive paradigm within which a qualitative research methodology was used. Since the study explored learners' experiences, case study design was chosen to explore the phenomenon under investigation. Research participants were selected through purposive sampling to ensure that selected participants were knowledgeable about the phenomenon under study. In this case, Grade 10 learners from two selected schools were chosen for the study. Data was collected through classroom observation, focus group interviews and semi-structured interviews. I used multiple data collection methods for methodological triangulation to ensure that the study would be trustworthy and credible.

The study shows that when learners learn about HIV and AIDS, there are knowledge-generation sites from formal and informal contexts that influence their learning. The formal curriculum influences the learners when learning about HIV and AIDS both positively and negatively. Some learners still face challenges when learning about HIV and AIDS as teachers and parents are not willing to talk to them openly about HIV and AIDS. Some learners also indicated that when they had an 'older teacher' teaching them about HIV and AIDS, they were uncomfortable, and this affected their participation in class. Despite the challenges they experienced, learners also indicated that they had

positive experiences. Some learners indicated the positive influence that the community has through non-governmental organisations facilitating reproductive health workshops for young people. The role that parents and family members play in some families has been commendable in enhancing learners' learning of HIV and AIDS. Furthermore, in some instances where parents are silent about HIV and AIDS, learners found teachers and peer-facilitated sessions to be the reliable sources in their learning about HIV and AIDS.

The findings of this study suggest that when learners learn about HIV and AIDS, messages that are conveyed have to be diversified to deepen learners' knowledge about HIV and AIDS. The collaboration between school, community centres and other stakeholders is encouraged through awareness workshops that empower young people both in schools and informal contexts. In-service and pre-service teacher education should also advocate that Life Orientation teachers adopt participatory teaching methods, especially in the context of HIV and AIDS education.

DEDICATION

I dedicate this work to: my late parents, Mr Solomon 'Madlele'ebhatyini' Tyilo and Mrs Nolizo Grace Tyilo, whom God called before they saw my greatest accomplishment; my family; and my son, Mikhulu ZiiNceba Tyilo.

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I would not have conducted the study without permission from the Eastern Cape Department of Education and am profoundly grateful to them for their permission. I would also like to express my sincere gratitude to the schools that allowed me to conduct research in their schools. Special gratitude goes to the Life Orientation teachers who gave me permission to observe their Grade 10 lessons. A special mention goes to the late Mrs Kene, a Life Orientation teacher. She was looking forward to the study findings, and I hope her soul rests in eternal peace. Thanks also to the learners who were selected for the study. This study is about – and for – them.

My heartfelt gratitude goes to my family who helped with my parental responsibilities during my study period; and to my son, Mikhulu, for giving me reason to persevere and never give up. To my nieces and nephews: your support ensured that your aunt, 'Makazi', did not disappoint you nor betray your trust.

I am grateful to the University of Fort Hare for granting me an opportunity to focus on my studies through the sabbatical leave that I was granted in 2016. I am thankful to my colleagues in the Faculty of Education for the unceasing inspiration and support they offered during the course of my study. Special thanks go to Professor S. Rembe for being my inspiration as she mentored me through professional discussions during the course of this study. Mr Thomas, I appreciate your fatherly support throughout the period.

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LIST OF ACRONYMS

AIDS:	Acquired Immunodeficiency Syndrome
DBE:	Department of Basic Education
DoE:	Department of Education
HIV:	Human immunodeficiency virus
HSRC:	Human Sciences Research Council
LO:	Life Orientation
MTCT	Mother-to-child transmission
NGO:	Non-governmental organisation
NMC:	Nursing and Midwifery Council
NSP:	The National Strategic Plan
PWID:	People who inject drugs
SANAC:	South African National AIDS Council
STI:	Sexually transmitted infection
TOP	Teen Outreach Programme
UNAIDS:	Joint United Nations Programme on HIV and AIDS
UNGASS:	United Nations General Assembly Special Session
UNICEF:	United Nations International Children's Emergency Fund

CHAPTER ONE

INTRODUCTION TO THE STUDY

1.1 Introduction

The human immunodeficiency virus (HIV) epidemic and acquired immunodeficiency syndrome (AIDS) appear to have stabilised in many countries, but HIV prevalence continues to rise in some countries (Mondal & Shitan, 2013). This means that HIV remains an ongoing concern as it affects most countries. In the context of South Africa, youth and children aged 15 years and younger account for almost 30% of the country's population, and people living with HIV who are between the ages of 15 and 49 constitute 19% of the HIV-positive population as stated in the Statistics South Africa report (2018). These HIV prevalence rates in South Africa have implications for education because people aged 15 years are still of schoolgoing age and are considered to be one of the high-risk groups.

With increased access to schooling in a post-apartheid South Africa, the number of young people attending educational institutions has also increased. The majority of young people attending school receive health education in an attempt to prevent them from engaging in risk behaviours, for example, violence and substance use and abuse. Engaging in risk behaviours has negative repercussions for young people resulting in unwanted pregnancy, suicide and contracting sexually transmitted diseases such as HIV and AIDS (Ugoji, 2014).

As stated by the Department of Basic Education (DBE; 2013), schools are in a paradoxical position as learning sites where young people can be educated about HIV and AIDS and other risk behaviours. Teachers in schools have their own HIV and AIDS challenges. Some teachers themselves may be infected or affected with HIV and AIDS while expected to teach learners about HIV and AIDS in order to nurture and support them in preparing for their future. Despite this, the school can still play a role in HIV and AIDS education for young people, so teachers have to address HIV and AIDS in their classrooms. The view that teachers have to address HIV and AIDS in the

classroom produced multiple challenges. Some teachers still believe that talking about sex and sexuality with learners in the classroom might encourage them to become promiscuous (Buthelezi et al., 2007).

In the school context, HIV and AIDS education forms part of the LO curriculum, introduced as a compulsory subject for all grades in 1997 (DBE, 2011). HIV and AIDS education is important because young people between 15 and 24 years are among the highest prevalence group for HIV and AIDS, in spite of all the efforts made to integrate HIV and AIDS education into the curriculum. Integration of HIV and AIDS education is crucial as young people are at risk of infection due to their early sexual encounters (Francis, 2013a).

Schools, however, are not the only places where learners can learn about HIV and AIDS. There are educational initiatives that aim to increase awareness of HIV and AIDS and risk behaviours even outside schools. Learning about HIV and AIDS also takes place in informal contexts through the efforts made by non-governmental organisations (NGOs) like LoveLife (2016), Soul City Institute (2009) MTV Shuga (World Bank, 2016) and others. The current study, therefore, explores high school learners' knowledge and the implementation of knowledge as well as the spaces in which their learning about HIV and AIDS takes place.

1.2 Background to the study

AIDS was recognised for the first time in the United States of America in 1981. In 2019, globally, there were 36.9 million people living with HIV, of which 14 million are children under 15 years old. Of the 36.9 million, the East Africa and southern Africa regions account for 19.6 million people living with HIV – regions with the highest prevalence in the world (Joint United Nations Programme on HIV and AIDS [UNAIDS], 2018). HIV and AIDS has spread and intensified worldwide, particularly among marginalised and poor populations. In addition, poverty, discrimination, inequality and other social factors continue to influence the spread of HIV (Pellowski, Kalichman, Matthews, & Adler, 2013). Given the fact that there is currently no cure for HIV and AIDS, education is an effective, unsurpassed weapon in preventing the spread of the pandemic. Education is particularly relevant in schools to combat learners from contracting and spreading the pandemic (Sarma, & Oliveras, 2013). In addition, informal contexts such as healthcare centres and NGOs also provide knowledge about HIV

and AIDS. What learners learn in schools about HIV and AIDS can either positively or negatively affect the information that learners receive about HIV and AIDS from informal contexts.

In South Africa, numerous policy initiatives aimed to reduce the spread of HIV and AIDS. The National Policy on HIV and AIDS Education developed by the Department of Education in conjunction with the Department of Health and Welfare in 1995 attempted to respond to the HIV and AIDS epidemic in South Africa (Thaver, & Leao, 2012). This policy served as a guideline that schools can follow to address HIV and AIDS education. The Department of Education (1999), as a response to this policy, developed a life skills curriculum for schools to implement. The life skills curriculum attends to the goals of the national policy that calls for the provision of information about HIV and AIDS to reduce its transmission, facilitate healthy behaviour in youth, and develop an environment of awareness and tolerance among youth towards those affected by – and infected with – HIV and AIDS (Thaver, & Leao, 2012).

The rationale behind introducing the life skills programme in schools was the fact that research suggested that many teenagers are sexually active. Sexual activity in South Africa takes place against the backdrop of individual and social factors. There are many reasons why teenagers engage in sexual activity. Sometimes they do so by their own choice due to teenage curiosity and experimentation. However, many young women are coerced into sexual activity in the context of gender-based sexual violence (Potgieter, Strebel, Shefer, & Wagner, 2012). Furthermore, other forms of risk behaviour, such as drug use, heighten the chances of learners becoming infected with HIV. Plüddemann, Flisher, McKetin, Parry and Lombard (2012) found that drug use contributes to sexual risk behaviours among Grades 8 and 11 learners. Hence, there is a call for policy planners and teachers to consider some factors leading to HIV transmission when implementing life skills programmes in schools.

When life skills programmes were introduced, the aim was to provide opportunities for young people to debate and discuss sexuality issues in a more formalised space (classroom environment) where new knowledge can be constructed and formalised. Despite societal values emphasising abstinence, that is, advocating for no premarital or casual sex, teachers had to be catalysts to develop life skills in their schools. This placed a huge burden on teachers as they themselves had to deal with the

realities of learners who were at risk of infection or who were infected with or affected by HIV and AIDS. Some researchers like Sarma and Oliveras (2013) wondered if teachers were prepared enough to manage these new responsibilities expected of them. This resulted in many debates about the necessary factors to consider when teaching about HIV and AIDS. For example, the curriculum focussed largely on HIV and AIDS awareness and information with little emphasis placed on living a healthy lifestyle. This implies that an engagement with youth is necessary in order to develop appropriate curricula (Sarma, & Oliveras, 2013).

Various studies exist about youth in relation to HIV and AIDS. Awotidebe, Phillips and Lens (2014) suggested that factors that increase the risk of HIV infection in rural schoolgoing adolescents and young adults include a lack of HIV information. They concluded that minimal information influenced the sexual risk behaviours of adolescents. In addition, despite efforts made to address HIV and AIDS challenges, some learners still experience challenges as they come from poor socioeconomic backgrounds, which make their exploitation through transactional sex possible (Taukeni, & Ferreira, 2016).

Another study that examined youth participation in policies and programmes about HIV and reproductive health indicates a need for enhanced and meaningful youth participation in such programmes (Melles, & Ricker, 2018). However, there is a dearth of literature about learners' experiences of learning about HIV and AIDS in schools – and in informal contexts particularly. This study intends to contribute to the existing literature in terms of learners' learning about HIV and AIDS in both contexts. The study is relevant because it acknowledges that learning about HIV and AIDS is multipronged as learners learn about HIV and AIDS in formal and in informal contexts. In addition, learners' experiences of learning about HIV and AIDS will inform teachers, curriculum planners and other stakeholders of learners' experiences of learning about HIV and AIDS. More specifically, it is likely to highlight their expressed benefits of learning about HIV and AIDS as well as the challenges they encounter when learning about HIV and AIDS in both formal schooling and informal contexts.

1.2.1 Learners' experiences of learning about HIV and AIDS

There are still cultural taboos about adults and youth talking about HIV and AIDS (Francis, 2013a). In countries where strong religious value systems are in place, this is exacerbated as children are

considered to be non-sexual beings who are innocent when it comes to sexuality. Most policy initiatives assume that young people need to learn about HIV and AIDS for their behaviours to change. In this context it is, therefore, important to consider that learning is an integral part of people's everyday lives. Typically, people learn through participation, and especially so when they are rewarded for their learning (Daniel, Daniel, & Daniel, 2011). Learners enthusiastically construct and reconstruct knowledge in different social contexts at different times (Donald, Lazarus, & Moolla, 2014). When learners learn, Bandura (1977a), in his social learning theory, argues that they learn through exposure to different environments and their active engagements with those environments. Learning, therefore, takes place in multiple environments such as the home, school and broader community. Schools are therefore not the only sites of learning about HIV and AIDS as learners can learn about HIV and AIDS through social interaction and in informal contexts too.

Schools, family, peers and informal contexts can influence a learner's understanding of HIV and AIDS. Acquiring knowledge might not be enough when exploring the studied phenomenon, but a holistic view of learning might assist in understanding how learners learn about HIV and AIDS. This is because HIV and AIDS can have the potential of highlighting the complex interplay between various aspects of one's life. Hence, Brotman, Mensah and Lesko (2010) suggest that people need to make informed personal choices when it comes to HIV and AIDS and acknowledge the importance of cognition when one is learning. Once learners are engaged in debates and discussions about HIV and AIDS, they become more prepared to make personal and societal choices about their own lives. Such debates and discussion can, in turn, enhance their experiences when learning about HIV and AIDS. HIV and AIDS affects learners in all spheres of their lives as they are likely to interact and learn about it in multiple contexts of their lives, not just in school (Brotman et al., 2010). Learners' learning experiences about these issues are an important consideration when developing curriculum and teaching methods to influence learners' thinking and decision-making about HIV and AIDS. Mwebi (2012) acknowledges the child-to-child curriculum approach as an effective one to access the learners' voices of their learning experiences. Learners' own capacities and problem-solving skills can stimulate their imagination, and it is important that they are not merely exposed to a transmission of facts and knowledge. The way in which HIV and AIDS is taught can influence learners' experiences of learning about HIV and AIDS.

1.2.2 Teaching about HIV and AIDS

When teachers teach about HIV and AIDS, they develop suitable life skills, values and attitudes that would help learners prevent and cope with HIV and AIDS in their daily lives (Baxen, 2010). However, teachers without specialised training in teaching HIV and AIDS have difficulties when teaching about HIV and AIDS (Baxen, 2010). Poor teacher training and unavailability of resources are major problems in teaching HIV and AIDS (Thaver, & Leao, 2012). This is because poor teacher training attracts conventional methods that promote teacher-centred approaches and learners having to regurgitate received information without engagement during the lesson. Such methods are not conducive to the content and objectives of life skills programmes influenced by the National Policy on HIV and AIDS (Thaver, & Leao, 2012).

The introduction of Curriculum 2005 aimed to enforce new methodologies in education that encouraged learner participation and critical thinking (Sargeant, 2012). The argument to support these participatory methodologies was the idea that when learners are actively engaged in the lessons, they develop a sense of independence and responsibility for their learning. Many researchers strongly supported teaching approaches that encourage learners to engage in decision-making and problem-solving when they are learning about risk behaviours (Mwebi, 2012).

This meant that learner-centred approaches to teaching were strongly supported when dealing with topics about health and risk behaviours. The controversy that HIV and AIDS brings, both at personal and societal levels, might be addressed when such approaches are employed. Subsequently, this would enhance learners' participation and instil a sense of independence and responsibility about their lifestyle choices. In addition, learners may master life skills relating to self-management, increase their knowledge and develop positive attitudes and behaviour related to HIV prevention (Pohan, & Hinduan, 2011). There is extensive evidence that learner-centred methods encourage learners' participation and have more favourable outcomes in the learning process as learner engagement in discussions is enhanced (Jacobs, Vakalisa, & Gawe, 2011).

The National Policy on HIV and AIDS serves as a guideline of what schools should teach in life skills curricula. Mugweni, Phatudi and Hartell (2014) argue that teachers respond to curriculum change either positively or negatively due to their previous experience. For example, teacher attitudes and

beliefs, teachers' existing knowledge, professional development and training, resources and support are likely to influence teachers' execution of the policy (Burgess, Robertson, & Patterson, 2010; Sarma, & Oliveras, 2013). Teachers' understanding of HIV and AIDS biomedical facts is crucial as the knowledge enables them to integrate effective HIV and AIDS education into their teaching (Weiler, & Martin-Weiler, 2012).

Literature suggests that even though young people are educated in schools and in informal contexts about HIV and AIDS, stigma is still prevalent based on their sexual preferences and HIV status (Herek, & McLemore, 2013). This often subjects people living with HIV and AIDS to fear as even family members become targets of discrimination. The stigma imposed on people living with HIV discourages them from doing an HIV test and disclosing their HIV status. This places them and their loved ones at risk of infection and reinfection. Misconceptions that people have about HIV transmission contribute to the stigma. Teachers need to incorporate discussions on HIV stigma into their lessons, discourage discrimination, and encourage acceptance of people living with HIV and AIDS. These are important teacher foci, particularly in LO classes.

1.2.3 HIV and AIDS in the Life Orientation curriculum

LO is taught in schools as a compulsory subject with the aim to ensure that learners acquire the skills, knowledge and values that would enable them to make better and informed decisions about life (Francis, & DePalma, 2015). LO as a compulsory and non-examinable subject is meant to equip learners holistically with skills, knowledge, attitudes and values so that they may respond positively and responsibly to the demands of the global context (DBE, 2011). When LO was introduced, challenges about teaching it started to emerge during its implementation. There was concern about teachers' ability to teach sexuality education. When LO was implemented as a new learning area after 1994, the majority of teachers had not been trained to teach LO either during their preservice or in-service training (Thaver, & Leao, 2012). Therefore, this has affected the teaching of LO, particularly sexuality education in schools (Francis, 2011; Helleve, Flisher, Onya, Mūkoma, & Klepp, 2011). This gave rise to many challenges as LO was taught by non-specialised teachers, and this contributed to the challenges faced with teaching it (Adewumi, 2012; Jacobs, 2011).

Among the six topics that are covered throughout the LO curriculum in the Further Education and Training Phase, the relevant topics that cater for HIV and AIDS in the LO curriculum are:

- Development of the self in society.
- Social and environmental issues.
- Democracy and Human Rights.

The infusion of HIV and AIDS into LO is aimed at developing the appropriate skills, knowledge, attitudes and values to assist learners in developing appropriate behaviours to prevent HIV infection (Shisana et al., 2014). Every LO teacher has a responsibility to teach about sexuality as stipulated in the curriculum (DBE, 2011). Yet teachers still find it difficult to manage their own feelings as their cultural norms influence their personal characters, behaviours and decision-making in the LO class (Baxen, Wood, & Austin, 2011). It is essential that teachers balance their professional and personal roles when they teach (Wood, & Goba, 2011). This implies that when teachers teach, they should teach according to the stipulations of the curriculum. For example, if a teacher, at a personal level, holds the belief of no sex before marriage, this should not influence their professional role. Therefore, when teachers teach about sexuality, they should not attempt to restore moral values and advocate for no sex before marriage (Smith, & Harrison, 2013). When teaching sexuality education, teachers often assume that learners are innocent when it comes to sexuality (Francis, 2013a). This is in spite of what Helleve et al. (2011) suggest about learners' knowledge of sexuality being determined by their own experiences, social background, gender, culture and ethnicity. All that teachers do in their classes when they teach about HIV and AIDS are likely to have an impact on learners' learning. However, some challenges in teaching HIV and AIDS are common and include multiple factors related to teachers and learners in various contexts.

Teaching about HIV and AIDS is a challenge especially when there are harassment accusations directed at male teachers during HIV and AIDS lessons (Kalmelid, 2013). Some teachers find it difficult to teach and engage learners when they teach about HIV and AIDS and adopt teacher-centred approaches that do not encourage class discussions. Teachers also prefer to teach abstinence and disengage learners from classroom discussions (Peu et al., 2015). When teaching HIV and AIDS in mixed classes, girls tend to be more passive in the discussions than boys. On the

other hand, teachers find it difficult to maintain a balance between interactive classroom discussions and maintain order and discipline in class (Helleve et al., 2011).

Numerous researchers have focused on research that involves the teaching and learning of HIV and AIDS. These studies include the effectiveness of teacher-training programmes for LO teachers (Wood, & Goba, 2011), the support given to young people through school-based programmes (Francis, 2010), preparation for implementing the LO curriculum (Adewumi, 2012) and support for teachers who teach LO (Matshikiza, 2013). The last study identifies inadequate support and lack of monitoring mechanisms as challenges that LO teachers face.

For the past few years, extensive research has been conducted on engaging learners as key participants in investigating the identified phenomenon (McCee, & Greenfield, 2011). These studies encouraged learners to develop voices and express their views. Many studies deal with adolescents' learning about sexuality, and how adolescents describe the process of learning about sexuality (Knopf et al., 2017). In addition, some studies on HIV and learners in schools deal with how gender and sexuality influence their lives (Bhana, & Pattman, 2011). Bhana (2009) responded to the perception of innocence about sexuality often associated with young people. She conducted a study to solicit young people's views about sexual and gender dynamics of HIV and AIDS. She also examined teenagers' understanding of how they use contraceptives for safe sex and whether they talk about sex with their partners (Bhana, 2017).

Khanare and De Lange (2017) worked with rural high school learners in relation to their experiences of care and support provided to orphans and children who are vulnerable because of HIV and AIDS. They expanded the work on how school environments encourage vulnerable and orphaned children to cope (Khanare, 2012).

Some studies focused on gathering views of young females and males only. A study involving young schoolgoing females examined how gender inequalities in relationships subject female learners to risk of vulnerability (Bhana, & Anderson, 2013). This was important because it provides female learners with a platform where they can construct their understanding of a relationship within the context of HIV and AIDS. Bhana and Nkani (2014) also examined how involved and supportive teenage fathers are with their children in a study where male learners were participants. The studies

conducted by Reddy (2004; 2005) focused on young adults and their constructions of sexual identity as well the challenges posed by intergenerational power in the context of HIV and AIDS.

Even though there has been research into learners' views on learning about HIV and AIDS, this research seems to have taken place up until the years 2012 to 2015 but little thereafter. Furthermore, research undertaken thus far with learners does not give a clear understanding of how learners themselves experience *their learning* about HIV and AIDS. This research has been undertaken to solicit learners' views so that they can be involved in their learning, which may contribute to their well-being (Moletsane, 2012). Therefore, this research contributes to the existing body of knowledge because it examines learners' experiences of learning about HIV and AIDS in both school (formal) and out-of-school (informal) contexts. The theoretical framework guiding the study is explained below.

1.2.4 Theoretical overview

Social learning theory and ecological systems theory served as lenses through which the studied phenomenon was explored.

1.2.4.1 Social learning theory

The study adopted the social learning theory of Bandura (1977a) that focusses on learning that occurs within a social context. This theory suggests that people learn through observing the behaviour and attitudes of others. It focusses on human behaviour based on interaction between cognitive, behavioural and environmental influences that occur continuously. People are engaged in cognitive processes that enable them to acquire knowledge of what happens around them (Bandura, 1988). Hence, it incorporates attention, memory, motor reproduction and motivation to facilitate behaviour change (Bandura, 1991).

In social learning theory, attention is important as it enables one to alter behaviour based on observed models (Bandura, 1989). When one observes the model, any distraction to one's attention can negatively affect observational learning. Attention links with retention because the behaviour can only change when the observed information is retained and internalised by the observer. In retention, the observer must be able to remember the observed behaviour (Bandura, 1989). If the

person forgets important details, he or she will not be able to imitate the behaviour. One way of increasing this is through rehearsal. In order to reproduce the modelled behaviour, individuals must code the information into long-term memory. Hence, Bandura (1977a) believes that motor reproduction enables the observer to repeat what has been observed. One can never repeat the information without paying attention. When one is motivated, observational learning can be successful as one can imitate the model behaviour.

During the process of social learning, people make meaning of what they have learnt. Even though learners are exposed to similar information when learning about HIV and AIDS in various contexts, they cannot internalise the information in the same way. The cognitive development influences the perception and comprehension of the information. In addition, Bandura (2001) emphasises the importance of agency in social learning where people play a part in their self-development that allows them to adapt to changing contexts. This, in turn, enables people to use the power and influence they have for them to function optimally. There are four functions that can facilitate human agency, namely, intentionality, forethought, self-reactiveness and self-reflectiveness. Through these functions, people can examine their influence through different modes of agency, namely, individual, proxy and collective agency.

This theory is important for this study as it plays a vital role in HIV and AIDS education and learners' engagement with information. This is more important with adolescents as they are often influenced by what their peers do in spite of their knowledge about HIV and AIDS. Adolescents need to be exposed to positive models that can influence them in order to produce sustained accepted behaviours. Context, thus, has a key role to play in influencing learning.

1.2.4.2 Ecological systems theory

Ecological systems theory is championed by Bronfenbrenner (1979). The main focus of this theory is on the interaction between people and their environment. It places more emphasis on the relationships that individuals have with their environments in order to enhance mutual individual-environmental connectedness. Such relationships influence development and thinking (Paquette, & Ryan, 2001). This framework is helpful to understand children and adolescents because their immediate and wider environments influence how they develop. Hence, the theory suggests that

children need to be studied and understood in the contexts of multiple environments known as ecological systems (Johnson, 2008).

Ecological systems certainly interact with – and influence – each other throughout a child's life and suggest that a person is an active and not passive participant. In addition, the environment is believed to coerce a person to adjust to its circumstances and constraints and has different entities with reciprocal relationships of microsystems, mesosystems, exosystems, macrosystems and chronosystems (Bronfenbrenner, 1979). Such relationships are maintained to ensure that there are no changes that influence the other levels of the system negatively (Paquette, & Ryan, 2001). This implies that one's behaviour, experiences and actions are understood when the different contexts of the system are considered. It is for this reason that schools, therefore, have to consider the multifaceted interactions between the learner (in the school context) and the surrounding environment in understanding their experiences when learning about HIV and AIDS in schools and informal contexts.

The theory is suitable for the study because it allows the incorporation of various learning sites in examining learners' experiences of learning about HIV and AIDS. This theory also explores the influence that other levels of the environment have in shaping learners' experiences of learning about HIV and AIDS. If all the systems can work synergically, the synergy between systems can enhance learners' experiences of learning about HIV and AIDS in schools and informal contexts.

1.3 Rationale of the study

Research often emanates from researchers' personal experiences or observations and literature reviews (Maxwell, 2013). This also applies to this study. In terms of the literature, extensive research has been done regarding learners' views of HIV and AIDS, both in primary and secondary schools located in rural and urban contexts. For example, learners' views were solicited in examining young people's views about care and support for vulnerable children, girls' construction of relationships in the context of HIV and AIDS and the role of school-based programmes to encourage vulnerable children to cope with HIV and AIDS (Campbell et al., 2016). In addition, this study aims to contribute to the existing body of knowledge, especially with soliciting learners' experiences of learning about HIV and AIDS in formal and informal contexts. Hence, this study attempted to provide a space for

learners to speak about their experiences when learning about HIV and AIDS in both classrooms and informal contexts.

In terms of personal experience that motivated this study, I am involved in teacher education programmes where I teach students who are student teachers and who will teach LO once they qualify. Over the years, I have worked with schools where our students are placed for practical school experience and teaching. During my school visits, when observing student teachers in their classes, I realised that in some schools teachers do not always follow the curriculum as stipulated in the Curriculum and Assessment Policy Statement. I also noticed that although student teachers commence with the school experience block during the third term, some of the work that is expected to be covered during the first and second terms is not covered, particularly the areas of sexuality and reproductive health. This may suggest that teachers defer or avoid areas of work that make them uncomfortable. Another observation over my years as a teacher educator was of teenagers who were pregnant while still attending school. My concern as a Black woman was whether pregnant girls are aware of their HIV status and that of their partners before falling pregnant. I was also curious to know if all learners are aware of the implications of being sexually active. Lastly, I was interested in exploring the knowledge learners have (what they know) about HIV and AIDS and also interested in how they learnt about HIV and AIDS.

My role as a teacher trainer motivated me to embark on this study, which may have implications for learners, teachers, and education and health policymakers. Learners may benefit from this study because relaying their experiences may influence the knowledge that they acquired about HIV and AIDS. What they learn in school may serve as a foundation for them to become aware of how they may understand and act on their social realities. Teachers and curriculum planners may benefit from the findings of the study as they may learn what learners' experiences are when they learn about HIV and AIDS. This may enable them to reflect on their teaching practices. They may review their teaching methods and what to cover when teaching about HIV and AIDS to dovetail with learners' existing knowledge, awareness and practices. In addition, stakeholders may gain insight into what learners identify as challenges and strengths that shape their experiences of learning about HIV and AIDS because learners' learning experiences might represent both formal and informal contexts. Curriculum planners might have an opportunity to access primary data from the learners, for whom

curriculum is developed, to influence their curriculum review sessions and to ensure that the curriculum policy reflects the values of inclusion promoted in the South African constitution. Subject advisors may also gather information from the experiences of learners in planning for the in-service support programmes for LO teachers to address the challenges identified by learners when learning about HIV and AIDS for effective teaching to take place.

The findings may, furthermore, stimulate debates between the Department of Education and universities to ensure that teacher education programmes for preservice teachers align with the curriculum offered in schools to ensure that teacher education is not silent about issues as they occur in schools and communities. This implies that newly qualified teachers may have to make a difference when they go into schools and adopt effective ways of teaching to bridge the gap that might exist in schools when teaching about sexuality and HIV and AIDS. All these efforts, if implemented, may contribute to fighting the further spread of HIV and AIDS among young people.

1.4 The research problem

HIV and AIDS education is part of the LO curriculum. Various studies have been conducted on teaching LO, and how teachers teach it in schools – for example, supporting young people through school-based programmes (Francis, 2010), teacher-training programmes (Wood, & Goba, 2011), preparing teachers to implement LO, and how the teachers are supported (Adewumi, 2012; Matshikiza, 2013). In addition, other studies focus on learners' views of HIV and AIDS as important factors that can contribute to their well-being (McCee, & Greenfield, 2011; Moletsane, 2012). These studies that solicited learners' views about HIV and related matters included how schoolchildren deal with gender and sexuality and their influence on communicating with their partners (Bhana, 2009; Bhana, 2017; Bhana, & Pattman; 2011).

Another study was done to examine learners' experiences about how care and support are provided to orphans and other vulnerable learners in the context of HIV and AIDS, and how they cope in a school context (Khanare, 2012; Khanare, & De Lange, 2017). Despite the studies undertaken to access learners' voices, it is not clear how the aforementioned studies influenced learners' learning of HIV and AIDS in both contexts. In addition, studies that solicit learners' views about HIV and AIDS

focus only on one context of learners – in schools (Bhana, & Nkani, 2014; Khanare, 2012; Khanare, & De Lange, 2017) while others focus only on street children (Osthus, & Sewpaul, 2014).

The current study aims to solicit learners' views about their experiences of learning about HIV and AIDS both in school and in informal contexts. This is important because without understanding learners' experiences of learning about HIV and AIDS, teachers, curriculum planners, subject advisors and other stakeholders may not have access to further areas to be reviewed to accommodate learners' experiences. Ongoing reviews are crucial for any curriculum development, and such reviews do not have to be extensive. Teachers could potentially make a significant contribution to teaching about sexuality (Francis, & DePalma, 2015) if they are able to modify their teaching (in terms of knowledge, content and pedagogy) to address the concerns.

1.5 The aim of the research

The aim of the research is to explore high school learners' experiences of learning about HIV and AIDS in schools and informal contexts.

1.5.1 Research questions

1.5.1.1. Main research question

What are high school learners' experiences of learning about HIV and AIDS?

1.5.1.2 Sub-research questions

- What do Grade 10 learners understand about HIV and AIDS?
- Which sources provide learners with understanding HIV and AIDS?
- How does the formal curriculum influence learners' learning of HIV and AIDS?
- What meaning do learners make of what they learn about HIV and AIDS?

1.5.2 Statement of research objectives

The study seeks to explore the following:

- High school learners' experiences of learning about HIV and AIDS.
- Grade 10 learners' understanding of HIV and AIDS.
- The sources of learners' understanding about HIV and AIDS.
- The influence of the formal curriculum in learners' learning about HIV and AIDS.
- Meanings that learners make of what they learn about HIV and AIDS.

1.6. Research design and methodology

1.6.1 Research paradigm

An interpretative paradigm is used where a constructivist view of social reality is assumed. Epistemology in an interpretivist paradigm assumes that the knower and the known are interdependent and understood by occupying the frame of reference of the participants (Scotland, 2012). The ontological perspective assumes that reality is socially constructed and fluid, that there is no single observable reality; rather, there are multiple realities or interpretations of a single event (Denzin, & Lincoln, 2011). This paradigm is suitable for the study as I collected information about high school learners' experiences of learning about HIV and AIDS in school and informal contexts.

Consistent with this paradigm, the study adopted a qualitative research approach. Qualitative research aims to explore and understand a central phenomenon and emphasise the qualities of entities, processes and meanings that are not experimentally examined or measured in terms of quantity, intensity or frequency (Marshall, & Rossman, 2016). Through the mechanisms used to collect data, I analysed learners' experiences of learning about HIV and AIDS.

1.6.2. Research design

The study adopted a case study design to explore high school learners' experiences of learning about HIV and AIDS. When a case study research design is used, the aim is to ensure that it caters for the particular case and research question (Hyett, Kenny, & Dickson-Swift, 2014). The case is a phenomenon that often occurs in a confined context (e.g. person, organisation, event, etc.) although

the periphery between the case and its context may be unclear (Maree, 2016). The case study design has two prominent approaches in qualitative research. For example, Merriam (2009) views case studies as located in a social constructivist approach, while Yin (2012) and Flyvbjerg (2011) suggest that case studies could also be located in the post-positivist paradigm.

The diverse methods used for collecting data in a case study design provide in-depth insight into the cases as shaped by different contexts (Hyett et al., 2014). In addition, Creswell (2013) believes that case studies employ a detailed data collection process using multiple data collection instruments. Case study, as a design, is not for drawing statistical inferences. Hence, the aim is not to make any generalisations of the study findings (Thomas, 2011). For this study, the case study enabled me to explore rigorously and gain insight about learners' experiences of learning about HIV and AIDS in schools and informal contexts. Through case study, people's real situations help readers understand how ideas connect to create synergy of phenomena under study.

1.6.3 Site of the study

This research was conducted in the Eastern Cape Province where two high schools were selected. When the study was conducted, the province had 5 569 schools constituting 21.6% of the schools in South Africa. The study focused on one of the 23 provincial districts – the Amathole West District, which is divided into the following clusters: the Peddie Cluster, Keiskammahoek Cluster, Stutterheim Cluster and Fort Beaufort Cluster. For the purpose of this study, the schools were selected from the Fort Beaufort Cluster for logistical reasons as this cluster was accessible to me. The Eastern Cape Department of Education granted me permission to conduct research in schools (see Appendix 2).

1.6.4 Sampling

The study adopted purposive sampling in terms of school cluster selection and learner selection. Grade 10 learners were suitable participants for the study and I purposively selected 20 Grade 10 learners from two high schools. Ten learners were included from each school, that is, 5 boys and 5 girls. The participants were between the ages of 15 and 17 years. There were many reasons for my decision to select this age group. According to Richter, Mabaso, Ramjith and Norris (2015), the median age for sexual debut in South Africa is 16 for girls while for boys it is 15 years – the age of

the current cohort of students. The phenomenon of early sexual debut among youth aged 16 years and below remains a challenge as the study done by Richter et al. (2015) found that boys become sexually active as early as 12 years while girls become so at the age of 13 years. When boys engage in sexual intercourse, they generally do so voluntarily, although can sometimes be forced to do so. On the other hand, girls are often forced to engage in sexual intercourse. In many instances, when girls are coerced into sexual intercourse, they often engage in risky sexual behaviours (Richter et al., 2015). In addition, this negatively affects their psychosocial and health outcomes as it increases the risk of becoming infected with HIV and other sexually transmitted infections (STIs; Mazengia, & Worku, 2009).

At this developmental stage, learners' cognitive development, furthermore, allows them to think abstractly about the possible outcomes of the problems that they encounter. In addition, Grade 10 learners are still within the adolescent stage characterised by the transition from childhood to adulthood (De Witt, 2016). This transition places adolescents under enormous stress that often brings about many moral dilemmas due to the physical, social, emotional, cognitive and moral changes (Kar, Choudhury, & Singh, 2015). Adolescents may start to detach themselves from their parents and begin to express themselves freely. Experimentation and taking some risks are normal at this stage of development, and this is what makes them a vulnerable population. This implies that in many instances adolescents are exposed to risk behaviours where they are likely to have unprotected sex (Sales et al., 2013). This means that if they engage in sexual risk behaviours, they could contract HIV. It is for this reason that the Grade 10 learners are the relevant population because they are the likely to be sexually active, according to current statistics.

1.6.5 Data collection procedures

The adoption of qualitative methods in this study allowed for the use of different kinds of data collection instruments when gathering information from the purposively selected participants. I collected data through classroom observation, semi-structured interviews and focus group interviews.

1.6.5.1 Observation

Observation is a popular mode of collecting data in qualitative research. Observation may provide research opportunities for a systematic description of events and behaviours in the social setting of the studied phenomenon (Marshall, & Rossman, 2016). In this study, I used non-participant observation where two Grade 10 classes from the selected schools were observed. With the permission of the Grade 10 LO teacher (see Appendix 4), three lessons per selected school were observed using the classroom observation schedule that is attached as Appendix 8. This schedule guided the focus on the key elements for observation. These elements for observation during a teacher's lesson on sexuality included how learners are taught, what methods are used, a teacher's level of content knowledge, the use of resources and their effectiveness, how classroom discussions are managed and the rapport between learners and teachers. Non-participant observation was appropriate for this study because I did not intend to engage with the teacher or learners during the HIV and AIDS lessons. Thereafter, I also explored themes and messages conveyed in the observed classes.

1.6.5.2 Focus group interviews

I requested the permission of the schools to conduct focus groups in schools after school hours (see Appendix 3). The focus group interviews were for learners in Grade 10 in order to enhance group collaboration and to expedite the collection of rich responses to the questions posed about the studied phenomenon (Patton, 2015).

This study elicited four focus group interviews in total; two groups per school of 5 learners per group. This group formation was informed by guidelines offered by Marshall and Rossman (2016). They suggest that focus groups comprise 4 to 12 people who share similar characteristics in relation to the studied phenomenon. I decided to use single gender groups for girls and boys in each school. This is because I anticipated a challenge with mixed groups as girls might not be comfortable to speak about issues that affect them in the presence of boys.

There were core questions (emanating from the research questions) that guided focus group sessions. I asked the participants to draw a community map where they had to indicate places that

are informative about HIV and AIDS in their communities. After completing their drawings, they discussed them afterwards (see Appendix 10). During this process I requested the participants not to mention people's names (especially those of teachers) when discussing their community maps. The focus group sessions lasted for an hour at each school.

1.6.5.3 Semi-structured interview guide

Semi-structured interview guides (see Appendix 9) were used in this study. As a data gathering technique, the semi-structured interview guide is flexible and adaptable, and this facilitates probing for deeper responses, follow-up leads, elaboration on original responses, obtaining additional and more detailed data and clarifying answers (Marshall, & Rossman, 2016).

This study used the interview guide during interview sessions with 8 participants (4 learners from each school). The learners who participated in the semi-structured interviews were selected from the same total group of learners that were part of the focus group interviews. This, therefore, meant that from the 20 learners who were selected for the study, 8 learners participated in the study twice – during the focus group and semi-structured interview. I conducted these interviews in the selected schools after school hours. I liaised with the Grade 10 LO teachers to ensure that the selected learners were available after school for these sessions. As suggested by Remler and Van Ryzin (2011), the interviews were audio recorded and all recordings were transcribed as text.

1.6.6 Credibility and trustworthiness

The study aimed to uphold standards of rigour and followed Lincoln and Guba's (2000) proposed four criteria in order to enhance quality in qualitative research, namely, credibility, transferability, dependability and confirmability for judging the trustworthiness of qualitative research. These processes will be discussed in detail in the methodology chapter.

1.6.7 Data analysis

The data was analysed using thematic analysis. This is a common form of analysis in qualitative research, which examines, identifies and records themes found in the data and a priori themes that guided the study (Guest, MacQueen, & Namey, 2012). The identified themes serve as the basis for

analysis through coding with the aim of establishing meaningful and common patterns from the data (Braun, & Clarke, 2006). For this study, I identified themes serving as rich descriptions of data. This enabled me to interpret the data collected from the lesson observations, focus group discussions and semi-structured interviews for the selected Grade 10 classes and learners.

1.6.8 Ethical considerations

The Research Ethics Committee of Stellenbosch University granted ethical clearance for the study (see Appendix 1). Other permission to conduct the study was obtained from the Eastern Cape Department of Education. I followed appropriate ethical principles suggested by the University of Stellenbosch to ensure the safety of learners. I involved a social worker (see Appendix 5) to be available to offer counselling services and to provide psychosocial support during the process if the need arose.

For the purpose of the study, I informed the participants about anonymity and confidentiality through written consent forms (see Appendix 6). In addition to that, participants were informed that participation in the study was voluntary and that they could withdraw at any time without harm. As the study focused on learners, I sought consent from their parents for their participation in the study. Assent was sought from the learners themselves (see Appendix 7). I ensured that the collected data was accurate by allowing the participants to verify the authenticity of the data since verbatim accounts of participants were used in reporting on research findings.

1.7 Operational key definition of terms

1.7.1 AIDS

AIDS is an acronym for acquired immunodeficiency syndrome. AIDS is not inherited as it is the most advanced stage of HIV infection. People develop AIDS at different levels. After infection it can take up to 2 to 15 years for AIDS to develop (Krämer, Kretzschmar, & Krickeberg, 2010). For this study, AIDS means a collection of diseases that become evident in one's body after HIV infection and result in a weakened immune system.

1.7.2 HIV

HIV stands for human immunodeficiency virus. This is the virus that only survives and multiplies in body fluids. Once one contracts HIV, the immune system becomes weak and the body's resistance to all kinds of illness is reduced. This is what makes infected people steadily become immune deficient. As infected people become immune deficient the increased vulnerability to opportunistic infections becomes prevalent (Krämer et al., 2010). For this study, HIV is a virus that attacks the immune system and makes people easy targets for other infections.

1.7.3 Learning

Learning is the process of acquiring new – or assimilating and accommodating the existing – knowledge, behaviours, skills, values, or preferences and may involve synthesising different types of information (Schacter, Gilbert, & Wegner, 2011). For this study, learning means changes in people's behaviours as a result of knowledge gained through studying and being exposed to new experiences.

1.7.4 Life Orientation

Life Orientation is a compulsory subject in schools that is concerned with learners' holistic development, that is, personal, social, intellectual, emotional, spiritual, motor and physical growth and development, and how these aspects of development are interconnected and articulated in life (DBE, 2011). For this study, LO means a subject that prepares and equips learners for responsible adulthood and emotional stability.

1.7.5 Social learning theory

Social learning theory is a learning theory that explains people's thinking and human behaviour in terms of relationships that exist between their cognitive, environmental and behavioural determinants (Bandura, 1977a). In addition, this theory proposes that human behaviour is learnt as one engages with the social world where cognitive processes are involved in the process. For this study, social learning theory means that the learners' contexts influence how they learn, and their levels of cognitive development determine how to behave after having learnt new information.

1.8 Outline of the thesis chapters

Chapter 1 presents the contextual background of the study. It addresses the statement of the problem, the aims of the research, presents the research questions used to guide the study, the objectives of the study, the rationale and definition of terms, and the methodology that was used. In Chapter 2, the guiding theoretical framework that informed the study is presented. Both international and national literature that links with the studied phenomenon is reviewed in Chapter 3. Chapter 4 presents the research design and methodology used in the study. The research paradigm, approach and design are explained as they were applied in the study. Furthermore, the population, sampling procedures and research instruments used to collect data are explained.

In Chapters 5, 6, and 7, research questions are analysed and discussed. Chapter 5 discusses data about the nature and sources of HIV and AIDS knowledge. Chapter 6 analyses data about the influence of formal education in learning about HIV and AIDS. Chapter 7 analyses data about meanings that learners make based on what they have learnt about HIV and AIDS. Chapter 8 is the final chapter and provides a summary of the findings in relation to the problem, conclusions and implications.

1.9 Summary

This chapter provides a contextual overview of the phenomenon under study. The overview includes contextualisation of the study and a synopsis of the theoretical framework used to guide the study. It also discusses the rationale for the study, research problem, main and sub-research questions, statement of research objectives, research design and methodology (this included research paradigm, design, sampling, data collection procedures, credibility and trustworthiness, data analysis and ethical considerations), operational key definitions and terms, and an outline of the thesis chapters. The following chapter discusses the theoretical framework that guided the study.

CHAPTER TWO

THEORETICAL FRAMEWORK

2.1. Introduction

This chapter presents the theoretical framework that guided this study. Social learning theory and ecological systems theory were chosen to frame the study analytically because it investigated learners' experiences of learning about HIV and AIDS in both formal and informal contexts. The choice of these theories is consistent with the idea that when people learn, their immediate environments influence what they learn through the interactions they engage in with other people and also by observing other people from both wider and immediate environments.

2.2 Theoretical framework underpinning the study

Numerous studies have been conducted with children in the field of HIV and AIDS education, and numerous theoretical frameworks have been used for such studies. For example, Francis and DePalma (2015) included taxonomy of knowledge by Shulman (1987) in establishing the preparedness of teachers for teaching about HIV and AIDS. In addition, the notion of critical consciousness as proposed by Freire (1972) was also chosen to ensure that people realise their potential in moving away from being passive recipients to becoming agents.

A study conducted by Khanare and De Lange (2017) investigating the care and support of children who are vulnerable because of HIV and AIDS used the bio-ecological systems theory of Bronfenbrenner and Morris (1998). As indicated earlier, I used social learning theory and ecological systems theory to underpin this study because ecological theory provides a broad framing of the systems and contexts impacting on children's learning, and social learning theory, when located in the broad social environment, may account for mutual interaction between individual agency and social influences on an individual's learning. In this context, I will discuss social learning theory first.

2.2.1 Social learning theory

The study adopted the social learning theory of Bandura (1977a), which proposes that learning occurs within a social context where people learn through observing others' behaviour and attitudes. When people observe behaviours, they internalise and enact them as their own. Human behaviour, based on continuous mutual interaction between cognitive, behavioural and environmental influences, is core to the theory. It is not only a mechanistic learning process that occurs, based on observation and internalisation. People are continuously engaged in cognitive processes that enable them to acquire knowledge (Bandura, 1988). Attention, memory, motor reproduction and motivation are important components that facilitate behaviour change in social learning theory through observational learning (Bandura, 1991).

Attention is important for social learning because people will not alter their behaviour if they are not attentive to the observed behaviour (Bandura, 1989). When paying attention, people select the actions observed in social contexts. This means that they can choose what to observe when paying attention because not all the observations can bring about change in an individual's behaviour (Bandura, 1986). Hence, when an individual observes, the reciprocal relationship between cognition, environment and behaviour should always be kept in mind. Individuals cannot learn by observation unless they perceive the significant features of the modelled behaviour, attend to, it, and pay attention. Anything that detracts attention has a negative effect on observational learning. If the model behaviour is interesting, people are more likely to pay full attention to learn the particular behaviour. If an individual chooses not to fully observe the modelled behaviour, little can be expected in terms of retention, production and motivation of the model behaviour. There is a relationship between attention and retention because after an individual has paid attention to the modelling, the behaviour can only change when the observed information is retained and internalised.

When considering retention as a process, the observer must be able to remember the behaviour that has been observed (Bandura, 1989). If an individual forgets important details, he or she will not be able to imitate the behaviour successfully. One way of increasing this is through rehearsal. In order to reproduce the model behaviour, individuals must code the information into long-term memory because memory is an important cognitive process that helps the observer to code and retrieve

information. After the information has been committed to memory, repeating that information becomes relatively easy. Hence, Bandura (1977a) introduced a further concept – motor reproduction. This focusses on the ability to repeat what has been observed. An individual can never repeat the information if no attention was involved. When someone is motivated, observational learning can be successful as he or she can imitate the model behaviour. After observation of the behaviour, different people will reproduce the same behaviour differently because of the individual thought processes used when observing the model behaviour.

There is thus a mutual relationship between cognition, environment and behaviour, where the environment is likely to influence behaviours. During the process of social learning, people's internal and personal interpretations of what happens around them often influence how they learn, and how they make meaning of what they have learnt. Although learners in the current study may have been exposed to similar contexts when learning about HIV and AIDS in their various individual contexts, they will never have the same experience of information received as another learner because each individual processes information differently. Cognitive development is one of the factors that lead to adolescents perceiving and comprehending the same information differently. With behavioural capability, each person has an idea of what to do and how to do it before acting on any observed behaviour (Bandura, 1988). This implies that cognitive development is important in social learning theory as not all the observed learning can change people's behaviours. Social learning theory has elements that are important for modelled behaviour, self-efficacy and social modelling.

Self-efficacy refers to an individual believing in his or her abilities to perform certain behaviours after observing a model. Once people are confident about their abilities, even if they cannot master the observed skills immediately after observation, perseverance helps them to pursue in the hope that eventually they will succeed (Bandura, 1977b). This is an important ingredient of social learning theory because sustained behaviours have to be repeated. Cognition is important for a person to establish whether certain behaviours can be displayed or not after observation. Self-efficacy is not an easy process; therefore, individuals need to follow certain skills for them to display acceptable and sustained behaviours. Such skills include information, social and self-regulatory skills, resilience and social support (Bandura, 1978; Webb & Gripper, 2010). These skills and processes will be explained, in turn.

Self-efficacy influences an individual's thinking and feelings and this motivates how the person acts (Bandura, 1988). For this reason, self-efficacy is perceived as predicting decisions that individuals make about what they have learnt. This means that when learners learn about HIV and AIDS, the information that they receive can influence the decisions that they make in life. As learning about HIV and AIDS takes place in diverse contexts, the information received about HIV and AIDS can help learners to understand and portray acceptable and responsible behaviours regarding sex.

Social modelling is important in social learning because most of the time actions are a result of what happens around people. Webb and Gripper (2010) believe that according to social learning theory, individuals are more likely to assess their capabilities by observing the coping mechanisms of their significant peers. There are social components, such as information, skills, motivation and social support that have an influence on social modelling (Webb, & Gripper, 2010). According to Bandura (1988), perseverance in social modelling is important to gain knowledge and skills, which are important in modelling because they influence what can and cannot be imitated during observation.

Self-efficacy helps to provide people with knowledge of strengths and weaknesses so that knowledge of consequent actions follows. Self-efficacy also helps when someone observes a model completing a task and receiving a reward for it as that serves as motivation to the observer. This is what Bandura (1977b) refers to as vicarious reinforcement, which takes place when people are rewarded for good behaviours, and the observers alter their behaviours in the hope of also receiving rewards. When learners learn about HIV and AIDS, they often learn from other people's behaviours.

Social learning theory has been revised over the years, and the new element of 'agency' was incorporated in this theory since its initial formulation. Bruner (2001) refers to agency as one's capability to influence what one wants to do and how one wants to do things. In other words, agency is the link that explains how people are role players in their own development and are able to adapt to change. There are four elements that facilitate human agency, namely: intentionality, forethought, self-reactiveness and self-reflectiveness (Bruner, 2001). With intentionality, people need to have intentions that influence their actions, and it is only when people have clear intentions that their actions can be realised. When learners learn about HIV and AIDS they need to have clear intentions in terms of what they aspire to be later in life. If they have clear goals that they want to achieve beyond school, this will enable them to have intentions that will eventually guide their actions. With

intentionality, they may focus and be goal-directed. The presence of intentionality leads to forethought.

The concept of forethought suggests that it is important for learners to set goals that will direct their energies to ensure that their attempts are realised. Goal-setting enables people to direct their efforts to actions in order to ensure that goals are met. Forethought gives people a sense of responsibility and accountability as they become self-motivated to focus on their anticipated plan of events (Bandura, 2001). In addition, forethought encourages people to be focussed and have direction, promotes consistency and enables people to prioritise what matters most to them. Forethought promotes adoption of behaviours that are likely to attract desired outcomes and to discard those attracting punishment. This can result in people surpassing and prescribing the immediate environment to regulate the anticipated future (Bandura, 2001). Forethought is important in this study because even before adolescent learners start to imitate observed behaviour, the presence of forethought suggests that they need to understand if the behaviour will attract punishment or reward. This also encourages learners to ensure that they can influence their environment and not only be influenced by it. However, this can only be realised when learners are actively engaged in their own learning and are intentional in their actions. Forethought also requires self-discipline, and for people to achieve forethought they should demonstrate commitment, consistency and accountability. Hence, self-reactiveness is another element to be examined when exercising human agency.

Self-reactiveness is another function of human agency as suggested by Bruner (2001). Self-reactiveness encourages people to master self-regulation, which enables them to control their actions when observing certain behaviours. Mastering self-regulation reminds people of their prior intentions about what they want to become and enables them to monitor their actions in order to ensure that they succeed. Therefore, it is important for people to monitor and guide their actions in executing their goals. People's actions may provide evidence of their self-reactiveness and in this study, which examines learners' learning of HIV and AIDS in both school and informal contexts, self-reactiveness is key for these learners. This is because learners cannot easily be influenced by surrounding influences if they have developed self-regulation despite the circumstances facing them when learning about HIV and AIDS. The learners will only be able to master self-regulation if they are planners and fore-thinkers who are goal-driven.

Another function of human agency is self-reflectiveness. The concept of self-reflectiveness assumes that individuals are able to engage in self-examination to check their functioning. Through introspection, people are able to examine if there is any change that they can make. Motivation is also important because it helps people to value what matters most to them in achieving life goals. Self-reactiveness helps people to make judgements based on what motivates them (Bandura, 1986). When learners learn about HIV and AIDS in both formal and informal contexts, self-reflectiveness as a function enables them to examine their actions based on their values and beliefs. When learners learn about HIV and AIDS, and when they socialise with their peers, it is their agency that encourages them to examine their actions when they have learnt about HIV and AIDS.

People can exercise their influence through different modes of agency, namely, individual, proxy and collective agency according to social learning theory. Individual agency encourages people to focus on the things that they know and have control of as this gives them power and more influence (Bruner, 2001). In this instance, people become accountable and responsible for their actions. When learners learn about HIV and AIDS, they can be responsible for what to take in from their surrounding environment after learning has occurred. Learners can, for example, decide not to be influenced by negative pressures both from school and out-of-school contexts. Intentionality and forethought may be core to encouraging individual agency. This is because no matter how teachers teach and how parents talk to their children about HIV and AIDS, what matters most are the actions of the learners. They should make decisions about how they respond to what happens around them.

As social learning theory is about learning in a social context, people can exercise proxy agency to influence their actions (Bruner, 2001). With proxy agency, once people realise that they are not influential enough in terms of what they want, they can look for people who are influential, who have the resources and knowledge to help them achieve the desired outcomes. If people are able to examine their potential, it becomes easy for them seek assistance from those who can assist them. As they interact with other people, they begin to understand others' strengths and see how they can benefit from and contribute to people's potential – relationally. When learners learn about HIV and AIDS in both contexts, they can benefit from people who are more knowledgeable than they to ensure that they can navigate the pressure that they face from peers. This can encourage them to

limit the behaviours to be imitated when they observe risky behaviours. Sometimes proxy is limited in its effectiveness as an option when collaboration is required for collective agency.

Collective agency encourages people with similar ideas, skills and knowledge to work together towards achieving a shared goal (Bruner, 2001). Although there could be group dynamics when people work together, collective agency encourages people to focus on what is best for the group in terms of its shared beliefs and skills. In some instances, when learners learn about HIV and AIDS, they are sometimes easily influenced by what happens around them and end up forgetting what they have learnt. In some instances, their views do not attract recognition as individuals, unlike when they are in groups. This means that, with collective agency, when learning about HIV and AIDS in both contexts, learners who choose to become agents of change can work as a collective in supporting others from being negatively influenced in an attempt to minimise the prevalence of HIV among young people.

Irrespective of the potential of Bandura's social learning theory as an explanatory framework for this study, it is important to recognise the concerns raised about Bandura's social learning theory. For example, his notion of imitating observed behaviours as modelled by other people is widely criticised as it underestimates the individual's biological state. Biological theorists argue that social learning theory has ignored the notion of individual differences based on individual heredity and differences in the brain (Jeffery, 1965) as being important for learning. They argue that Bandura overemphasises the importance of the environment and modelling on learning. They argue that it is not obvious that all observed behaviours are imitated. However, individuals respond differently even though they are exposed to similar contexts.

Despite the noted criticism, his theory remains important for this study as it explains the process followed when learning. This is especially important with adolescents who are influenced by what their peers do, despite what they know. It is important, therefore, for people to be exposed to positive models so that they can be influenced by what happens around them in order to produce sustained, accepted behaviours than can be reinforced. Social learning theory suggests that context has a key role to play in influencing learning, and human agency enables the observer to be focussed when observing and imitating the behaviour. It is therefore appropriate to incorporate the ecological

systems model as a theoretical tool to understand how adolescents learn about HIV and AIDS as this theory provides a description of human context interaction in development.

2.2.2 Ecological systems model

Ecological systems theory focusses on the interaction that people have with their environment (Bronfenbrenner, 1979). Bronfenbrenner based his theory on ecological development, which is development approached from a strongly contextual basis that prioritises the influence of the individual's various social environments. The theory illustrates evidence of the connection people have with multiple aspects of the environment that influence them (Paquette, & Ryan, 2001).

This is helpful to understand children's and adolescents' development because a child's interaction with the larger community is imperative in understanding how their development occurs. Development, for Bronfenbrenner, is always development in context where individuals remain a proactive feature of the environment as they are able to adapt their imagination and refashion their environment to be compatible with their abilities, needs and desires (Bronfenbrenner, 1979). Ecological systems certainly interact with – and influence – one another throughout a child's life as shown in the diagram below.

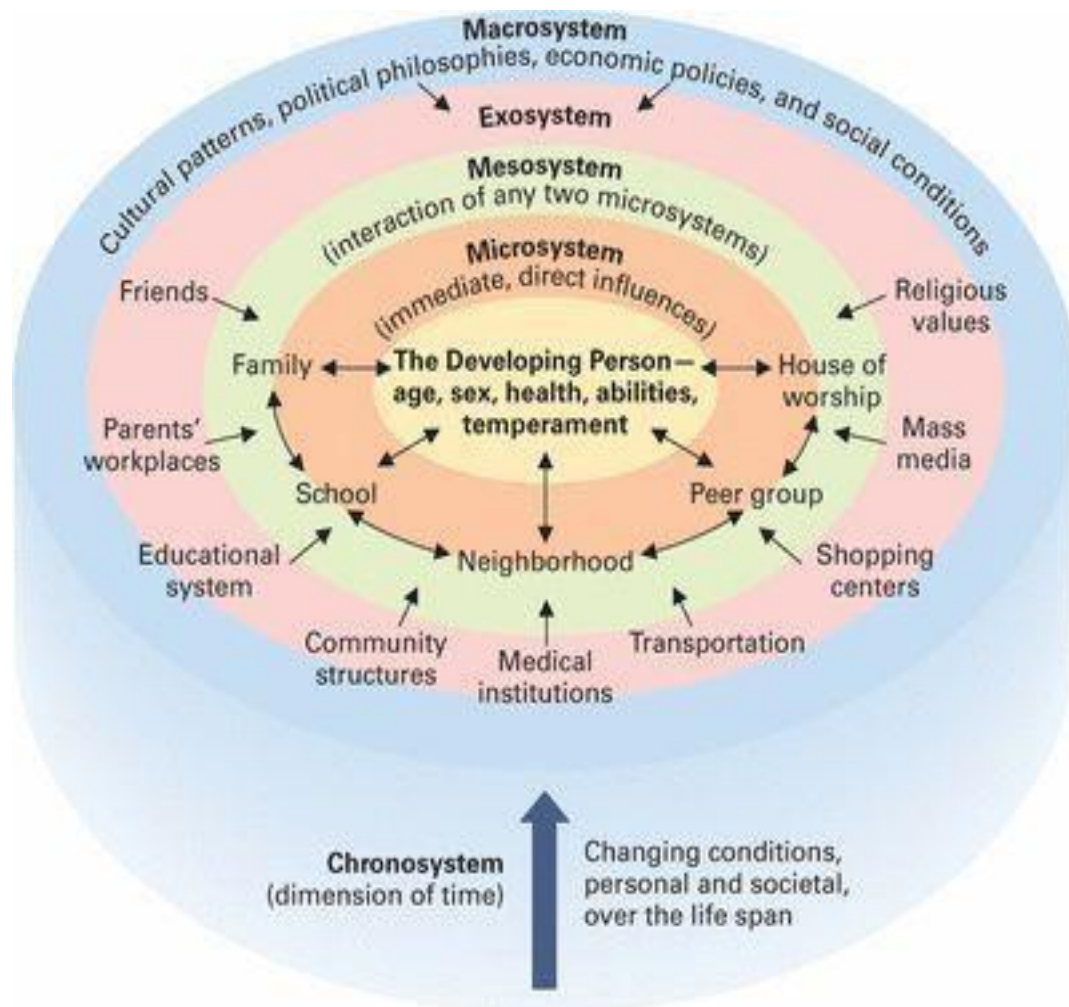


Figure 2.1 Bronfenbrenner's ecological model

(<https://za.pinterest.com/pin/405957353887272572/?nic=1a>)

According to Bronfenbrenner (1979), ecological environments have a series of five successive levels with mutual relationships. These levels are the microsystem, mesosystem, exosystem, macrosystem and chronosystem. The reciprocal interaction among these levels often influences the developing child. As children develop, they are likely to engage differently with environmental influences and this, at times, enables them to reconstruct themselves and even influence their environments. This theory acknowledges children as active persons with the capability of influencing and creating their own social world and addressing issues affecting them when learning about HIV and AIDS.

The microsystem, as shown in the diagram above, is the child's immediate context that directly affects its development as there are direct interactions that take place between the child and its

immediate environment, that is, family, school and neighbourhood. The immediate environment may negatively or positively influence the developing child due to the influence that people from these contexts have on the child. The current study examines learners' learning about HIV and AIDS in school and in out-of-school contexts.

When children develop, they often interact with family members from home and peers from school. These interactions found in the microsystem are the ones that influence children as they develop. School learners are at high risk of contracting the virus as they are coerced to engage in sex or, at times, do so voluntarily (Richter et al. 2015). Schools are therefore viewed as significant and influential sites of learning about HIV and AIDS (Howarth, & Andreouli, 2014). Literature suggests that children learn from their interactions with parents through stories that parents tell (Pequengnat, & Bell, 2012). In addition, Bastien, Kajula and Muhwezi (2011) are of the view that parents talking openly with their children about HIV and AIDS may benefit learners and promote their level of HIV and AIDS knowledge. This is because 'families are the first teachers of their children, and they continue to influence their children's learning and development during the school years and long afterwards' (Jennings, & Bosch, 2011, p.1). Parents, however, should be willing to talk to their children about HIV and AIDS, and it cannot be denied that some parents are not willing to talk to their children about sex-related matters (Breidlid, Cheyeka, & Farag, 2015).

The interaction between any two microsystems is encouraged in the mesosystem. In other words, at this level there is emphasis on the relations between developing persons and the people from their immediate environments. In the case of this study, parents, guardians, caregivers, siblings, peers and teachers are part of the learners' microsystem. The interactions that learners have with the people in their immediate environments influence their experiences. In the mesosystem, the developing person moves into a new setting as bidirectional interactions of the microsystems move to slightly higher-order environments. Here, linkages and interconnections between the different faces of microsystems are accommodated. When learning about HIV and AIDS, there are collaborations between learners and teachers in formal contexts, and in informal contexts, there are family and friends. Some friends may be present in both learning contexts.

The manner in which learners navigate their worlds when learning about HIV and AIDS is influenced by the interaction of the two microsystems. At times, the people with whom learners interact when out of school are not the people who have the same information as they have about HIV and AIDS. Schools and families, therefore, need to have strong foundations and interactions with the developing child to ensure that they are not easily influenced by negative pressures. Peers, at times, develop confidence to have conversations with each other where they express their views more freely than with adults (Morales, Espada, Orgiles, Secades-Villa, & Remor, 2014). This means that learner's knowledge of HIV and AIDS may increase through peer education in order to influence young people's behaviours about HIV and AIDS (Adeomi, Adeoye, Bamidele, Olarewaju, & Abdulsalam, 2014). As the mesosystem moves beyond the home to the extended family and neighbourhood and even beyond a classroom context to the whole school, the interactions that people have at this level can influence their experiences when learning about HIV and AIDS.

The exosystem refers to influences beyond the individual's immediate and direct experience. At this level, there are other specific social structures, both formal and informal, that impinge upon the person's immediate settings (Bronfenbrenner, 1977). For example, as shown in Figure 2.1, the exosystem is made up of parents' workplaces, friends, community structures, medical institutions, religious values, mass media and educational systems. The exosystem level is relevant for this study. Clinics, for example, play a significant role in educating learners about HIV and AIDS. The clinic, as an influential site in learning about HIV and AIDS, provides valuable information to learners. Clinics are the first point of contact for community members when they are not feeling well and require medical intervention (Harmon, & Relf, 2016). Clinics have trained personnel who provide care to patients regardless of medical condition (Bradley-Springer, Steven, & Webb, 2010). Learners' experiences when learning about HIV and AIDS can be influenced by knowledge they acquire from the clinic. Although nurses' professional code of ethics requires them to maintain confidentiality when dealing with clients, Dapaar and Senah (2016) suggest that some professional health workers find it difficult to maintain client confidentiality.

Mass media has also played a role in holding advocacy campaigns about HIV and AIDS. These campaigns, at times, are implemented on television programmes such as 'Soul City', screened on South African television. When learning about HIV and AIDS, the education system is also relevant for this study as they are custodians of the curriculum that schools offer. When teachers teach, they are guided by national curriculum documents. In this context, the LO curriculum stipulates specific topics about HIV and AIDS that should be taught (DBE, 2011). In some instances, religious views can influence learners' experiences when learning about HIV and AIDS. Teachers holding strong religious beliefs about sexuality and parents who are not willing to initiate such talks with their children because of their religion may influence learners' learning of HIV and AIDS. Churches may convey selective messages when it comes to sex, HIV and AIDS as they advocate for abstinence from sex until marriage (Trinitapoli, 2011).

The next level is the macrosystem that refers to overarching institutional patterns of culture or sub-culture such as economic, social, educational, legal and political systems, of which the macro-, meso- and exosystems are concrete manifestations (Bronfenbrenner 1977; 1979). This level includes laws, values, traditions, dominant economic and political systems, general discourses and customs of a particular society. For this study, family values and beliefs that talking about sex to children is a taboo subject may influence learners' learning of HIV and AIDS. Similarly, patriarchy as a social ideology combined with poverty may give rise to intergenerational sex among young girls and older men (Potgieter et al, 2012). This places girls at risk of contracting HIV because they do not typically have power of negotiating safer sex practices with older men.

The last level of the ecological systems model is the chronosystem that focusses on the effects of time on other developmental systems. Time is important in an individual's development as it entails the patterning of environmental events and transitions over the life span (Santrock, 1999). In her work on ecologies of learning, Lee (2010) draws on Bronfenbrenner's theory (Bronfenbrenner, 1977). One of the arguments that she proposes is the importance of a contextual understanding of learners' challenges (risks) their buffers or protective factors across various levels that may enhance their learning and development. In this study, as learners share their experiences when learning about HIV and AIDS, the conditions that they experience may change at a personal and societal

level. Although this level is not directly relevant for this study, their changing conditions may influence their learning even beyond school.

Bronfenbrenner's theory has been criticised because it focusses only on the negative effects that may be a result of individuals being exposed to life difficulties. But Christensen (2016) believes that Bronfenbrenner's theory explains how a person who grew up in a negative environment can survive and succeed in life. In addition, Bronfenbrenner's theory should integrate resilience as an important element to better understand one's potential. Resilience helps people to endure hardships (Miller, 2008). Bronfenbrenner's theory is important for this study as it highlights the mutually constitutive nature of relationships between people and their environment. The relationships have to be maintained to ensure that changes in one part of the system do not negatively affect other levels or aspects of the system (Paquette, & Ryan, 2001). Schools, therefore, have to consider the multifaceted interactions between learners (in the school context) and the surrounding environment to understand their experiences when learning about HIV and AIDS in schools and informal contexts. The theory allows for the incorporation of various learning sites in examining learners' experiences of learning about HIV and AIDS. It also explores the influence that other environments outside the school environment have in shaping learners' experiences of learning about HIV and AIDS. If all the systems can work together well, then synergy between systems such as micro and mesosystems, for example, can enhance learners' experiences of learning about HIV and AIDS in schools and informal contexts.

Social learning and ecological system theories are linked through their common recognition of the mutual influence of environmental and individual factors on human development and behaviour. Learners, to be actively engaged in the learning process, need to be perceptive of what happens around them because they construct new meanings and behaviours from observing – and engaging with – their environments. This means that the relationships that learners have with the environment has a profound influence on their experiences when learning. The information that learners obtain from home, school, friends, clinic and community at large can influence their learning about HIV and AIDS both in formal and informal contexts. Although some studies have used social learning theory in encouraging prosocial behaviours among youth (Rotheram-Borus et al., 2003; Brakefield, Wilson, & Donenberg, 2012; Kaufman et al., 2016), little is said about human agency as an important element

of social learning theory. This study includes human agency as people should not be seen as passive observers but also need to apply their minds in the process and engage others if necessary.

I have found these theories to be relevant for this study because when learners learn about HIV and AIDS in schools and in out-of-school contexts they do not do so in isolation because they learn in an environment where there are also other people. Although social learning theory is more about learning through observation, there are important elements that shape learners' learning, for example, human agency. Furthermore, with social learning theory, ample opportunities are provided for learners when they learn. This is evident in instances when learners are encouraged to approach others should there be something that they do not understand. It is important to note, though, that the imitation of learners' observed behaviours is dependent on how they synthesise the observed behaviour and can result in non-imitation.

The child's micro and mesosystems often influence their development and their learning is shaped by their immediate environments, at times, when learning in schools. When learners learn about HIV and AIDS, their learning is often influenced by what they have observed from each context. Learning involves cognition, and HIV and AIDS is a social construct; therefore, my choice of these theories is relevant for this study because it gives learners an opportunity to use their cognition when learning through environmental influences in their learning about HIV and AIDS in both contexts.

2.3 Summary

This chapter has outlined the theoretical framework that informed the study. The two theories under discussion – social learning theory and the ecological systems model explain how people are influenced by their environments as they develop and learn. This study examines learners' learning about HIV and AIDS, and these theories showed the influence that children's surroundings have on them. Social learning theory, for example, proposes that what children observe is likely to shape their development. In addition, human agency is an important element of social learning theory as it encourages people to be responsible for their actions in social contexts by being able to set goals for themselves. The ecological systems model foregrounds the interactions between the child and the different levels of ecology and explains how these influence children's development. In this chapter, the discussion highlighted how these theories are relevant in learners' experiences of

learning about HIV and AIDS in schools and informal contexts. Chapter three focusses on the literature review.

CHAPTER THREE

REVIEW OF RELATED LITERATURE

3.1 Introduction

This chapter reviews relevant literature that informs an understanding of how learners learn about HIV and AIDS in formal and informal educational contexts. HIV and AIDS is a national phenomenon that affects every sector of society. This study is conducted in South Africa, which is the country where children from the age of 15 constitute the highest HIV prevalence rate (Statistics South Africa, 2018). It investigates learners' experiences of learning about HIV and AIDS in schools and in informal settings. The aim of accessing learners' voices when learning about HIV and AIDS is to ensure that they share their own experiences when learning about HIV and AIDS. Hence, the study solicited the voices from learners who are in the adolescent stage. During this stage peer influence is strong and adolescents, at times, mimic everything their peers are doing (Morales et al., 2014). This becomes a challenge when there is no education by parents and teachers as the peers' voices become dominant. Parents need to interact with and guide their children before school to lay a solid foundation about HIV and AIDS knowledge (Namisi et al., 2009; Pequengnat, & Bell, 2012). On the other hand, teachers can influence learning about HIV and AIDS as teaching about HIV and AIDS has received ongoing attention (Francis, 2013a).

Since the study examines learners' experiences when learning about HIV and AIDS, I have reviewed literature related to the study with the aim of establishing what other scholars have done in relation to the studied phenomenon. In this chapter, I have reviewed literature about HIV and AIDS learning from global and local contexts, HIV and AIDS education, learners' experiences when learning about HIV and AIDS, the role of formal education, and how learners make meaning of what they have learnt about HIV and AIDS.

The next section discusses a global overview of HIV and AIDS.

3.2 Global overview of the HIV and AIDS epidemic

HIV and AIDS has brought many challenges to world health and development (UNAIDS, 2015). HIV was first recognised in the United States of America in 1981 and 36.9 million people globally are currently HIV positive (UNAIDS, 2018). Since 1981, HIV has spread and intensified, particularly among marginalised poor and vulnerable populations that are disproportionately affected by HIV and AIDS (Pellowski et al., 2013). As already indicated, according to the UNAIDS (2018) report, in 2017, there were approximately 31.1 million–43.9 million people who were living with HIV, and 1.8 million of those living with HIV were children under 15 years of age. Subsequently, close to 2 million people were newly infected, of which 110 000–260 000 were children under the age of 15 (UNAIDS, 2018). It has been estimated that in 2017, 670 000–1.3 million people died of HIV-related causes (UNAIDS, 2018). From global statistics, the sub-Saharan African (East and southern Africa) region is the region with the highest HIV prevalence – as discussed below.

3.2.1 HIV and AIDS in sub-Saharan African (East and southern Africa) region

The sub-Saharan African region is the most affected region in the world with the highest HIV prevalence even though there is further evidence of a decrease in the annual number of new infections. There has been an estimated number of more than 19.6 million people living with HIV in this region, with 800 000 million new infections reported in the UNAIDS (2018) global report. There are various countries that are affected by HIV and AIDS within the region, and among these, South Africa is one that has a high number of people living with HIV and AIDS. From a total number of more than 19.6 million people living with HIV in the region, South Africa alone accounts for 7.2 million and had 270 000 new infections and 110 000 HIV-related deaths in 2017 (UNAIDS, 2018).

HIV prevalence in the sub-Saharan African region has a harmful impact on the region's health, mortality rate, households, education sector and wider economy (UNAIDS, 2013). This is because many families lose their breadwinners because of HIV and AIDS, and families have to take care of their sick family members. Furthermore, there are destructive repercussions, such as an increase in school dropout rates, and when children drop out of school, the rate of unemployment increases, and poverty levels in communities increase. As per the UNAIDS (2012) report, poverty is also seen as the driving force for HIV infection due to migration and urbanisation. Contrary to the last

statement, there is also evidence that the HIV and AIDS concentration is higher among people who are wealthy due to their greater mobility and concurrent partners (Fox, & Thomson, 2012; Hajizadeh, Sia, Heymann, & Nandi, 2014). Within the region there are populations perceived to be vulnerable to HIV infection.

3.2.2 Vulnerable people in the region

In the sub-Saharan African region, the people who are most vulnerable to infection are young women, children, commercial sex workers, men having sex with men and people who inject drugs (PWID; UNAIDS, 2013). Within the region, women over 25 years constitute the majority of those who are infected with HIV, while women aged between 15 and 24 years account for more than 4 in 10 new HIV infections. For example, HIV prevalence increased in Mozambique by 7% for 15–19-year-olds and in Lesotho by 4% (UNAIDS, 2014a). The high HIV infection rate among young women in some instances is as a result of their relationships with older men, with such relationships often being linked to unsafe sex practices and condom neglect (Sales et al., 2013). Children are also at risk because they often contract HIV through mother-to-child transmission (MTCT). Since 2011, plans were implemented to reduce the high rate of new infections among children to ensure that they are protected from HIV infection (UNAIDS, 2011).

In sub-Saharan Africa, commercial sex workers are at risk of contracting HIV as they account for 20% of HIV prevalence (UNAIDS, 2014a). This shows that despite the efforts made to ensure that commercial sex workers do not contract HIV, they are still among the most affected people in the region. In the context of South Africa, the total population numbered 57.73 million in July 2018, and youth and children aged 15 and younger account for almost 30% of the general population (Statistics South Africa, 2018). South Africa's estimated HIV prevalence is approximately 13.1% of the entire South African population. For the purpose of this study, South Africa is the country of focus in the sub-Saharan African region.

3.3 HIV and AIDS in South Africa

South Africa has the largest roll-out, globally, for antiretroviral treatment to address HIV and reduce AIDS prevalence in the country. South Africa has invested more than 1 billion dollars to run HIV and AIDS programmes annually (Maurice, 2014). Regardless of all the efforts made in South Africa to

curb the spread of the pandemic, HIV prevalence remains high at 13.1%, although there are variations from region to region (UNAIDS, 2018). For example, the KwaZulu-Natal HIV prevalence is 12.2% when compared to other provinces like the Northern Cape and the Western Cape with 6.8% and 5.6% HIV prevalence rates respectively (KwaZulu-Natal Provincial AIDS Council, 2017; Northern Cape Provincial AIDS Council, 2017; Western Cape Provincial AIDS Council, 2017). In South Africa, there are particular groups that are particularly vulnerable to HIV. These are men who have sex with men, commercial sex workers, PWID, children and orphans, and women. Given that this study focusses on high school learners, the main focus in this review is on children and adolescents.

In South Africa, children and orphans are one of the most prominent groups vulnerable to HIV infection. Approximately 410 000 children, aged 0–14 years, are living with HIV or have full-blown AIDS (Human Sciences Research Council [HSRC], 2014). Furthermore, children are often rendered extremely vulnerable by AIDS when their parents or caregivers succumb to HIV and AIDS-related illnesses. More than 2 million children are orphans because of HIV and AIDS in South Africa (United Nations International Children's Emergency Fund [UNICEF], 2016). In some instances, child vulnerability is exacerbated by being compelled to have sex with older people in exchange for money (transactional sex) while others prematurely engage in sexual encounters because of curiosity and experimentation that is common among adolescents.

Gender inequality also leads to HIV vulnerability. Women are an at-risk population as their HIV prevalence is often higher than that of men in South Africa. Women around 15–24 years have an infection rate that is four times higher when compared with their male counterparts (HSRC, 2014). Other factors that contribute to HIV vulnerability of women include poverty, low status of women and gender-based violence (Ramjee, & Daniels, 2013; Leburu, & Phetlho-Thekisho, 2015). Even though HIV and AIDS can affect anyone, it is important to understand who vulnerable groups are since prevention strategies need to be not only general, but also contextual in catering for specific groups at risk to curb the spread of the pandemic. In this instance, it is important to understand children's and adolescents' risk profiles since the study focusses on adolescent learners.

In South Africa, numerous strides were made in mitigating the further spread of HIV and AIDS. The country adopted some intervention strategies with the aim of ensuring that HIV prevalence levels are minimised. This study focussed on the adolescence stage, and HIV and AIDS education is one of the initiatives targeting schoolgoing youth. In addition, the country developed numerous policies aimed to address HIV and AIDS at school and in communities. HIV prevention strategies adopted in fighting the spread of HIV and AIDS are discussed next.

3.3.1 HIV prevention strategies

South Africa's vision for addressing HIV and AIDS is aligned with the UNAIDS's vision of no new HIV infections, no discrimination and no AIDS-related deaths in the country (South African National AIDS Council [SANAC], 2011). Various efforts were undertaken to prevent new infections and the further spread of HIV through the National Strategic Plan (NSP, 2007–2011), and the provision of antiretroviral treatment to limit new HIV infections was increased (UNAIDS, 2011). Other alternatives that South Africa adopted are: preventing MTCT, availability and use of condoms, voluntary medical male circumcision, HIV education and HIV awareness.

3.3.2 HIV and AIDS education

South Africa is known for various HIV awareness campaigns, which are seen to be effective among young people aged 15–24 years, both in school and the informal context (Geary, Gómez-Olivé, Kahn, Tollman, & Norris, 2014). These HIV awareness campaigns included the following: Khomanani, LoveLife, Soul City and Soul Buddyz; and they aimed to increase people's HIV awareness and eliminate new HIV infections. This review focusses on education as a prevention strategy for HIV and policies that inform HIV and AIDS education because HIV education and policy are central to understanding what, where and how high school learners learn about HIV.

Education is often the best strategy to be implemented in preventing new infections and the further spread of HIV and AIDS. As young people are vulnerable to HIV infections, initiatives are directed at both in school and out-of-school youth because school as a formal context is not the only place where young people learn about HIV and AIDS. Learning also occurs in informal contexts. There are various initiatives employed to prevent new HIV infection and the further spread of HIV and AIDS for both formal and informal contexts.

Many countries have adopted the integration of HIV and AIDS education as part of life skills programmes. In Ghana, Nigeria, Cameroon and Florida, condom usage has increased, and HIV and AIDS knowledge has improved significantly leading to a delay in first-time sexual intercourse (Advocates for Youth, 2002). Life skills programmes were seen to contribute to effective reproductive and sexual health of young people globally. Therefore, some countries like India, Zimbabwe and the United States acceded to the proposed initiative and implemented life skills programmes aimed at curbing the spread of the pandemic among young people (Advocates for Youth, 2002).

In the case of Zimbabwe, there is an AIDS Action Programme for Schools that was introduced by UNICEF and the Zimbabwean Ministry of Education and Culture partnership in 1991. This Zimbabwean programme targets young people who are still in school with the aim of changing behaviour and providing information about STIs and HIV. These programmes are compulsory in schools either as a stand-alone subject or integrated into other subjects offered in schools (Advocates for Youth, 2002).

A Teen Outreach Programme (TOP) was developed in the United States during the 1980s as a comprehensive programme aimed at fostering positive youth development. It is implemented in schools, and when the programme was evaluated in 1996, it showed that TOP participants had a lower rate of pregnancy and school dropout compared to TOP non-participants (Advocates for Youth, 2002).

Life skills programmes have been successful in curbing the spread of the HIV pandemic in many countries. Rose (2012) suggests that life skills education aims to prepare children, builds self-confidence and instils responsible sexual choices, such as negotiating condom use. It is evident that a life skills education programme offered in schools, across some regions, has an impact on learners in terms of equipping them with the necessary skills that help them to live healthy lifestyles. For example, in Kenya the levels of teenage pregnancy dropped by 61% among Grade 8 learners after the introduction of a compulsory life skills programme in schools. From 2001 to 2009, the new HIV infection rate in Botswana dropped since the introduction of life skills education in 2006 (Rose, 2012). Condom use among 14–18-year-old South Africans also increased following the introduction of life skills programmes in schools.

In South Africa, HIV and AIDS education in schools occurs mainly through the LO class, which is a new subject introduced as compulsory and non-examinable after educational transformation that took place post 1994. The aim of LO is to equip and prepare learners to engage in personal, psychological, neurocognitive, motor, physical, moral, spiritual, cultural, socioeconomic and constitutional levels. Therefore, through LO, learners would be able to respond positively to the demands of the world, to undertake responsibilities, and to make the most of life opportunities as they are equipped with skills, knowledge, attitudes and values to prepare them to adopt responsible behaviours (Shisana et al., 2014). When LO was introduced in South African schools, sexuality education was to be part of the content taught in LO (Francis, & DePalma, 2014) to ensure that adolescents delay engaging in sex.

When educating about HIV and AIDS, intersectoral collaboration is crucial because all sectors of society are affected. Joining forces strengthens initiatives meant to curb the infection and further spread of HIV (Williamson, & Carr, 2009). In the spirit of intersectoral collaboration, various policies aimed at preventing HIV and AIDS were developed nationally.

3.3.3 Intersectoral collaboration

Even though the current study focussed on HIV and AIDS education, some policies are not directed at education only. This is because HIV and AIDS education takes place both in formal and informal contexts. It is for this reason that various sectors collaborate in curbing the virus through established policies such as the National Policy on HIV and AIDS, the Education White Paper 6, the Integrated School Health Policy programme and the National Strategic Plan on HIV, STIs and tuberculosis. These policies will be discussed briefly as they are relevant to HIV and AIDS education in schools.

3.3.3.1 The National Policy on HIV and AIDS

The National Policy on HIV and AIDS Education was developed by the Department of Education (DoE) in conjunction with the Department of Health and Welfare in 1995 to serve as a guideline for schools in addressing HIV and AIDS education (Thaver, & Leao, 2012). In responding to the national policy, the DoE (1999) created a life skills curriculum to be implemented in schools. As early as 2000, schools, both at primary and secondary level, implemented an HIV and AIDS Life Skills

Education Programme. The life skills curriculum provided information about HIV and AIDS in order to reduce transmission, to develop life skills that would facilitate healthy behaviours in youth, and to develop an environment of awareness and tolerance amongst youth towards those who are affected by and infected with HIV and AIDS (Thaver, & Leao, 2012). A further goal was to educate teachers to be able to understand and assist with the implementation of school-based interventions to enable learners to become responsible citizens.

Even though HIV and AIDS education makes a difference when preventing HIV, it is important that educational awareness programmes consider the factors that contribute to youth (and especially young women) developing HIV. The review, until now, has suggested that there are vulnerable groups such as young women and children who engage in sexual activity without a choice. Gender-based violence, such as rape and transactional sex, is included as a reason for young women having sex. This means that educational programmes cannot only emphasise the agency of schoolgoing children to have sex, when at times, they may not have agency and are coerced into having sex. Furthermore, multiple reasons for young people contracting HIV suggest that education programmes should be multi-focussed. Teachers should teach to cater for children who have not yet contracted HIV, for those who have contracted HIV (even by birth) and for those who are affected by HIV (orphans). This approach should be part of a differentiated teaching to all learners within the context of an inclusive classroom.

3.3.3.2 The Education White Paper 6

Inclusive education, as proposed by the DoE (2001), aimed to ensure that all learners have access to education. Since access to education is not enough, teachers had to adapt their teaching methods to ensure that all learners are catered for regardless of their conditions. This also encouraged all learners to learn together in spite of their challenges. Inclusive education policy is developed to respond to the country's constitution with the aim of ensuring that learners learn with their peers in mainstream schools.

3.3.3.3 The Integrated School Health Policy and Programme

The policy was introduced in 2012 with the aim of strengthening school health services for the country through the Integrated School Health Programme. When this policy was introduced, its aim was to encourage collaboration between the departments of health and basic education. The policy was influenced by the Negotiated Service Delivery Agreement, 2010–2014, which promoted healthy well-being for all South Africans. This policy targeted Grade R to Grade 12 learners through the support given to schools to promote them as healthy environments. The policy is important because it signals a collaboration of two departments to enhance the health of school learners. Although it targets learners in schools in ensuring that schools become healthy sites, what learners learn in school can be transferred to how they live their lives in informal contexts.

3.3.3.4 National Strategic Plan on HIV, STIs and Tuberculosis (2017–2022)

The NSP launched in 2017 did not only focus on HIV and AIDS, but also addressed other psychosocial and health concerns such as STIs and tuberculosis, which are related to HIV and AIDS. The NSP had various aims. Among its aims was the reduction of new HIV cases from 270 000 to fewer than 100 000 per year and the reduction of tuberculosis infections from 450 000 to fewer than 315 000 per year. In addition, the plan also intends to ensure that 90-90-90 targets are reached. This means that 90% of people living with HIV should know their HIV status, 90% of HIV-positive people should have access to treatment and 90% of people who receive HIV treatment should have suppressed viral loads by 2020 (SANAC, 2017). A further goal is the eradication of discrimination against people infected with HIV and tuberculosis and the prevention of deaths that are related to HIV and AIDS. It is evident that preventing new HIV infections was at the top of the NSP agenda. Given the discussion about how multiple factors that contribute to learners contracting HIV should inform a multipronged approach to teaching and learning about HIV, it is important to explore the literature on how learners experience learning about HIV and AIDS.

The reviewed literature includes learners' understanding/knowledge about HIV and AIDS, the sources of learners' HIV and AIDS knowledge, and the meaning that learners make about the information they have about HIV and AIDS.

3.4 Learners' experiences of learning about HIV and AIDS

This section explores the experiences of learners when learning about HIV and AIDS in schools and informal contexts. In South Africa, since 2008, HIV prevalence was higher among youth of 15–24 years who are still in school (Shisana et al., 2009). In KwaZulu-Natal, HIV prevalence is 12.2% among 12–25-year-olds (KwaZulu-Natal Provincial AIDS Council, 2017). One of the reasons for young people being at risk of contracting HIV is that they are in a developmental phase that often includes curiosity and experimentation (also as far as sexual practices are concerned; Li et al., 2012). In addition, Potgieter et al, (2012) assert that intergenerational sex and transactional sex are challenges that often contribute to HIV transmission. This is because, at times, young girls engage in transactional sex, and not because they are poor or sex workers, but because they want to acquire goods and social status. This often increases the risk of HIV infection as young girls are unable to negotiate safe sex when engaged with older men. Furthermore, Jewkes, Dunkle, Nduna and Jama-Shai (2010) suggest that the HIV infection rate is exacerbated by intimate partner violence and gender inequality in relationships where women are dominated by men. Due to the high HIV prevalence rate among youth of schoolgoing age, the DBE devised intervention programmes aimed at reducing HIV prevalence among this group by ensuring that safe sexual behaviours are encouraged among schoolgoing children (Madiba, & Mokgatle, 2015).

To understand learners' experiences when learning about HIV and AIDS, I reviewed literature about young people's understanding of HIV and AIDS and the gaps that exist in their understanding of HIV and AIDS.

3.4.1 Young people's understanding of HIV and AIDS

As the study examines high school learners' experiences of learning about HIV and AIDS in schools and informal contexts, it is important to review the literature about learners' knowledge of HIV and AIDS first. The studies with adolescents regarding their HIV and AIDS knowledge mostly reveal that adolescents have knowledge of HIV and AIDS, how it is transmitted and ways of preventing it. But some studies show adolescents' lack of knowledge about HIV and AIDS.

A study conducted among Nigerian secondary school adolescents indicated that the majority of adolescents know about the transmission of HIV and sexual intercourse being the major mode of transmission (Taukeni, & Ferreira, 2016). However, in the same study, some adolescents indicated that they do not know about HIV and AIDS. Although there were adolescents who seem to be unaware of HIV and AIDS, they seemed to be few compared to the majority that know about the HIV pandemic. The high level of adolescents' knowledge about HIV and AIDS, modes of transmission and preventive measures is evident in the study by Singh and Jain (2009). Furthermore, the study by Mwamwenda (2013) also reveals that the level of HIV and AIDS knowledge among adolescents is high with some noted misconceptions.

In South Africa, although numerous attempts have been made for HIV prevention through formal and informal contexts, the overall accurate knowledge about HIV and AIDS was poor. Moreover, the adolescents' knowledge of their HIV status was poor, and this may have contributed to the uptake of HIV counselling among adolescents (Miller et al., 2017).

3.4.2 Gaps in learners' understanding of HIV and AIDS

Learners still have misconceptions about how HIV is transmitted. This is evidenced in various studies that show that some learners still think that people can be infected through casual contact (such as sneezing, shaking hands, using the same utensils and toilet facilities) with people who are HIV positive (Durongritichai 2012; Kumar, Pore, & Patil, 2012; Thanavanh, Harun-OrRashid, Kasuya, & Sakamoto, 2013; Mulu, Abera, & Yimer, 2014). Furthermore, such misconceptions may cultivate negative and naïve attitudes about HIV and AIDS and have adverse effects on HIV prevention and the practice of safe sex as Durongritichai (2012) and Mulu et al. (2014) suggest. At times, people's misconceptions about HIV infection may even result in stigma and negative attitudes (Thanavanh et al., 2013).

Misconceptions and negative attitudes about HIV and HIV-positive people can fuel HIV stigma leading to discrimination against HIV-positive people. Despite the efforts made in the last decades for increased treatment and care, people continue to experience stigma because of their HIV status (Saki, Mohammad, Mohammadi, & Mohraz, 2015). From studies undertaken in several countries like Zimbabwe, Thailand, Tanzania and South Africa it is evident that the fear of HIV transmission,

being anxious about death and an added responsibility of taking care of family members contribute to the negative attitudes that people have towards people living with HIV (Maman, 2009). These attitudes prevent people from testing for HIV because they do not want to be judged, while in some instances when they have tested positive for HIV, they would not disclose their HIV status due to the fear of being treated differently (Thanavanh et al., 2013). The literature also reveals that some people still believe that there is no need for HIV-positive people to disclose their status, which clearly indicates that people still possess negative attitudes towards HIV-positive people (Thanavanh et al., 2013).

When people have negative attitudes towards those living with HIV, the knowledge that they have about HIV and AIDS and how it is transmitted is immaterial. For example, in a study done in Canada, it was found that some people still have difficulty in using the same glass used by an HIV-positive person or wearing clothes worn by HIV-positive people (Loufty et al., 2012). This is because people living with HIV in Canada still experience stigma based on their HIV status. HIV stigma influences the possibility of adopting intersectoral approaches to address the challenges faced as a result of HIV (Logie, James, Tharao, & Loufty, 2011). Three years earlier, another study done in the United States also revealed that the knowledge that people have about HIV and AIDS does not correlate with the attitudes they have about people living with HIV and AIDS (Kaiser Family Foundation, 2009). This study suggested that some people are still uncomfortable working with HIV-positive people, and this is exacerbated when having to eat food prepared by an HIV-positive person. These findings are also supported by Hoff, Levine, Hamel and Brodie (2015) that some people in Georgia are not comfortable to interact with HIV-positive people. Similarly, some cases of negative attitudes were evident among Australian HIV-negative gay men who also discriminated against other gay men because of their HIV status (De Wit, Murphy, Donohoe, & Adam, 2010).

Stigma extends beyond HIV status. It also includes any marker of having been involved in sexual activity, such as teenage pregnancy. In schools, pregnant girls are stigmatised for being teenage mothers, and this occurs despite LO being introduced as a compulsory subject (Ngabaza, 2011; Shefer, Bhana, & Morrell, 2013). Some studies also reveal that LO sexuality education seems to reinforce negative attitudes in order to adopt a moralistic response that places greater emphasis on

abstinence (Francis, 2013a). In the LO class there should be no room for negative attitudes as such attitudes impose challenges on learners' learning about HIV and AIDS.

As the current study explores learners' learning about HIV and AIDS in schools and informal contexts, the sources of knowledge about HIV and AIDS have to be explored.

3.5 Sources of HIV and AIDS knowledge

There are sites serving as sources that generate knowledge about HIV and AIDS. This implies that learners cannot only learn about HIV and AIDS from school only. Learning about HIV and AIDS can take place through social interactions in informal contexts. For example, some studies have identified both formal educational contexts such as schools and informal educational contexts such as families, peer collaborations and communities as the sites where young people can learn about HIV and AIDS.

3.5.1 Formal contexts as source of learning about HIV and AIDS

Schools are viewed as significant sites of learning about HIV and AIDS. Children are becoming sexually active at a younger age leading to numerous unplanned teenage pregnancies (Richter et al., 2015). Furthermore, young people between the ages of 15 and 24 are particularly vulnerable to HIV and AIDS (Jewkes, Morrell, & Christofides, 2009). In addition, the number of children who were orphans increased from 10 million in 2001 to 16.6 million in 2009 (UNAIDS, 2010).

Francis (2013a) suggests that HIV and AIDS education should not take place in isolation of sexuality education and argues for an integrated approach. The negative consequences of early sexual encounters do not only affect the learners, but they also affect schools as early sexual encounters might contribute to pressure being exerted on the teaching and learning environments as in the case of teachers having to deal with the consequences of HIV and AIDS in schools.

Schools may become places with the potential to reduce stigma, protect vulnerable children facing stigma and change attitudes, aspirations and achievements of individual learners (Howarth, & Andreouli, 2014). It is therefore clear that schools have a huge responsibility of preparing learners to navigate the world since they can reach children while still young (Wood, 2009; DBE, 2013).

It should be noted that the South African government has taken various initiatives to ensure that learners are educated about HIV in schools. This implies that HIV and AIDS education is a countrywide concern. The proposed HIV and AIDS education has to cover aspects of prevention, care and support for people with HIV, prevent stigma and discrimination, and capacitate young people to delay sex until they are ready. For example, life skills education programmes implemented in schools since 2000 aimed to integrate HIV education into the school curriculum and through LO as a subject (DBE, 2013). During 1998, in order to ensure the effective implementation of HIV and AIDS integration in schools, different provinces rolled out in-service training workshops to prepare teachers in schools (Thaver & Leao, 2012). Teachers had to assume new roles and responsibilities as they began to interact with learners who were either infected with or affected by HIV and AIDS. There is further evidence that current life skills programmes integrated in schools focus more on HIV and AIDS awareness without integrating other important life skills necessary for young people, such as attitudes towards people living with HIV or AIDS, perceptions about sexual behaviour, negotiating safer sex and social support and programme efficacy (Govender, & Edwards, 2009). This means that the knowledge that is transferred does not prepare learners fully because it is often too abstract for their level of understanding.

Teaching about HIV and AIDS in the curriculum must encourage engagement so that the learners can openly express their views without fears. It is important for teachers to understand that learning is not just about acquiring knowledge, but that after new knowledge is acquired, there should be evidence that learning has taken place (Daniel et al., 2011). If learners are deprived of opportunities to construct and reconstruct knowledge there will be no evidence of what they have learnt. Hence, the notion of learner engagement in constructing and reconstructing knowledge in different contexts is supported by Donald et al. (2014). When learners are engaged in classroom debates and discussions, they may become better equipped in decision-making regarding their personal and societal choices. Subsequently, Mwebi (2012) declares that the child-to-child curriculum approach is a good way of accessing learners' voices. This approach capacitates learners with problem-solving skills by stimulating their imaginations rather than simply transmitting facts and knowledge. This might further cultivate a favourable atmosphere in class where learners are able to share their views freely without fear of being judged.

Informal contexts can also be sources where young people learn about HIV and AIDS.

3.5.2 Informal contexts as sources of learning about HIV and AIDS

HIV and AIDS education cannot only involve young people who are still at school. There should be initiatives aimed at reaching young people who are not benefitting from what schools offer. Around the world, there are 75 million young people who are out of school (United Nations Educational, Scientific and Cultural Organization, 2009). This implies that HIV education initiatives should also prepare out-of-school youth for sexual health issues, a sense of belonging, and empowerment to take responsibility for their own lives in order to minimise HIV infection. Outside of school, HIV intervention programmes are not as structured and formalised as in-school programmes. Therefore, young people often learn about HIV and AIDS informally through media and peer education.

Media can be a powerful education mode that can reach many people simultaneously for HIV and AIDS education or awareness. Both schoolgoing and out-of-school youth can benefit from HIV and AIDS education awareness campaigns run via social media. In South Africa, LoveLife has been one of the dominant campaigns that championed HIV and AIDS education by messages that appealed to young people. LoveLife programmes are usually presented by young people who understand the many challenges that young people face when it comes to HIV and AIDS (UNICEF, 2010). For example, in India, Zimbabwe and the United States, programmes such as these are implemented in order to curb the spread of the pandemic among young people (Advocates for Youth, 2002).

Other various intervention programmes have also been devised to cater for young people who are out of school. In India, the Better Life Options Programme was established by the Centre for Development and Population Activities in 1987. This programme was implemented as a comprehensive life skills development programme designed to work with out-of-school young women between 12 and 20 years of age. This programme acknowledged the vulnerability of young women to HIV infection. Furthermore, it also aimed to direct young women to age-appropriate reproductive health services and build individual skills through education. Moreover, the livelihood of young women was stimulated through vocational training, organising and equipping individuals, families, and communities by involving everyone as a part of the solution (Advocates for Youth, 2002).

Church is also another place that can provide HIV and AIDS knowledge. As an informal context, the church is one of the most influential and dominant organisations that many communities subscribe to because of its perceived role in maintaining and instilling societal norms. Because of its powerful positioning, it is often seen as having the potential to influence positive behaviours among its congregants. Rakotoniana, Rakotomanga and Banennes (2014) suggest that churches in Madagascar have been centrally involved in people's social lives and welfare, education and even politics. Not all researchers agree, though, that the church has been powerful in its HIV and AIDS education roles in communities. Trinitapoli (2011) views church as being selective in the messages conveyed as the issues related to sex, condom use and HIV prevention are often in conflict with the abstinence-from-sex-until-marriage doctrine of the church.

In South Africa, peer education is a popular form of reaching out to out-of-school youth through peer-facilitated programmes. Peer education is a dominant and effective strategic initiative that aims to raise youth awareness about HIV and AIDS in a manner that appeals to the audience (Frantz, 2015). Young people are free to discuss their sexual choices and practices without any fear of being reprimanded when engaging in peer education. The language used during the peer session is easily understood as the informal structure of the session enhances more participant engagement. Peers can easily identify positive role models of a similar age. The fact that information is conveyed by people closer in age to youth themselves might influence their understanding to make helpful health decisions (Medley, Kennedy, O'Reilly, & Sweat, 2009).

3.5.3 People as sources of learning about HIV and AIDS

As already indicated, people learn about HIV and AIDS in both formal and informal contexts. Teachers, parents, nurses, peers and social workers are the main people who are perceived as influential sources when it comes to learners' learning about HIV and AIDS (Namisi et al., 2009). Teachers are perceived to be influential people in schools where youth learn about HIV and AIDS.

Teaching about HIV and AIDS cannot focus only on the cognitive domain of how the virus is contracted, but more emphasis should be placed on the affective domain and making informed decisions (Helleve et al., 2011). Teaching about HIV and AIDS has received ongoing attention (Francis, 2013a) as many barriers have been identified that impact on teachers' ability to teach about

sexual behaviour. Although teachers are perceived as sources for HIV and AIDS learning, their attitudes may negatively influence learners' learning of HIV and AIDS. Many teachers have reservations about teaching HIV and AIDS in schools, which has little to do with their level of HIV and AIDS knowledge. Many teachers prefer to teach abstinence rather than teaching safer sex practices. This is a common trend among adults because they tend to think that when they give the youth relevant sexual information, they will be encouraging them to engage in sex.

The perpetration of sexual violence is another social problem that impacts on teachers as sources of HIV and AIDS education. For example, there are instances where male teachers were implicated for sexually harassing female learners during HIV and AIDS lessons (Kalmelid, 2013). Teachers who teach abstinence and abusive teachers impact on the ways in which sexuality education is taught and a moralistic and dictatorial approach, instead of participatory methods, is employed when teaching.

The person who teaches and the context of teaching sexuality education also matter. Teachers in Botswana and Rwanda expressed their discomfort about teaching HIV and AIDS. Female teachers, especially, found it difficult to discuss sexuality in mixed-sex classes, as girls tend to be more passive than their male counterparts in discussions for fear of being perceived as sexually experienced by boys. Apart from challenges about teacher attitudes and practices when teaching about HIV and AIDS, teachers also worry about learner anxiety and parental attitudes towards sexuality education in school. Francis (2013a) suggests that learners become anxious, and this makes teachers uncertain about HIV and AIDS integration with sexuality education. Teachers are not sure if, by integrating HIV and AIDS education, they encourage learners to become sexually active, and whether parents might accuse them of corrupting their children (Francis, 2013b). In some instances, teachers tend to be uncomfortable about teaching about safer sex as they believe that it is against their beliefs and those of the community. Hence, because of moral dilemmas, many teachers feel that schools should not be responsible for teaching about HIV and AIDS (Francis, 2012). Furthermore, some teachers think that values, sex education and morals are the responsibility of parents and not the school's responsibility (Francis, 2013a). It has become evident that teaching about HIV and AIDS in schools is complex, and that what is offered in class might be determined by

learners', parents' and teachers' attitudes and behaviours rather than the curriculum standards that have been set (Howarth, & Andreouli, 2014).

Research about parents and learning about HIV and AIDS has also been found to be contradictory. Some literature suggests that parents are influential when it comes to HIV and AIDS knowledge-generation (Namisi et al., 2009; Pequengnat, & Bell, 2012). This is because parents are the first people to interact with their children, even before they start school and meet friends. Hence, home is perceived as the children's primary socialisation site before school (Pequengnat, & Bell, 2012). Children need to have a clear and deep understanding of family values regarding sex, and this, in turn, will prepare them to adopt healthy lifestyle choices about sex, even when they start interacting with friends. However, many parents avoid discussions about sexual behaviour with their children. Some parents believe that talking about sex with their children is taboo. Others think that sex education in schools should not form part of the school curriculum as it might encourage early sexual debut among their children whom they perceive to be sexually innocent (Bredlid et al., 2015; Francis, 2013a).

When families are involved in educating their children about HIV and AIDS they can play a crucial role in alleviating risk behaviours among children that could eventually lead to delayed age of sexual debut (Bastien et al., 2011). The quality of conversations that parents have with their children might influence the choices that young people make about their sexual practices. There is further evidence from the literature that adolescents desire effective communication with adults, particularly parents, when it comes to sexuality and HIV and AIDS. Adolescents believe that their parents talking to them about HIV and AIDS can influence their knowledge about sex and HIV in order to improve their sexual health outcomes (Knopf et al., 2017). Adolescents believe that if parents can be open enough about such matters, then their vulnerability to HIV infection and high rate of teenage pregnancy would be reduced. Therefore, parents' unwillingness to talk to their children about sex can have negative repercussions on learners' learning about HIV and AIDS, making them vulnerable to peer pressure regarding sexual behaviours.

Learners' learning about HIV and AIDS can be influenced by parents' willingness to talk about HIV and AIDS. Despite this, some parents still find it difficult to educate their children about precautionary measures for HIV and AIDS prevention (Bredlid et al., 2015). This often poses challenges to the

learners because parents, at times, encourage them to abstain from sex, and this, according to Reddy (2005), is common for girls. Parents do not take the initiative of talking with their children about HIV and AIDS and expect their children to succumb to their (the parents') values. Reddy (2005), in her study, discovered much dissatisfaction among boys because they complained about the difference in how they are treated as compared with girls. Boys feel as if there is no one who talks to them about what to do and what not to do as is the case with girls when it comes to sexuality and HIV and AIDS. As a result, they make uninformed decisions and are aggressive in their approaches because they are not given an opportunity to express their feelings and emotions as girls do.

Young people need to be taken seriously when it comes to learning about HIV and AIDS as they also have feelings that older people need to understand. It is, at times, a challenge for them when their sexuality is decided upon by someone else without them affirming their own sexuality (Reddy, 2004). Because boys are expected to subscribe to normative masculine roles, they become aggressive and often view relationships as purely sexual. This creates problems for girls because they typically seek relationships. Girls can express their emotions, which disadvantages them (Reddy, 2004). Even the language that girls use as compared to the ones used by boys is an indication of feminine over boys' masculine roles and tendencies. In addition, girls can express their love through emotions while with boys, love is about physical contact with no emotions attached (Reddy, 2004; 2005).

There is evidence that suggests that parents' education of their children in matters about HIV and AIDS is beneficial in promoting their children's level of HIV and AIDS knowledge (Bastien et al., 2011). In addition, learner behaviour problems and school achievement can be more easily dealt with if parents participate in the HIV and AIDS education of their children. There is extensive evidence that children learn more from home through stories they are told by their parents (Pequengnat, & Bell, 2012). This suggests that parental involvement in children's learning is crucial. For example, factors such as poverty, school/classroom atmosphere and peer pressure can have a reduced influence on the sexual behaviours of children if the parents have been actively involved in educating their children. This is because 'families are the first teachers of their children, and they continue to influence their children's learning and development during the school years and long

afterwards' (Jennings, & Bosch, 2011, p.1). What children learn from their parents has great value, and if they received HIV and AIDS education from home, even peer pressure cannot always negatively influence them.

Even though there have been various initiatives undertaken to educate people about HIV and AIDS, there are still gaps between acquired knowledge and behaviour change (Woodward et al, 2014). Hence, there is a need for strengthened HIV and AIDS awareness in order to nurture learners' learning of HIV and AIDS.

In informal contexts, nurses are the other influential sources when it comes to HIV and AIDS learning because they are healthcare professionals with vast experience in HIV and AIDS matters. They are often placed in primary healthcare settings such as community clinics and are the first point of contact for community members seeking healthcare and health information (Harmon, & Relf, 2016). With the rise of HIV and AIDS infections and people living with HIV and AIDS around the world, it is nurses who take care of HIV and AIDS patients (Bradley-Springer et al., 2010). They are professionally trained to render services to people infected with HIV and to offer advice on prevention. They can also support people living with HIV and AIDS in adopting positive, healthy lifestyles by helping them to cope with the diverse emotional and physical indicators accompanying living with HIV. In many instances, nurses often work with communities because they provide healthcare services to community members to educate them, especially groups that are at risk of HIV infection (Elison, Verani, & McCarthy, 2015). Nurses should always maintain confidentiality when dealing with clients as some people who come to clinics do not expect their problems to be divulged to anyone. However, Dapaar and Senah (2016) suggest that professional health workers find it difficult to maintain client confidentiality despite the expectation that their professional code of ethics requires them to do so.

Peer facilitators are also influential in learning about HIV and AIDS, and especially so because young people are easily influenced by peers during the adolescent years. In addition, young people often have pleasant conversations with peers and often feel comfortable to express their views freely in the company of peers (Morales et al., 2014). If peer relations are monitored, they might increase knowledge about HIV and AIDS. As a result, peer education can be used as an intervention strategy

to influence young people's behaviours through adapted messages about HIV and AIDS that appeal to both young people and adults (Adeomi et al., 2014).

Social workers are the other sources that can be influential when learning about HIV and AIDS. They are allied health and human service professionals who have an important role to play in providing HIV and AIDS services that advocate for prevention and early intervention in both formal and informal contexts. Social workers have the necessary skills to enable them to engage people in prevention initiatives by advocating for health and healthy behavioural patterns (National Association of Social Workers, 2015). In addition, social workers identify the gaps, in relation to HIV prevention and treatment, by integrating the psychosocial and behavioural health interventions to curb the spread of HIV and AIDS. As stated by the National Association of Social Workers (2015), social workers are skilled and well versed in addressing diverse issues in regard to HIV and AIDS prevention and care. Advocacy programmes championed by social workers target young people from both formal and informal contexts.

In this section, the literature review has focused on people in the learners' mesosystem who can be sources of information about HIV and AIDS and sexuality education. The next section discusses the role of formal education in learners' learning about HIV and AIDS.

3.6 The role of formal education in learners' learning

Understanding factors about the nature of the teaching and learning environment are important for learning about HIV and AIDS. These involve subject content knowledge, the classroom context and the nature of pedagogical approaches employed by the teacher.

For teachers to execute their jobs effectively, they should have sound subject knowledge. The more knowledgeable teachers are about HIV and AIDS, the better the chances of their being comfortable and confident about teaching HIV and AIDS in schools. Thuo, Nyaga, Burunia and Barchok (2016) suggest that motivation is the important ingredient that encourages learners to learn and reinforce their efforts. Therefore, teachers should be flexible and cultivate an encouraging learning environment for effective learning to take place (Jacobs et al., 2011). Moreover, the knowledge that teachers possess about HIV and AIDS, their professional development and training, and resources and support are fundamental in learners' learning of HIV and AIDS in schools. Hence, Burgess et

al. (2010) expound that for teachers to implement HIV and AIDS education, both extrinsic and intrinsic factors should be enhanced.

The methods that teachers use when they teach about HIV and AIDS in their classes can influence the learning process. For example, when Curriculum 2005 was introduced, new methodologies were introduced. The aim of these new methodologies was to encourage learner participation and critical thinking in classes (Jacobs et al., 2011; Sargeant, 2012). This curriculum further encouraged teachers to become facilitators in class. The assumption was that teachers would guide and motivate learners to engage in their own learning. In this framework, teachers also adopt teaching approaches that are interactive as they allow learners to actively engage in classroom discussion (Mwebi, 2012). Participatory methods could be useful when topics about health and risk behaviours are addressed. This would enhance the learners' participation and may instil a sense of independence and responsibility about their lifestyle choices. Participatory methods that encourage learners' participation may have more favourable outcomes in the learning process as such methods enhance learner engagement (Jacobs et al., 2011).

In addition, teachers need to be creative about the methods that they use to encourage learners' participation. They can choose from various methods such as role play, group discussion, questions and answers, projects, problem-solving and experiments. These methods require planning because they might be difficult to implement due to large class size; and they are also time consuming (Jacobs et al., 2011). Inequalities in education highlight problems when it comes to integrating HIV and AIDS education in schools. If teachers are not prepared and supported, it would be difficult for them to think creatively about teaching methodology, and as a result they may tend to rely on the method that they are most comfortable with. Teacher unpreparedness results in teachers adopting the traditional lecture method where the emphasis is on the cognitive domain with little attention being paid to how young peoples' real-life challenges can be addressed with due diligence (Weiler, & Martin-Weiler, 2012).

If HIV and AIDS education intervention initiatives still align with the 'banking concept' identified by Freire (1970), learners will never own their learning. Freire criticised this form of education where learners are viewed as empty vessels to be filled with knowledge by teachers. This approach also

assumes that knowledge alone is sufficient without trying to establish learners' needs about learning about HIV and AIDS. Hence, teaching methods align more with traditional methods that promote teacher-centred approaches instead of learner-centred approaches (Jacobs et al., 2011). Traditional approaches to teaching, furthermore, often reprimand learners for their sexual practices rather than facilitating their ability to make informed decisions about their sexual relationships (Francis, 2013a). Teachers who did not receive HIV and AIDS education find it difficult to adopt learner-centred approaches in their classes (Baxen, 2010). This implies that poor teacher education employs 'talk and chalk' authoritarian methods where learners are often expected to regurgitate the information given by the teacher.

The messages conveyed about HIV and AIDS can influence learners' learning of HIV and AIDS. Such messages can also fuel HIV stigma that is still a challenge in communities – even today. For example, youth sexuality in formal contexts is perceived and portrayed as dangerous (Sinnika, 2012). The fact that youth sexuality is seen as dangerous implies that greater emphasis should be placed on protection from infection and taking responsibility for sexual practices. However, there is evidence that this notion of danger fuels gender divisions where stereotypes about gender-role practices are entrenched. Women are perceived to be responsible for adapting to men's sexuality, and the burden for curbing the spread of HIV is placed on women (Raitz, 2015).

There is also much contested debate about suitable programmes that integrate HIV and AIDS education with sexuality education for all learners. The debates revolve around whether schools should adopt abstinence-only education programmes or comprehensive sexuality education programmes. Researchers have differing views about the abstinence-only programme. Santelli, Speizer and Edelstein (2013) indicate that the abstinence-only programme is not a suitable programme when integrating HIV and AIDS. This is because an abstinence-only programme could be viewed as violating young peoples' human rights and depriving them of information such as condom use that might be useful for HIV prevention. In addition, an abstinence-only programme seems ineffective to delay sexual debut because some youth would already have engaged in sex for a number of reasons. Such reasons include lack of agency to negotiate sexual encounters among women (Potgieter et al., 2012). Comprehensive sexuality education programmes, on the contrary, are the most appropriate. These programmes present learners with vast knowledge regarding

prevention, living a healthy and productive life, integration of life skills and reducing multiple partners in relationships. The comprehensive programme also prepares learners to lead a healthy, positive lifestyle. The programme further enables them to integrate the knowledge that they receive. The majority of comprehensive programmes are effective because there has been a significant reduction of HIV, STIs and unplanned pregnancies among young people (Chin et al., 2012). In addition, discussions about youth sexual behaviour could assist young people to understand that they can enjoy sexual feelings without acting on them. It can also assist youth to make decisions about delaying sexual debut and subsequently decisions about having safe sex.

Francis and DePalma (2015) recommend that sexuality programmes should convey diversified messages with less emphasis on the biological aspects of sexuality. The messages that teachers convey about HIV and AIDS also contribute to the knowledge that adolescents have about sex and HIV. At this stage, there are teachers who still underemphasise sexual risk when it comes to HIV infection. This happens when teachers still regard the use of sharp objects (like needles and razors) as the reason for the spread of HIV among adolescents. In some instances, teachers refused to include condom use when teaching about HIV, regardless of learners being sexually active or not (Knopf et al., 2017). In the school context, the messages that teachers convey might be influenced by the attitudes that teachers have about HIV and AIDS.

3.7 Making meaning about HIV and AIDS information

One of the factors that may shape learners' experiences of learning about HIV and AIDS is how schools teach about HIV and AIDS. The introduction of LO as a compulsory subject in schools ensures that learners in schools get the necessary information about HIV. Teachers need to encourage interaction among learners in class where learners show evidence of what they have learnt. Therefore, teachers need to adopt participatory approaches where learners become active in making meaning of what they have learnt.

There is evidence that school-based programmes, meant to eliminate the spread of HIV and AIDS, show a positive impact. This is supported by a Chinese study where learners' level of knowledge about HIV improved after having been exposed to school-based programmes (Sarma, Islam, & Gazi, 2013). However, several studies show that there are still gaps when it comes to knowledge and

misconceptions about HIV (Adeomi et al., 2014). In addition, literature suggests a disparity between HIV and AIDS knowledge and behaviour change as Adekeye (2011) suggests.

During the process of learning, whether in formal or informal contexts, attention and retention are important for any learning process. For this study, this implies that if learners are not paying attention and unable to retain the learnt information as suggested in social learning theory, it may compromise their experiences of learning about HIV and AIDS. In the case of Bronfenbrenner (1977), if learners do not interact with the different levels of the ecological system, it may have an impact on their experiences. Lastly, both these theories emphasise that learners need to be engaged in their learning in order to construct new meanings as they engage with their immediate and wider contexts.

3.8 Summary

This chapter has outlined the literature related to learners' experiences of learning about HIV and AIDS in schools and informal contexts. Literature related to regional and global HIV and AIDS vulnerability in the sub-Saharan region was presented. HIV and AIDS and prevention strategies to mitigate the spread of HIV and AIDS were discussed in the South African context.

Since the study focused on Grade 10 learners, there was also review of literature about HIV and AIDS education and intersectoral South African policy initiatives. Further review took place of: learners' understanding of HIV and AIDS and the gaps that exist in their understanding; the sources of learning about HIV and AIDS that seem to be influencing learners' learning of HIV and AIDS in both formal and informal contexts; the role of formal education in HIV and AIDS learning; and lastly, the meanings that learners derive from what they learnt about HIV and AIDS.

Chapter four focusses on the research design and methodology of the study.

CHAPTER FOUR

METHODOLOGY

4.1 Introduction

This chapter presents the methodology employed in the study and documents the methodological decisions central to the study. The following are discussed: the interpretive paradigm within which the study is located and the processes followed when conducting the research. The chapter also describes and motivates the choice of qualitative research methodology and case design for. The sampling procedures, description of research participants and research sites are provided to portray a clear picture of the schools and research participants chosen for the study. There is comment on aspects that are central to good, systematic research, such as sampling, rigour and ethical considerations. The diagram below provides a visual image of how this chapter is organised according to the key elements of methodology followed in this research study.

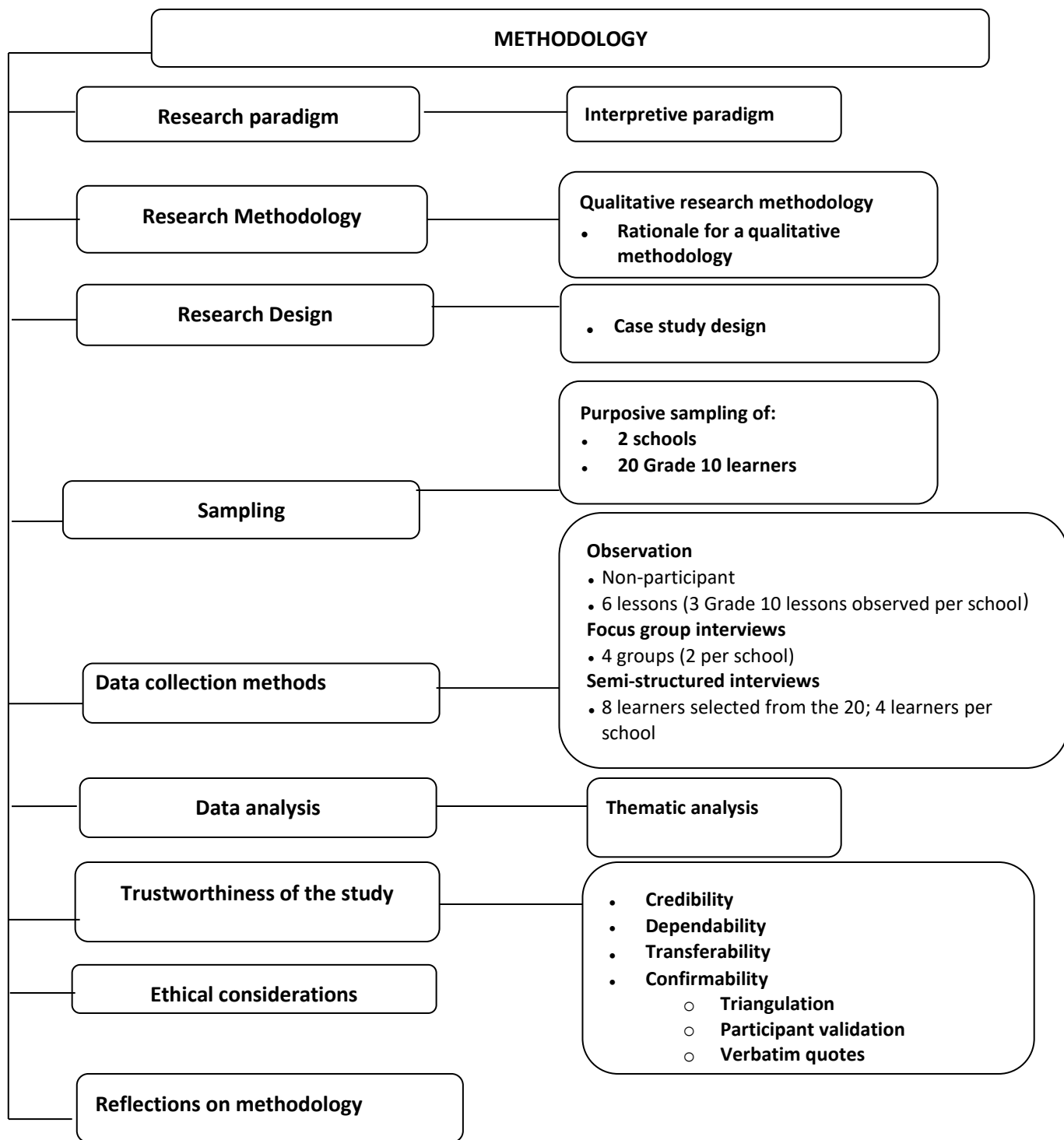


Figure 4.1: Methodology map

4.2 Research paradigm

The research paradigm guiding the research process in this study is located firmly in an ontological, epistemological and empirical sense, within interpretivism, and more specifically, constructivism. The basic assumption or worldview (ontology) is that reality and knowledge are continuously constructed rather than being a static entity that is discovered. Central to this research paradigm is the idea that reality is interpreted and lived through the experiences of people (Creswell, 2014; Denzin, & Lincoln, 2011; Marshall, & Rossman, 2016; Scotland, 2012).

In this study, learners' experiences of learning about HIV and AIDS in schools and informal contexts were explored to understand the participants' realities about their experiences when learning about HIV and AIDS in their school context. The knowledge that learners have about HIV and AIDS and how that knowledge shapes their realities is important for the study. Epistemology is concerned with how knowledge is identified and how that knowledge is used (Guba, 1990; Mack, 2010). The epistemological stance within constructivism assumes that the researcher and participants are interrelated and co-construct knowledge, rather than being an independent or neutral observer that observes external facts.

This study assumed that knowledge is constructed through people's experiences in relation to their environments and that this can be constructed as new knowledge (Guba, 1990; Mack, 2010). Multiple interpretations of one given reality are also possible within this frame and add to the rich, multiple nature of experience (Guba, 1990). This is because the experiences of learners, when learning about HIV and AIDS, cannot be the same. People's experiences often shape their learning; hence, they cannot construct one reality (Scotland, 2012). Ontology and epistemology informed the methodology and offer possibilities for the study design and methods that were used (Scotland, 2012). Thus, the methodological decisions were made based on their suitability for collecting data about the studied phenomenon within the confines of the research question and the ontological and epistemological frame. The study was guided by the research questions and objectives that follow.

4.3 Research questions and statement of research objectives

4.3.1 Research question

What are high school learners' experiences of learning about HIV and AIDS?

Sub-research questions

- What do Grade 10 learners understand about HIV and AIDS?
- Which sources provide learners with understanding about HIV and AIDS?
- How does the formal curriculum influence learners' learning of HIV and AIDS?
- What meanings do learners make of what they learn about HIV and AIDS?

4.3.2 Statement of research objectives

The study seeks to explore the following:

- High school learners' experiences of learning about HIV and AIDS.
- Grade 10 learners' understanding of HIV and AIDS.
- The sources of learners' understanding about HIV and AIDS.
- The influence of the formal curriculum in learners' learning about HIV and AIDS.
- Meanings that learners make of what they learn about HIV and AIDS.

4.4 Research methodology

Methodology that is appropriate to both the research paradigm and the research question is essential (Lewin, & Somekh, 2011). Given that constructivists claim that reality is constructed by individuals through their interpretations of the world, reality is reflected through language and words. Hence, the methodology in interpretive research is largely qualitative in nature.

Qualitative research methodology is used to make sense of the studied phenomenon based on peoples' perceptions and experiences about that particular phenomenon. Within this frame, multiple data-generation methods can be adopted (Myers, 2009; Patton, 2015), and data are interpreted in terms of the meanings people make of their experiences (Marshall, & Rossman, 2016).

In keeping with qualitative research, this study aimed to make a world (of learners learning about HIV and AIDS) visible to bring about a richly descriptive product (Denzin, & Lincoln, 2011; Marshall, & Rossman, 2016). Words and pictures were used to convey what I gathered about the studied phenomenon rather than using statistical inferences. In order to enrich the descriptive nature of the current study, I collected data through classroom observation, focus group discussion interviews and face-to-face interviews with selected participants. As qualitative research methodology was found to be appropriate for the study, the justification for choosing this research methodology is discussed below.

4.4.1 Rationale for a qualitative methodology

An in-depth study on the learners' experiences of learning about HIV and AIDS in schools and informal contexts was undertaken. Since I studied the participants in their natural settings, the chosen research methodology enabled me to create an environment that enhanced mutual trust between me and the participants and provided more in-depth insight into the studied phenomenon. The fact that learners remained in their natural setting (school) facilitated a better account about the complexity of group behaviours and revealed interrelationships among multifaceted dimensions of group interactions among learners.

Case study design, which this study adopted, is discussed next.

4.5 Research design

Given the centrality of in-depth qualitative research, the desire to access the dynamics and experiences of learners' learning about HIV and AIDS and the importance of bounded systems inherent in two schools in the Eastern Cape where the study was conducted, a case study design was most suitable for this study.

4.5.1 Case study design

Case studies are empirical inquiries that investigate phenomena within real-life contexts using multiple sources of evidence (Yin, 2009; Wills, 2007). It is a design that encourages research without predetermined hypotheses and goals to access information about the studied phenomenon (Wills,

2007). This implies that case study research encourages me, as the researcher, to study participants in their natural settings, which are high schools in this instance. Hence, case study research provides practical knowledge as the researcher interacts with participants to produce a systematic inquiry to define, clarify and explore the phenomenon of interest (Rule, & John, 2011). A further important trademark of case study research is that it promotes the use of multiple data sources to investigate the studied phenomenon. The use of multiple sources in any research enhances data credibility (Yin, 2009) and may include documents, archival records, interviews, artefacts, observations and journals. Case study designs are commonly used in South African studies researching HIV and AIDS education and learning (Francis 2018a; 2018b; Francis, & DePalma, 2015; Khanare, & De Lange 2017; Osthus, & Sewpaul, 2014).

In this study, semi-structured interviews, non-participant observations and focus group discussions were used to gather data from selected participants about their experiences of learning about HIV and AIDS in schools and informal contexts. I closely explored learners' experiences of learning about HIV and AIDS. Learners thus constituted the unit of analysis in this multiple case study with limited numbers of learners that served as a study focus (Maree, 2016).

A case study design was also selected because it allows participants to voice their experiences of learning about HIV and AIDS. This enabled me to gain a deeper understanding of the dynamics of the situation, an aspect that is a salient feature of many case studies. In this study, two high schools in the Fort Beaufort Cluster of the Amathole West Education District of the Eastern Cape Province were selected, and 20 Grade 10 learners in total, from both schools, were studied.

4.6 Site of the study

The study was conducted in the Eastern Cape Province, which is the second-largest province after KwaZulu-Natal in terms of the number of schools. The Eastern Cape Province has 23 education districts divided into clusters with 5 569 schools, constituting 21% of South African schools (Eastern Cape Department of Education, 2016). The Eastern Cape Province is the poorest province when compared to other provinces to the extent that there are mud schools that pose danger to learners. Recently there have been reports about mud schools and progress that the province has made in minimising the number of collapsing mud schools. For example, the province vowed that by 2022

the challenges of having mud schools would be eradicated (Macupe, 2018). Of the 23 districts, one district was chosen for the study. The chosen district, the Amathole West District, is divided into four clusters and for the purposes of this study, the Fort Beaufort cluster was chosen where two schools, Academy School and Commercial School (both pseudonyms), were selected to be included in this study.

The two schools chosen were no-fee-paying schools and were classified as quintile 3 schools. According to the South African Schools Act 1996 and Norms and Standards for School funding, quintile 1 schools are the poorest schools and quintile 5 the richest. Quintile 5 schools are often former Model C schools and situated in expensive geographical areas. The majority of schools in the Eastern Cape Province are quintile 3 schools and no-fee-paying schools. The enrolment targets for both schools were different. Academy School had 375 learners with 17 teachers. The learner to teacher ratio was 22:1, and 76 learners were in Grade 10. As a result, there were three Grade 10 classes as per the ratio. There were 139 learners and 6 teachers at Commercial School. The learner to teacher ratio was 23:1 with the 29 enrolled Grade 10 learners in one class.

Although Academy and Commercial are both quintile 3 schools exempted from paying fees, some exceptions were made with Academy School as parents agreed to pay fees because the school is a boarding school. Academy also has a library and a computer laboratory. It is a large and well-maintained school with school cars and tractors. It is an agricultural school, and there are fields and a farm where learners do their practical work in agriculture. Designated staff members are employed to look after the fields and farm. The school benefits from selling fresh vegetables, chickens and eggs. Academy School has a diverse teaching staff. Similarly, the learners are diverse. Even though there are no white learners, there are some learners from other African countries. There are cottages for teachers who want to stay at school, and some teachers commute daily.

Unlike Academy School, Commercial School is not that well maintained. It is a village school with pit toilets. Teachers commute to school daily. There is no library or computer laboratory at Commercial. The learners attending this school are from the same village where the school is located. The learners at both schools receive meals at school. The learners from Academy are given meal

vouchers daily to receive food from the dining hall. At Commercial, no vouchers are issued. Learners have their meals in the kitchen where they were prepared by food handlers.

4.7 Sampling

This study drew on non-probability sampling, which has several types such as quota sampling, convenience sampling, dimensional sampling, purposive sampling and snowball sampling (Bryman, 2012). Participants in this study were selected through purposive sampling. This methodological decision was informed by the research question, the qualitative approach adopted in the study and the case study design.

The background of the schools influenced me to choose these schools for the study. As a lecturer, I often visit the schools when student teachers are placed for school experience. When in school, I usually have some discussions with LO teachers about their experiences when teaching learners. Academy School was chosen because it is a big school that does not have learners who only speak isiXhosa. The teacher from Academy School is young and during his initial teacher education, he specialised in LO. The choice of Commercial School was based on the fact that the school is more rural, and learners attending the school are from the same village. Another consideration was that the teacher teaching LO had not specialised in LO and was asked to teach it when the teacher who used to teach it retired. The LO teacher is an older female about to retire. It is because of the abovementioned background that I used purposive sampling.

Table 4.1: Summary of research participants

Pseudonym	Gender	Age	School
Sovuyo	Male	17	Commercial School
Sobomi	Male	16	Commercial School
Hloza	Male	16	Commercial School
Enkosi	Male	16	Commercial School
Lunje	Male	17	Commercial School

Sim	Female	16	Commercial School
Leza	Female	16	Commercial School
Phiwo	Female	15	Commercial School
Pinkdoll	Female	17	Commercial School
Senathi	Female	17	Commercial School
Lubanzi	Male	17	Academy School
Luphawu	Male	15	Academy School
Mivuyo	Male	17	Academy School
Luncedo	Male	16	Academy School
Mhlobo	Male	15	Academy School
Hlombe	Female	16	Academy School
Phaphama	Female	16	Academy School
Zizo	Female	17	Academy School
Sesona	Female	16	Academy School
Zintle	Female	15	Academy School

Table 4.1 above indicates that from the two schools, 20 Grade 10 learners were also purposively selected for the study. This meant that participants that were perceived to be information rich and more knowledgeable about the studied phenomenon were selected (Patton, 2015). When making decisions about whom to select, one needs to have clear methodological decisions that can stand up to independent scrutiny (Creswell, & Plano-Clark, 2011). It is for this reason that 5 boys and 5 girls from each school were selected as study participants. The Grade 10 learners selected for the study were between the ages of 15 and 17 because they could think abstractly about possible

outcomes of problems and opportunities they encountered when learning about HIV and AIDS at this stage of their cognitive development.

For easy reference, the research participants and the data sources of the study are identified as follows:

Commercial school – COMSCH

Academy School – ACASCH

COMSCHBFG – Commercial School Boys' Focus Group

ACASCHBFG – Academy School Boys' Focus Group

COMSCHGFG – Commercial School Girls' Focus Group

ACASCHGFG – Academy School Girls' Focus Group

COMSCHLO – Commercial School Lesson Observations

ACASCHLO – Academy School Lesson Observations

The appropriate data collection methods are discussed next.

4.8 Data collection methods

As the study is qualitative in nature, different data collection instruments were used to gather data from purposively selected participants. For this study, I collected data from selected Grade 10 classes through observation, focus group interviews and semi-structured interviews.

Non-participant observation is discussed next.

4.8.1 Observation

In a more focused and guided observation such as this one, researchers would often use scheduled observation. This is because the scheduled observation is guided by a structured observation guide that the researcher uses to ensure that the process explores relevant aspects of the phenomenon under study (Marshall, & Rossman, 2016).

In this study, I adopted the non-participant observation method. During the process of observation, I was not a participant but an outsider. This is because the study's focus was on learners, not teachers. Observing teachers when teaching was a way of discovering how learners learn about HIV and AIDS.

Three lessons were observed in each school. Therefore, six LO classes were observed in this study. I chose non-participant observation as a data collection method because it offers a nuanced and lively context as compared to other data collection methods. Liu and Maitlis (2010) believe that non-participant observations are reliable and easy to conduct. However, they could lack validity as the researcher cannot ask questions about people's behaviours as one would do if participant observation were adopted.

Another noted challenge with observation as a method is that the researcher's presence can also influence the classroom proceedings and the participants' actions. Liu and Maitlis (2010) suggest that not everything can be captured during the process. In ensuring that everything went according to plan, before commencing with the observation, I developed a guided observation template that was informed by the important elements emanating from the phenomenon under study. This observation template enabled me to gather data systematically because I knew in advance what to observe. The observation guide focused on the following aspects: how the lesson was introduced, teaching strategies and their effectiveness, managing learners' questions and responses to questions, teaching resources and their effectiveness, teachers' level of content knowledge, and teachers' rapport with the learners. An example of the observation guide is attached (see Appendix 8).

Focus groups are discussed next.

4.8.2 Focus group interviews

The focus group interview is a research tool that allows the researcher to gather data through interaction with a small group of about 4–12 members, selected according to set criteria, to shed light on the phenomenon under study (Marshall, & Rossman, 2016). In this study, focus group interviews were used to gather data from 20 (10 males and 10 females) Grade 10 learners who were

purposively selected participants for the research study. This allowed me to interact with the participants in a comfortable environment that was familiar to them. Selected research participants were afforded an opportunity to discuss their lived experiences about their learning of HIV and AIDS in schools and informal contexts. I used the focus group guide with themes and questions emanating from the study. The purpose of the guide was to ensure that the discussions in the focus groups were focused and well managed.

Focus groups interviews have both strengths and weaknesses. They encourage interactions and natural conversation among group participants. They also provide a platform for participants to learn from each other and, at times, they help to resolve important dilemmas with which participants are confronted (Bless, Higson-Smith, & Sithole, 2013). In instances when group members are not sure of what is required, one person's ideas may set off a whole string of related thoughts and ideas in another person. As the research participants interact with other group members, they may disagree with and question the remarks of another. In return, this debate between participants might give me much deeper insight into a topic than would have been gained from interviewing all the participants individually.

The focus group interviews are flexible because they enable me to probe for clarity to ensure that the phenomenon under study is covered at length. Probing is meant to elucidate and to enquire deeper about the phenomenon under study without being easily influenced or succumbing to the provided answer without critique (Marshall, & Rossman, 2016). Just as in semi-structured interviews, probing can be executed in the focus group, as derived from guide and research objectives (Galletta, 2013). On the other hand, even with the focus group, the guide provides a concrete understanding of the main themes that the researcher needs to understand (Roulston, 2010). Focus group interviews are an inexpensive and quick way of collecting information from many participants at the same time.

Despite the stated benefits, however, focus groups also have limitations. For example, the presence of other people in the focus group can have an influence on other participants during the discussion. Some participants might be reserved and uncomfortable about sharing their experiences during the focus group session. On the other hand, some individuals can be very dominant during the session,

and this might affect the collected data as not all the participants would have participated (Krueger, & Casey, 2015). In this study, I ensured that all learners participated in the discussion fairly and equitably.

A distracted or unfocused researcher can be a challenge in focus group interviews when there is minimal control and guidance of the discussions. Even though there are limitations in regard to the focus group interview, I found the focus group interviews to be a suitable tool for collecting data for this study. The focus group interview guide used in this study is attached (see Appendix 10).

Interviews are discussed next.

4.8.3 Semi-structured interviews

In this study, semi-structured interviews were used. Of the 20 research participants, only 8 research participants (4 from each school) were interviewed individually. These are the same learners that participated in the focus group interviews. The participants for semi-structured interviews were selected for a purpose because of their animated engagement during the focus group interviews.

I developed an interview guide (see Appendix 9), which consisted of core questions that shed light on the phenomenon under study (Galletta, 2013; Marshall, & Rossman, 2016). These core questions enabled me to ensure that the process focused on the main ideas as listed in the interview guide.

During the interview process, the process was not rigid as there was much flexibility, enabling participants to express their views freely about the topic during the interview (Wahyuni, 2012). I ensured that the discussion moved towards those specific areas that illuminated the studied phenomenon. An interview guide is very important in semi-structured interviews to maintain a balanced interview (Galletta, 2013) since a poor interview guide tends to confuse and restrict the exploratory and reflective nature of qualitative research (Kvale, & Brinkmann, 2009; Patton, 2015).

As semi-structured interviews were chosen as data collection tools for the study, it is important to explore their strengths and weaknesses. Semi-structured interviews are always preferred in qualitative studies because they create a platform for a guided and focused conversation between the researcher and participants about the phenomenon under study (Galletta, 2013). They are also

flexible and allowed me to probe or ask more detailed questions of participants' experiences without adhering to the interview guide. In instances where questions are not clear, there is an opportunity for the researcher to explain and rephrase them for the participants for improved understanding (Patton, 2015).

In this study, I intended to obtain in-depth information about the learners' experiences of their learning about HIV and AIDS in schools and informal contexts. Daramola (2012) identified language as an important element of the semi-structured interviews because it can be adapted to the level of the participants being interviewed. To ensure that the language did not become a barrier in the interview process in this study I used the vernacular of the language (isiXhosa) when learners were interviewed. This was very helpful because the participants understood the questions and provided information relevant to the study.

But interviews have some identified limitations as well. Researchers may collect biased information due to ambiguous and poorly structured or phrased questions (Yin, 2014). Furthermore, there can be inaccuracies of collected data as a result of poor recall when some participants fail to remember exact details of experiences. Despite all the efforts the researcher might make to create an exciting and sociable environment, some participants might feel uncomfortable discussing their views with a stranger (Yin, 2014). As a result, this might make the participants hide their true views and instead, provide false information or just go along with what the researcher says. In other instances, articulation and language proficiency can also be a challenge as they might affect the data provided. Interviews are costly and time consuming (Yin, 2014).

Although there are notable challenges with semi-structured interviews, I found them to be relevant for the study. I ensured that I collected the data with no assistance to avoid any misinterpretations of the data. In addition, my interview guide was translated into isiXhosa to enable learners to express themselves freely. I requested the research participants' permission to record the proceedings in order to ensure that accurate data was captured, and I took notes as well.

The methodological procedure is discussed in the next section.

4.9 Methodological procedure

After receiving permission from the provincial authorities to conduct research, I requested permission from the school principals at the selected schools. Thereafter, I proceeded to the teachers whose classes were to be studied. I conducted three classroom observations for each school in Grade 10 classes. This enabled me to understand the processes and methods used in classes when teachers teach about HIV and AIDS.

After the classroom observation, I obtained written consent from learners' parents and assent from learners themselves to participate in the study. I interviewed participants in their natural settings, that is, in their schools as an environment that they are familiar with. I listened to participants and allowed them to share their experiences of learning about HIV and AIDS. All interviews were recorded using a digital voice recorder for capturing data during interviews. In addition to audio recording the interviews, I took notes during each interview. On completion, I listened to the recorded interviews and reviewed written notes in order to identify if there were gaps that needed to be addressed in follow-up interviews. Interviews were then transcribed for data analysis of the text. The semi-structured interviews were done first to develop an individual relationship with each study participant. This process of building rapport was further facilitated because participants could speak in English or isiXhosa. Many of them chose to speak in their mother tongue, isiXhosa.

Four focus group interviews were then conducted; two groups of 5 Grade 10 learners per school. I separated groups according to sex in each school because I thought that girls may not feel comfortable to share their experiences in the presence of boys in mixed-sex groups. During the focus group session, I ensured that there was equitable participation of participants to safeguard against certain individuals dominating the discussion (Krueger, & Casey, 2015). I cultivated an atmosphere that encouraged and accommodated all the research participants for them to feel comfortable enough to discuss their experiences without fear of being judged. I allowed dialogue among participants during the focus group session, a process that includes an opportunity for agreement and disagreement. As part of the research procedure, I returned to the participants after the data was analysed for member checking.

4.10 Data Analysis

Thematic analysis was used to analyse the data (Guest et al., 2012). Transcripts were read and reread and meaning units were coded and formed. In this way themes were identified as common patterns from the data (Braun, & Clarke, 2006). For this study, identified themes served as rich descriptions of data. Data was methodically constructed by using recorded information gathered during semi-structured interviews, focus group discussions and classroom observations. Similar patterns and interpretations that occurred in the process influenced the course of further data collection (Remler, & Ryzin, 2011). Some specific activities of qualitative data analysis as described by Creswell (2009) and employed in this study included making notes, reducing codes into themes, relating themes to each other, and relating themes to relevant literature or theory. When engaging in coding, I kept in mind the research questions that framed the study, a process recommended by Saldana (2016).

4.11 Trustworthiness of the study

One of the core issues that contribute to academic rigour of a study is trustworthiness. It ensures that the study is valid and has the reliable results (Rule, & John, 2011; Robson, 2011; Babbie, 2015). Houghton, Casey, Shaw and Murphy (2013) proposed four criteria to be used in judging the trustworthiness of qualitative research. These are: credibility, transferability, dependability and confirmability. Trustworthiness of qualitative data cannot be achieved without addressing issues of credibility, transferability, dependability and conformability. These issues aimed at ensuring trustworthiness are discussed below.

4.11.1 Credibility

In qualitative research, credibility is viewed as the extent to which data and data analysis are believable (Maxwell, 2013). Credibility is enhanced by evidence such as confirming evaluation of conclusions by research participants, convergence of multiple sources of evidence and control of unwanted influences. For this study, to enhance the credibility, I relied on triangulation, which involved multiple sources of data collected through various data collection tools to support the studied phenomenon (Casey, & Murphy, 2009). I used observations, semi-structured interviews and focus group interviews to ensure that the study is credible.

4.11.2 Dependability

Dependability refers to the extent to which research findings can be replicated with similar participants in similar contexts (Houghton et al., 2013). The question of dependability often arises when qualitative research is compared to quantitative research and questions are asked about data being replicated (Denzin, & Lincoln, 2011). Merriam (2009) argues that different criteria, which do not affect the rigour of research, exist for qualitative research. In qualitative studies, the research cannot always be replicated (although not impossible) because the people who are being studied and their contexts are not the same. Furthermore, researchers themselves impact on the quality of the data collected. In this study, for example, my ability as a primary researcher to speak isiXhosa was likely to impact positively on the depth of data collected.

Dependability of data explores the consistency of observing the same finding under similar circumstances. To achieve this, the researcher systematically documents the research strategy to be followed, supported by evidence of how data will be collected, recorded, coded and analysed (Bless et al., 2013). I used observations, semi-structured interviews and focus group interviews and explained how the interpretation of the collected data was managed. I also presented data clearly so that it is available for data checking.

4.11.3 Transferability

Transferability refers to the extent to which the research findings emanating from the data can be transferred to other groups other than the original studied group (De Vos, Strydom, Fouche, & Delpont, 2011). Qualitative researchers can enhance transferability by detailing the research methods, contexts, and assumptions underlying the study (Houghton et al., 2013). When there is a clear understanding of differing contexts from which the findings may emerge, one can speak of the study as having accomplished transferability.

4.11.4 Confirmability

Confirmability is similar to replicability where other researchers should be able to obtain similar findings by following a similar research process in a similar context (Bless et al., 2013). In qualitative research, the researchers' experiences and subjectivity are likely to influence their interpretations

when it comes to analysis of data. However, to ensure that the findings of the study adhere to confirmability, they should be informed by the participants rather than the biases of the researcher. As a result, the researcher has to realise that when collecting data, triangulation is useful to eliminate researcher bias (Silverman, 2010). Strategies that researchers can adopt to enhance confirmability are many. For the purpose of this study, I examined and re-examined the data throughout the study and also undertook a data audit with the aim of inspecting the data collection and analysis procedures to ensure that there were no biases or misrepresentations of the collected data (Houghton et al., 2013).

When credibility, dependability, transferability and confirmability are all high, the research study is considered to be good qualitative research.

Tools that can increase the trustworthiness of the research, namely, triangulation, participant validation and the use of sufficient verbatim quotations, are briefly discussed below.

4.11.4.1 Triangulation

Triangulation is believed to be one of the mechanisms that improve the trustworthiness of the findings in any qualitative research. The study used three different data sources to ensure that the bias in data sources, researchers and methods was minimised. There are different types of triangulation as indicated by Bless et al. (2013) and they are: methodological triangulation, theoretical triangulation, data triangulation and investigator triangulation. I used methodological triangulation to explore the phenomenon under study by triangulating different data collection methods.

4.11.4.2 Participant validation

Participant validation involves the researcher presenting the results of the study to the research participants together with the original data for them to verify if the results captured what transpired during the data collection process (Bless et al., 2013). I obtained participants' views about whether the results and conclusions reflected their experiences. In instances where the participants disagreed with conclusions drawn, I re-examined identified differences. This process might mean

that one has to collect more data or even introduce a change of methodology (Neuman, 2014). I engaged participants in the process of checking the research results.

4.11.4.3 Use of sufficient verbatim quotations

In any research that is conducted, numerous direct quotations from the original data provide ample opportunity for readers to understand what participants said and how their responses are interpreted by the researcher (Bless et al., 2013). Furthermore, researchers have to strengthen the voice of participants and reveal some particulars of the research process. In this study, I ensured that verbatim accounts of experiences, as shared by participants, were revealed.

4.12 Ethical considerations

Ethical clearance was obtained from the Research Ethics Committee of Stellenbosch University (SU-HSD-001750). Permission to conduct the study was also obtained from the Eastern Cape Department of Education (see Appendix 2). The selected schools, furthermore, also granted me permission to conduct the study after school. As the study focusses on children, I followed appropriate ethical principles by ensuring that learners were not harmed in any way. In addition, parents were asked to grant permission for their children to participate in this study (see Appendix 6). The teachers whose classes were selected for the study were helpful in ensuring that learners were given consent forms to take to their parents/guardians and after the parents/guardians signed, learners brought the letters back to school. Even in the case of Academy School, where some learners were boarders, the teacher facilitated this process. Learners were given the letters to take home during their weekends off so that their parents could sign them.

The most important ethical guidelines for research ethics include anonymity and confidentiality, voluntary participation, informed consent, and protection from harm (Bless et al., 2013). Of these, most important are anonymity and confidentiality for research participants as they constitute the essence of ethical standards in any research (Silverman, 2010). In this study, I did not share the participants' personal information with others, and their identities were not revealed. Furthermore, I maintained the anonymity of the schools as well. Subsequently, codes and pseudonyms were used instead of participants' and schools' real names. Voluntary participation and informed consent were also adhered to. Forcing research participants to participate in research is considered to be

unethical, especially when dealing with vulnerable populations. Participants have a right to know the research agenda and procedures and risks involved in the research so that they can make informed decisions of whether to participate in the proposed study, despite inherent dangers (Piper, & Simons, 2011). Furthermore, they also need to be informed that should they wish to withdraw from the study, they may do so without being harmed.

In this study, I informed the participants about voluntary participation and informed consent through the parents' consent forms and the assent forms signed by learners themselves (see Appendix 6 and Appendix 7). The participants were informed that they could withdraw at any time with no fear of being punished. This was communicated through the letter that was given to the parents and was further verbally reiterated to the participants. I ensured that the learners were not harmed in any way. I included the counselling services of a social worker to help research participants in case they felt harmed while participating in the research.

4.13 Reflections on methodological challenges experienced during the study

Prior to data collection, all learners received consent forms requesting their permission to be included in the study. Not all learners returned the consent forms. I postponed the first session at Academy School but managed to obtain an adequate number of participants after issuing a second round of consent letters to be returned.

There were also challenges during the observation of classes. Despite both teachers agreeing to be observed when they teach, the teacher from Academy School was unavailable at our mutually agreed time because he was busy with moderation. I had to reschedule the observation three times. At Commercial School, I only rescheduled once due to the teacher's ill-health.

During the first observation the learners were slightly anxious, and they did not actively participate in the lesson. At Commercial School, even though the learners had questions that they wanted to ask, they seemed to be reserved. I assumed that the tense atmosphere might have been caused by my presence. However, as three lessons from each school were observed, learners were more relaxed and co-operative during the next two lessons.

I conducted separate focus groups for girls and boys. This was very effective because participants from these groups spoke freely among their same-sex classmates. At both schools, the boys were more vocal than the girls during the interview process. Although the girls also co-operated in the process, they required more probing than the boys. The interview guide helped me to focus the sessions as the boys talked too much. The girls' focus group from Commercial School was the most challenging because the participants did not actively participate. I encouraged them to talk, which they eventually did. At Academy School, there was intense participation in both groups. The girls were vocal about their experiences of learning about HIV and AIDS in schools and informal contexts. They all expressed their views without any fears.

This study was valuable to me as a lecturer involved in teacher education programmes where I teach students who are student teachers specialising in LO. For all the years, I have worked with schools where we place our students for school experience. During my school visits, I realised that teachers in some schools do not follow the work allocation as stipulated in the Curriculum and Policy Statement. I noticed that some of the work that is meant to be covered during the first and second terms is not covered, particularly the areas of sexuality and reproductive health. Another observation was of teenagers who were pregnant while still attending school. My concern as a Black academic woman was whether the pregnant girls were aware of their HIV status and that of their partners before falling pregnant. I was also curious to know if they were aware of the implications of their actions, for example, falling pregnant or the possibility of dropping out of school and taking care of their new-born babies. In addition, there is a possibility of contracting HIV if they do not know their status and that of their partners. This, in turn, may result in transmitting the virus to their unborn babies. Lastly, I was interested to check the knowledge that they had about HIV and AIDS.

4.14 Summary

The research design and methodology were discussed in this chapter. The qualitative research methodology that the study adopted was explained, and the rationale for choosing this approach as the most appropriate for this study was discussed. The chapter, furthermore, focussed on the rationale and description for using case study. It described the sampling, data collection procedure, data analysis and ethical considerations. The biographical information of the participants was also presented in this chapter.

The next chapter presents and discusses the study findings as informed by the following research questions:

- What do Grade 10 learners understand about HIV and AIDS?
- Which sources provide learners with understanding about HIV and AIDS?
- How does the formal curriculum influence learners' learning of HIV and AIDS?
- What meaning do learners make of what they learn about HIV and AIDS?

The analysis and discussion of findings is takes place across Chapters 5, 6 and 7 (see Figure 4.2 below) according to the research questions. Chapter five focusses on the nature and sources of learners' knowledge about HIV and AIDS. Chapter 6 focusses on the influence that the formal curriculum has on learners' learning and Chapter 7 focusses on meanings that learners make from learning about HIV and AIDS.

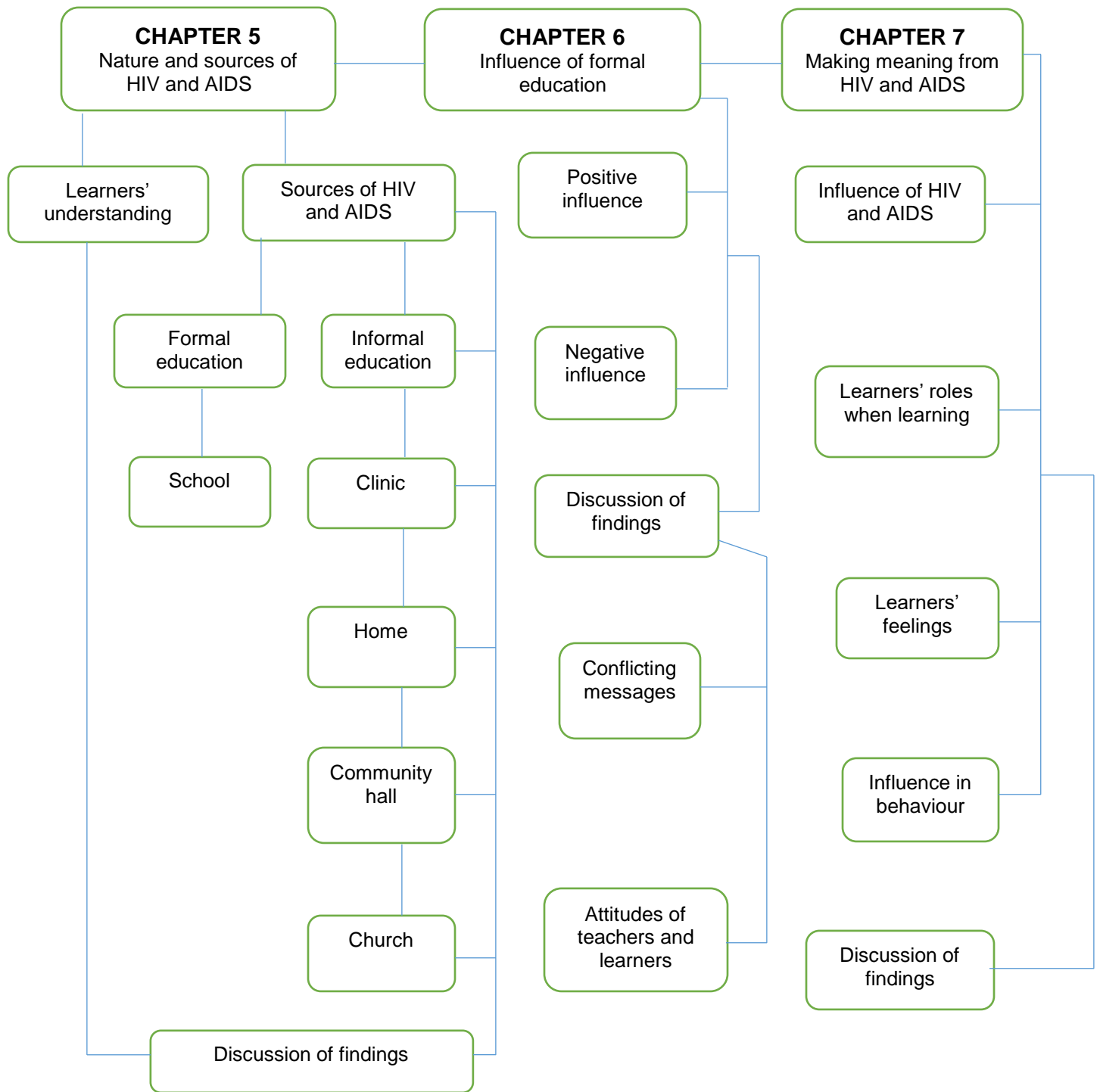


Figure 4.2: Data analysis layout

CHAPTER FIVE

THE NATURE AND SOURCES OF LEARNERS' KNOWLEDGE ABOUT HIV AND AIDS

5.1 Introduction

This chapter analyses the data and discusses the findings from data in line with the research problem and questions posed in Chapter 1. The study sought to explore high school learners' experiences of learning about HIV and AIDS in school and informal contexts. This chapter reports on the nature of knowledge that participants have about HIV and AIDS. In addition, it explores the sources of learners' knowledge. These sources ranged from formal sources to informal sources because knowing the sources from the participants' informal contexts was key to this study.

The starting point for this process was for all 20 research participants to draw community maps to show the sources of their information about HIV and AIDS. Making sense of these sources from different maps was not an easy task as some participants mentioned influential sources that were not mentioned by others as such. From the community map drawings, I had to look for similar and different sources from research participants' maps. This chapter is divided into two sub-sections, namely, learners' knowledge about HIV and AIDS and the sources of learners' knowledge respectively. Learners' knowledge is discussed next.

5.2 Learners' knowledge about HIV and AIDS

The study explored the experiences of learners when learning about HIV and AIDS in schools and informal contexts. It was therefore important to know what learners' knowledge about HIV and AIDS is because for learners to be able to express themselves freely about their experiences, they should have some understanding of HIV and AIDS. From the collected data, it is evident that most of the participants understand HIV and AIDS, how it is transmitted and ways of preventing the infection.

The views of research participants about their understanding of HIV and AIDS were solicited through semi-structured interviews, which were conducted after school hours with 8 learners (4 from each school). These semi-structured interviews provided an opportunity for interacting with research participants on an individual basis, which helped in ensuring that every participant contributed their view.

The research participants' knowledge of HIV and AIDS, evidenced by the responses they gave, included what HIV and AIDS means, how it is transmitted, and the importance of healthy habits when one is diagnosed and receiving treatment. One of the research participants from COMSCH, Sobomi, indicated that HIV is a toxic disease that has no cure, and they know that HIV leads to AIDS. He further indicated that when people engage in unprotected sex with infected people, the chances of them contracting HIV are high. Sovuyo from COMSCH, in his explanation of what HIV and AIDS are, mentioned what HIV and AIDS acronyms mean. Sovuyo seemed to have deeper knowledge because he said:

AIDS is a collection of diseases that one gets because of HIV and after one's immune system is no longer able to fight any diseases.

On top of that, he mentioned that blood and other body fluids are ways in which one can contract HIV and AIDS. Sovuyo also indicated that there is no cure for HIV and AIDS, that one can prevent being infected, but if infected, one can get treatment. In addition to what other participants mentioned, both Sim and Phiwo from COMSCH placed emphasis on a healthy lifestyle for infected people to live longer. From ACASCH, Luphawu indicated that HIV causes AIDS as one is infected through body fluids transmitted from one person to another. He further mentioned that breastfeeding mothers can infect their children, as well as people who inject drugs. He also acknowledged that HIV and AIDS cannot be cured. However, people can prevent HIV infection by using condoms when engaging in sexual intercourse or abstain from sex. It is encouraging that Luphawu, a 15-year-old male, has a deeper understanding of HIV and AIDS. He even mentioned:

HIV treatment should be used carefully and consistently. Once one is affected, it duplicates itself and weakens one's immune system. It can kill the person very quickly.

All the participants from both schools were well informed about HIV and AIDS. Participants reported that HIV is transmitted through body fluids, and even mentioned that although there is no cure for HIV, people can still receive treatment to prolong their lives. This knowledge is evidenced by the responses that learners from both schools (COMSCH and ACASCH) gave when asked about their understanding of HIV and AIDS. Their responses suggested different emphases as demonstrated in the quotes above. Collectively their responses highlighted their knowledge (see Appendix 12). Lubanzi, a 17-year-old male from ACASCH also indicated:

Some people are born with HIV – maybe because their mothers were HIV positive.

This is important as most participants only mention unprotected sex and injecting drugs as modes of transmission. Zintle, a 15-year-old female from the same school as Lubanzi, indicated:

I started to know about HIV and AIDS during my primary school years from my Grade 5 class when we were taught about it. For all the years, I only knew that one can get HIV and AIDS through blood. However, during my high school days I then learnt that it is not only through blood alone that people can get HIV, but even through unprotected sex with infected person.

This finding is interesting because it may relate to cultural taboos of talking about sex, especially to young children, that gave rise to her having partial information about the transmission of HIV at that point. The sources of HIV and AIDS knowledge are discussed next.

5.3 Sources of learners' knowledge

Sources that provide HIV and AIDS information and people influential in the learners' understanding of HIV and AIDS are discussed. Table 5.1 below shows the summary of sources that research participants identified as influential in their learning about HIV and AIDS.

Table 5.1: Sources of HIV and AIDS knowledge for all research participants

HIV and AIDS knowledge site	COMSCHBFG N=5 F	ACASCHBFG N=5 F	COMSCHGFG N=5 F	ACASCHGFG N=5 F	Total N=20 F
Church	1	0	0	0	1
Clinic	2	2	4	3	11
Community hall	1	1	0	1	3
Friends	1	0	0	0	1
Home	4	3	1	4	12
Panel beater	0	0	0	1	1
School (high)	5	5	5	4	19
School (primary)	0	0	0	2	2
Shop	0	0	0	1	1

F = Frequency; N = Number of participants

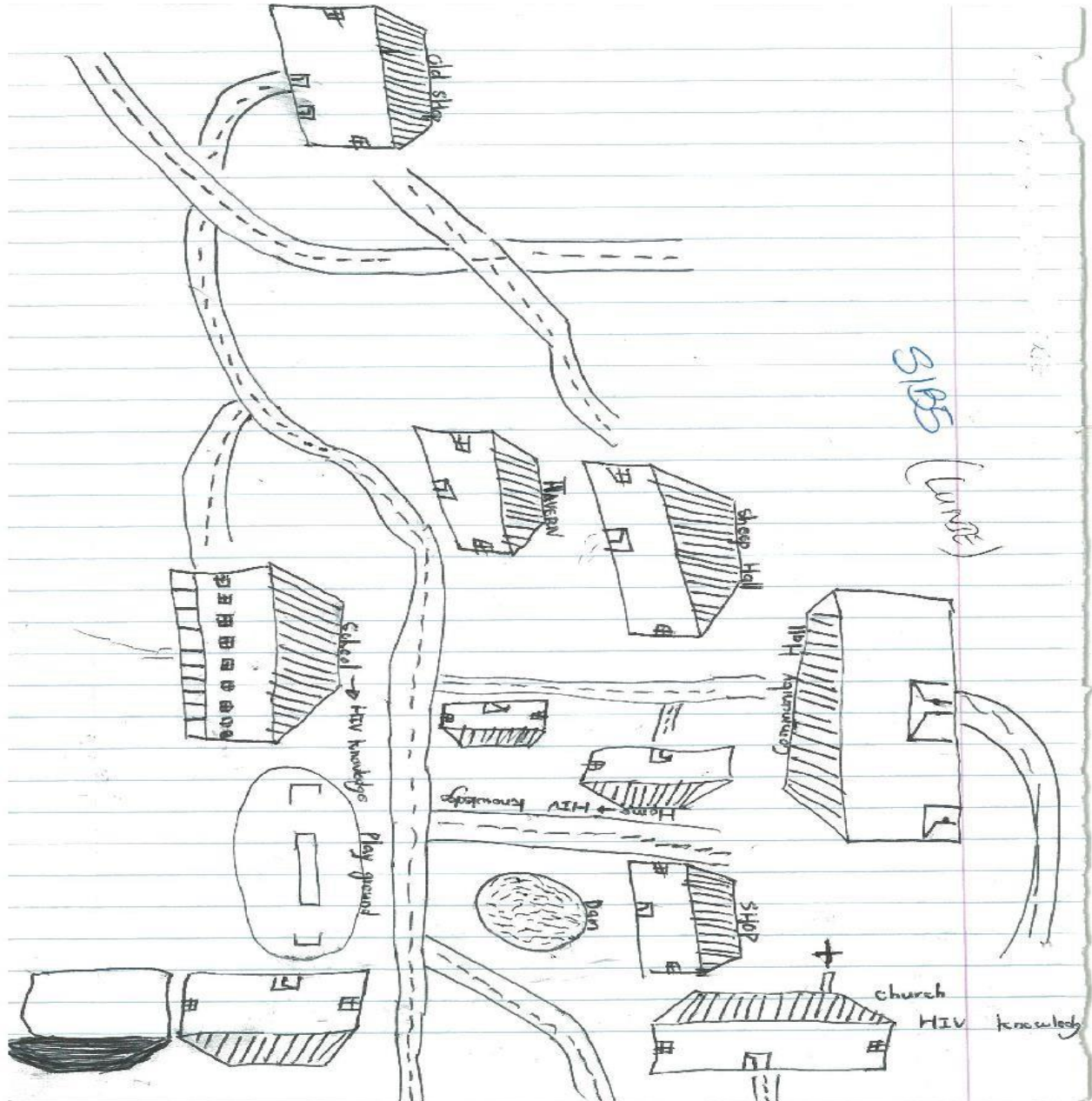
5.4 Community maps

Table 5.1 above was collated from data derived from all learners' community maps (see Appendix 13 for all maps) indicating the sources that influence their knowledge of HIV and AIDS. For this chapter, I selected six community maps that are representative of the maps drawn by all research participants and that indicate the sources of HIV and AIDS learning sites. From the six community maps selected, three maps are from each school. The selected community maps are shown below.

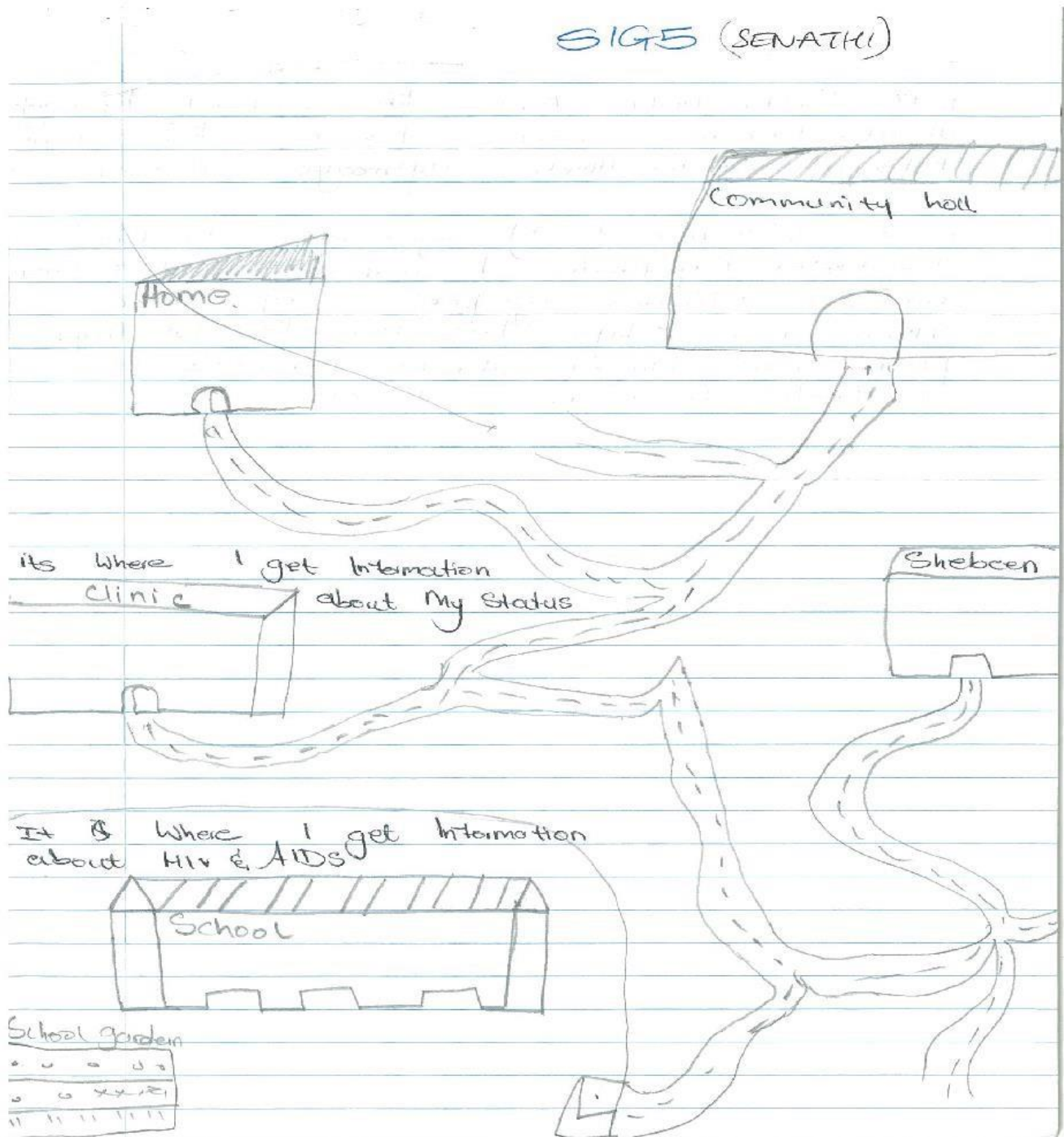
Map 1: Sovuyo (17-year-old boy)



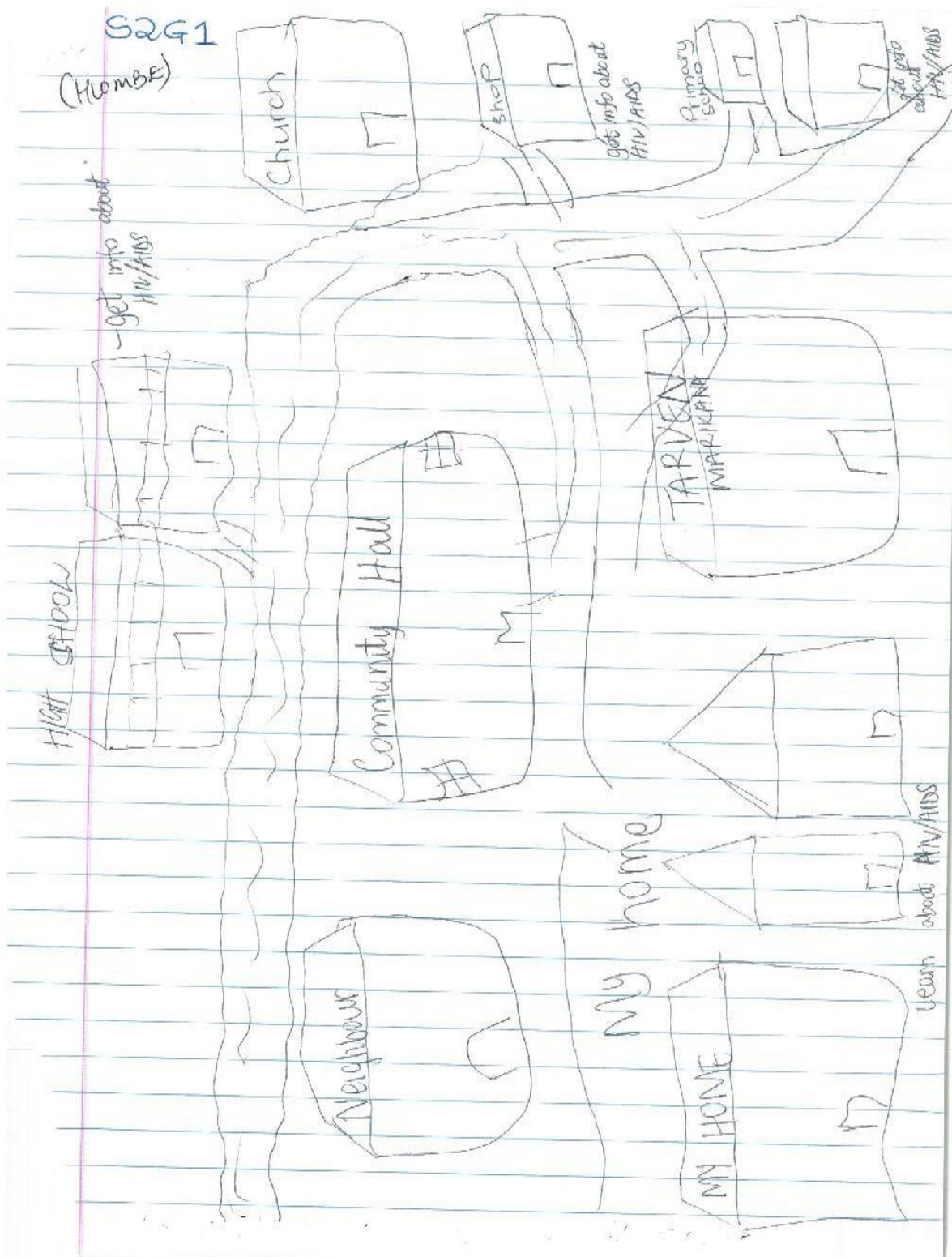
Map 2: Lunje (17-year-old boy)



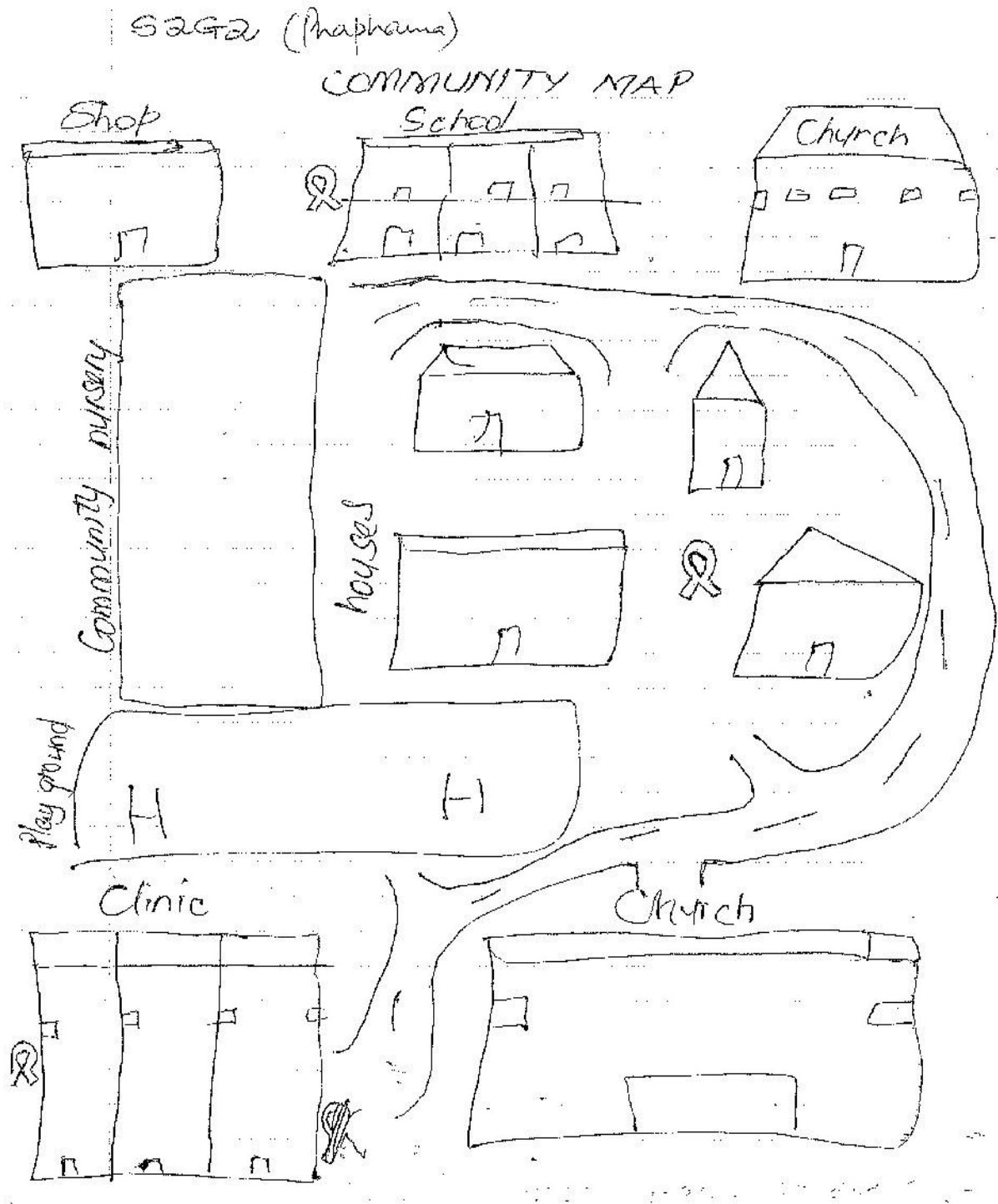
Map 3: Senathi (17-year-old girl)



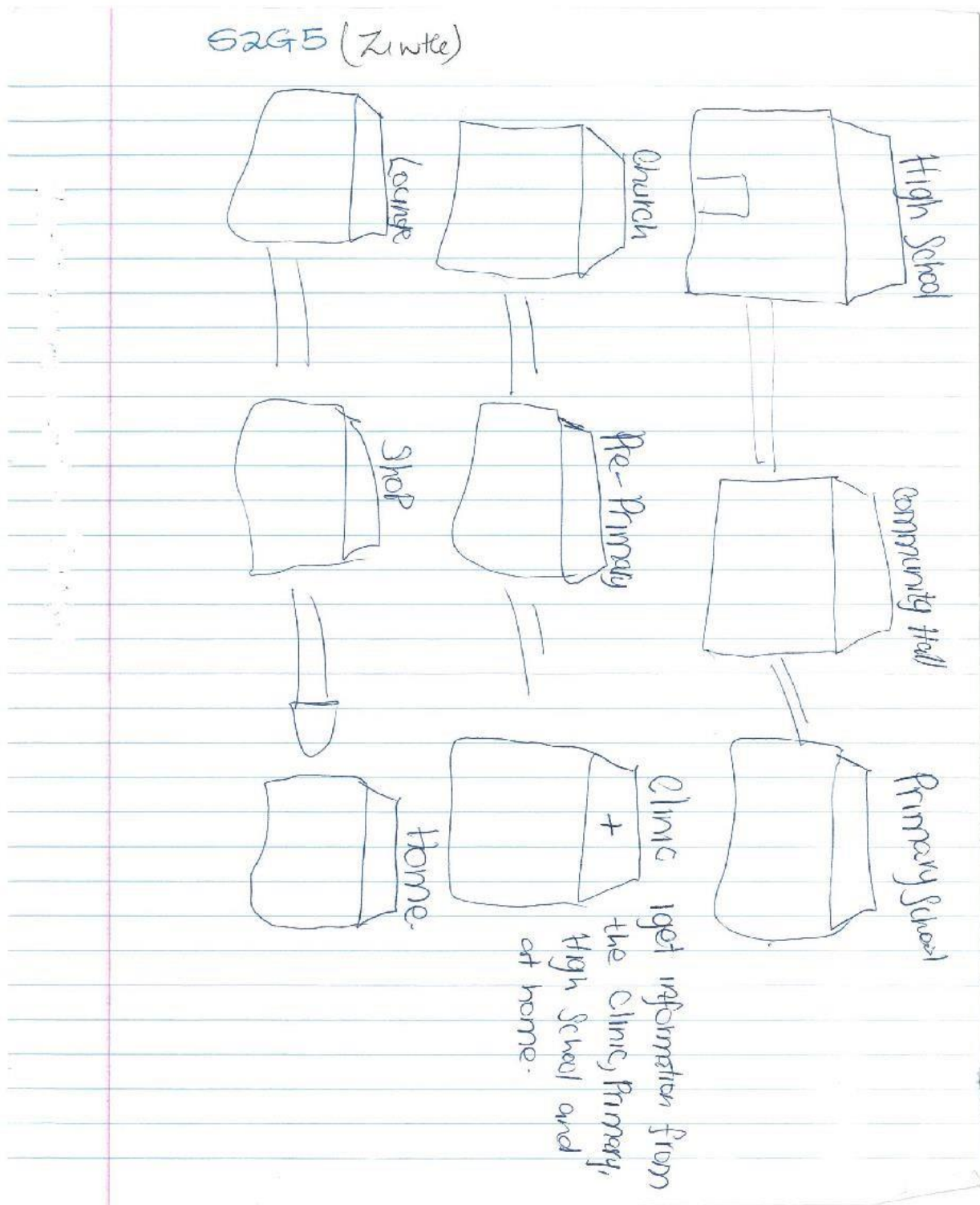
Map 4: Hlombe (16-year-old-female)



Map 5: Phaphama (16-year-old-female)



Map 6: Zintle (15-year-old-female)



The data in Table 5.1 shows that all participants unanimously identified schools, homes, clinics and community halls as sites for HIV and AIDS knowledge in their communities. However, research participants highlighted school, clinic and home as the main sites for HIV and AIDS knowledge-generation sites. Table 5.1 shows that 'school' was identified by 19 research participants, 'home' by 12 participants and 'clinic' by 11 participants. This is because school is better positioned as a formal site of HIV and AIDS knowledge generation since there are qualified teachers. It is, nevertheless, important that participants do not learn about HIV and AIDS from school only. The identification of home, clinic and community hall by more than one participant is an indication that informal contexts provide participants with information about HIV and AIDS. It is also an indication that most research participants acknowledge these sites as influential ones in providing them with HIV and AIDS knowledge.

Some research participants also named some sites that contributed to their HIV and AIDS knowledge with less frequency. These sites included community hall, panel beater, church and shop as sites where they get information about HIV and AIDS. Participants gave supporting reasons as to why they chose such sites as HIV and AIDS-generating sites and commented on the influence that people from the chosen sites have in terms of their learning about HIV and AIDS. As shown in Table 5.1, it is evident that there are variations per gender and per school in terms of sites that the participants acknowledge as the ones that generate knowledge about HIV and AIDS. The next section, therefore, explores the sources of HIV and AIDS knowledge as identified by all the research participants.

5.4.1 Sites of HIV and AIDS knowledge

This section presents and analyses data about the sites that research participants have identified as influential in generating knowledge about HIV and AIDS. The participants have identified sites from both formal and informal contexts. School, as an influential HIV and AIDS knowledge generation site, was identified within the formal context.

The sites where participants get information about HIV and AIDS within the informal context are: community hall, home and clinic. The people seen to be influential from these identified sites are teachers, nurses, family members and peers.

The sites mentioned by the participants are discussed below. I explored common and uncommon views, as identified by participants, from both school and informal contexts. The school as a formal context site is discussed next.

5.4.1.1 School

Collected data reveals that school is the primary site that provides HIV and AIDS knowledge. Participants have acknowledged the role that teachers play in influencing their learning about HIV and AIDS. They also pointed out that they received all the information they know about HIV and AIDS from teachers in schools, particularly LO teachers. Some research participants like Sim, Sovuyo, Pinkdoll, and Sobomi acknowledged the role played by their teachers in school when it comes to their learning about HIV and AIDS. From the data collected, although most learners mentioned the important role that the schools play in educating them about HIV and AIDS, some did not specify where this learning takes place. However, some learners like Senathi, Lumphawu, Lubanzi, Zintle, Mhlobo, Zizo and Phaphama are the only research participants who mentioned that the learning of HIV and AIDS in school takes place in an L O classroom. Zizo, Phiwo and Lumphawu also mentioned Life Sciences as a subject where learning about HIV and AIDS takes place. Phiwo, in her response, indicated:

The school is the place where teachers teach us about how HIV is transmitted, how one can prevent HIV infection and how one can live a positive life after diagnosis. I remember in our Life Science class we 'learnt about the CD4¹ cells and immune system, and the impact of HIV and AIDS.

¹ CD4 cells are often known as white blood cells that play an important role in one's immune system. These cells protect the body against infections and illnesses. The more CD4 cells a person has, the better the chances of fighting any pathogen attacks.

Additionally, to what Phiwo said earlier, Zizo also acknowledges the role of Life Sciences teachers when teaching about HIV and AIDS. During a focus group session with girls from ACASCH, Zizi shared her experience:

The school for me is the site that provides HIV and AIDS information. For example, from our Life Sciences classes we learn about HIV and how it affects the immune system, while from the LO class we learn about the benefits of nutritious foods for our bodies and how to live your life before and after diagnosed with HIV.

Knowing about HIV and AIDS is not enough. Teachers in schools need to prepare learners about how to prevent HIV infection. Pinkdoll indicated that school prepares them as learners to withstand the out-of-school influences. This means that the knowledge that Pinkdoll receives from schools prepares them for the outside world. The knowledge that learners get from school also encapsulates ways in which they prevent HIV infection. Enkosi acknowledges the role played by school when he says:

School is very informative for me because from home no one talks to me about HIV. The information about HIV I got it from my teachers.

Although Enkosi mentioned that no one talks about HIV and AIDS at his home, Mhlobo recognised the important role that his father plays in regard to HIV and AIDS. He found that the information he got at school resonates with the information he got from his father. During the focus group interview session with boys from ACASCH, Mhlobo pointed out:

The information that I get from school through Life Orientation class is always similar to what my father always talks to me about. The teacher informs us about prevention, transmission and how to live a healthy life.

The prevention of HIV transmission is another important area that teachers cover in schools when learners learn about HIV and AIDS. This is important as it may minimise the HIV infection rate and thereafter decrease HIV prevalence, particularly among youth of schoolgoing age. For example, during the focus group session with ACASCH girls, Hlombe said:

From school the teachers are very influential and they inform us about the ways of contracting HIV. I have also learnt that unprotected sex with the infected person is not the only way of contracting HIV. I have also learnt that some people are born with HIV because of their HIV-positive parents. Another thing that I have learnt from school is that people injecting drugs are also at risk and in instances where unsterilised needles and clippers are used.

During semi-structured interviews and focus group interview sessions, participants shared diverse views about how they perceive school as an influential source in learning about HIV and AIDS. Although some were not explicit about where exactly they learn about HIV and AIDS in school, others mentioned LO and Life Sciences classes as the main classes where they learn about HIV and AIDS. Phaphama, unlike other participants during the focus group interview session with girls from ACASCH, also mentioned that at school, she learnt about living positively with HIV positive people to discourage discrimination against HIV-positive people. Although school is perceived as the site that provides HIV and AIDS information, Sesona, in the ACASCH girls' focus group interview and the semi-structured interview, raised concerns about the teachers who provide limited information. For example, Sesona stated:

In as much as we learn about HIV from school, teachers are not telling us everything as they give us limited information. Even from class you cannot be more engaged in terms of asking and answering questions.

From the data, there is more evidence that participants acknowledge school as a formal context that influences their learning about HIV and AIDS. The extracts provided in this section are summaries from Appendix 14, in which detailed responses of the participants about school as the most informative site are provided.

Participants identified clinic, home and community hall as the sources of learning about HIV and AIDS in informal contexts. The clinic is discussed next.

5.4.1.2 Clinic

Participants from both schools identified the clinic as a site that generates knowledge about HIV and AIDS in an informal context. The clinic as a healthcare centre has personnel who are trained to help community members with their health and well-being. When community members visit the clinic, they receive all the information that the clinic can offer. As the study explored learners' experiences of learning about HIV and AIDS in both formal and informal contexts, clinic as an informal site is obligated to help people who experience health-related problems. Even when people are not sick they can visit the clinic if there is particular information that they require in relation to the scope of services provided by the clinic. From the data, Pinkdoll, Phiwo, Leza, Senathi, Hloza, Enkosi, Mivuyo, Luncedo, Phaphama, Sesona and Zintle all acknowledged the clinic as an influential site in learning about HIV and AIDS. The above-mentioned research participants applauded the nurses for being educative and informative about HIV and AIDS. Testing for HIV is also one of the competencies of the clinic as the nurses are trained to render such services. For example, Phiwo, in the focus group interview and semi-structured interview, pointed out:

The nurses are very educational on how best to live your life regardless of your HIV and AIDS status. Nurses also encourage people to test for HIV as soon as they can so that they can be able to live their life following healthy habits.

Even Enkosi, the boy from COMSCH, mentioned during the focus group interview that the clinic is the site where he learnt about safe sex and knowing his HIV status. In addition, he said that it is at the clinic where condoms are made available for people to be safe from contracting HIV. This information helps him and others to know their HIV status and to ensure that there are no new HIV infections. During the focus group interview, Leza (COMSCH girls) also mentioned that in many instances the nurses at the clinic do not know the learners. This makes it easier for the learners to interact freely with the nurses as they will not reprimand learners in need of assistance. The result is an environment where learners have a mutually trusting relationship with the nurses and are able to talk to them freely about anything. This is important because sometimes parents and family members are not always willing to talk to their children about sex-related matters or even HIV and AIDS.

Phaphama pointed out the visibility of posters that are not only about HIV and AIDS, but also for other diseases and health-related matters in general. Sesona echoes her during the ACASCH girls' focus group interview and the semi-structured interview that the clinic is educational. She said:

In some instances, we go to the clinic when we have school projects that require the services of the clinic. For example, we once had a project about contraceptives, and we went to the clinic for that, and the nurses were very useful, educational and willing to assist us.

Although the clinic and nurses have been commended for their influence in HIV and AIDS knowledge, Pinkdoll, Senathi, Phiwo and Luncedo were unhappy that nurses do not come to schools. Another concern was the lack of confidentiality among nursing staff. For example, Pinkdoll pointed out that, emanating from the clinic, the home-based healthcare workers spread gossip and disclose patients' information. This situation is worsened when the clinic staff know the patients. Senathi added that because of the lack of confidentiality, parents may know their children's health information even before talking to their children. As a result, learners do not trust the clinic as a healthcare centre that can provide them with knowledge about HIV and AIDS. This situation can be a challenge for out-of-school youth as they do not have another place where they can learn about HIV and AIDS like the schoolgoing youth.

Phiwo decided to go to other clinics that are far from where she stays because of her lack of trust of nurses at the clinic. But instances like this may have challenges because if many people decide to visit clinics that are far from their homes, it may result in people not seeking treatment. This may have negative consequences in situations where a patient is receiving treatment because the patient may not adhere to the prescribed treatment.

Although Sovuyo (COMSCH focus group with boys) did not mention clinic as a source influencing his HIV and AIDS knowledge, he said that having female nurses from the clinic makes it difficult for them to visit the clinic and pointed out:

For me, the thing that I think contributes to the issue of the clinic being an unsafe site for males is the fact that from the nursing staff there are no male nurses. All the

nurses are females, and they just talk as they wish and often perceive us as their kids.

Similarly to Phiwo, Lubanzi was annoyed about people living with HIV having to collect medication from separate areas. Although I do not know the reason for Lubanzi's annoyance, I believe that if people with HIV continue having a separate place from the other people where they collect their medication may discourage people from going to the clinic to collect medication. This may result in people living with HIV not taking medication and HIV prevalence may increase.

During the ACASCH boys' focus group interview, Luncedo said:

The problem with the clinic is that the nurses do not have a way of talking to the clients. Sometimes you find that you are with the nurse in the consulting room, but she will be shouting and talking so loud about how to live your life such that other people hear what is being discussed in the consultation room. That is very embarrassing.

There is evidence from the data collected that the clinic is a popular source of HIV and AIDS knowledge. This is because there are nurses at the clinic who received the necessary training for helping people with health-related matters. As nurses have the skills, they are able to provide information about transmission, prevention and living a healthy life. In addition, clinics have condoms available for everyone who wishes to engage in protected sex. However, concerns raised by learners included lack of confidentiality, absence of male nurses, having separate places that HIV-positive people go to when collecting medication from the clinic, poor human relations of nurses who do not maintain trust and confidentiality. The extracts provided in this section are summaries from Appendix 15, in which detailed responses of the participants about the clinic as an information site are provided.

The community hall as a source of information is discussed next.

5.4.1.3 Community hall

Sesona, Sovuyo and Mivuyo are the only participants who identified the community hall as a site that provides HIV and AIDS information. Even though the community hall is in the informal context,

it influenced learners' learning of HIV and AIDS. Sovuyo found the community hall to be influential in providing knowledge about HIV and AIDS. During the semi-structured interview, he mentioned:

Unlike in school, from the community hall there are peer facilitators who are from NGOs who often come to the community to conduct workshops. From these sessions, we are often empowered about HIV and AIDS, even with using condoms, healthy lifestyle choices and sexuality. Young people facilitate these sessions, and that makes it easy for us to interact with them.

Just as Sovuyo mentioned the influence of peers, Sesona also acknowledged the community hall and peer-led programmes as having an influence when she was learning about HIV and AIDS. In her response, Sesona mentioned:

For me, community hall is the best and most influential place where I learn about HIV and AIDS. Awareness workshops like Sexual and Reproductive Health and Rights have been very influential in empowering us. We are even encouraged to express ourselves freely with no fear of being judged. Peer teachers who are often young people are very influential as they are facilitating such sessions.

Sesona, Sovuyo and Mivuyo indicated that peers were the facilitators at sessions they attended in the community halls. These peers create an environment that is conducive to learning and makes it easy for young people to interact and express their views with no fear of being judged. The sessions conducted by peers under the auspices of NGOs help learners to gain more knowledge about HIV and AIDS. Young people are free to talk using the language that they are comfortable to use during these sessions. In addition, not all the young people who attend the sessions are still in school; some young people attending the sessions are young people who are not in school. These community hall sessions benefit the learners as they are informative and empowering for young people to gain more knowledge about HIV and AIDS.

Home, as another site from an informal context, is discussed next.

5.4.1.4 Home

Home is the first place where participants spend their time before they start schooling. Family values that children abide by are instilled by parents when children begin to know the difference between wrong and right. Such values are the ones that shape children later in life even when they find themselves in situations where no rules are in place. From the data collected, Sim, Sovuyo, Sobomi, Hloza, Lunje, Lubanzi, Luphawu, Hlombe, Zintle, Mhlobo, Sesona and Phaphama all mentioned home as a source that provides them with HIV and AIDS knowledge. This is quite surprising that out of 20 research participants, only 12 have mentioned home as an influential source of HIV and AIDS knowledge. This may mean that the remaining 8 do not receive any information from home about HIV and AIDS because their parents do not talk to them about HIV and AIDS.

In the COMSCH boys' focus group and semi-structured interviews, Sobomi mentioned the role that his family plays in educating him about HIV and AIDS. Sobomi indicated that in his home, his parents talk to him although they are usually reactive in their speech. This is what Sobomi shared in the sessions we had:

Parents and siblings do talk to me about HIV and AIDS. However, in many instances when they talk to me is when they respond to anything that I have done wrongly. Although at home we do talk about it, the truth of the matter is that I'm not free to talk to them because I'm used to talk to them. The person who openly talks to me at home is my brother.

No matter how comfortable parents are at home in talking to their children about HIV and AIDS, children may not always be comfortable enough to talk openly to parents and other family members in general. Sim, just like Sobomi, has challenges in talking with her mother even though her mother is open enough with her about HIV and AIDS. Sim said that her mother encourages her to delay sex until she is old enough to make decisions without feeling coerced. She can think about engaging in sex then. This scenario suggests that Sim's mother understands the pressure that children face. On the other hand, parents' thinking that their child is too young to start conversations about sexuality may create problems because children may be influenced by peers.

Sovuyo, Hloza and Lunje's biological parents and uncle are the people who talk to them about HIV and AIDS. Some participants feel uncomfortable talking to their parents. Some boys feel uncomfortable talking to their mothers and prefer to talk to uncles about HIV and AIDS. Lunje shared this during the COMSCH boys' focus group interview:

From home my mom and uncle are people that talk to me about HIV and AIDS. Although my mom makes efforts of talking to me about everything, I do not feel comfortable talking to her. My uncle is the person that I can freely talk to about HIV and AIDS. I do not talk to my dad about HIV and AIDS from home as he does not talk to me either.

'At home, my parents do talk to me about HIV. Sometimes when parents talk to me about HIV and AIDS, at times, they are educational, but there are times when they reprimand me, more especially if I come home late and do not do my home chores,' says Lubanzi. Zintle seems to be fortunate to have a supporting mother whom she talks to freely. She shared this during the focus group and the semi-structured interviews when she pointed out:

For me, home is the best site. All I know about HIV and AIDS I got it from home. My mother is very educational and influential when it comes to HIV and AIDS. She talks a lot about it freely and encourages that I do the same. My mother is educative and she often encourages us not to discriminate (against) other people. I guess it's because she is a social worker and a single parent, and she often does her best in terms of empowering us about HIV and AIDS.

Although some parents have shown willingness in talking to their children about HIV and AIDS, Enkosi, Senathi, Leza, Phiwo, Mivuyo and Zizo are not happy with what their parents do in terms of talking to them about HIV and AIDS. These participants did not mention home as the source of HIV and AIDS knowledge. However, during the focus group interview they shared their views in regard to home as an influential site.

Sesona (ACASCH girls' focus group and semi-structured interview) pointed out:

From home, my parents still find it difficult to talk about HIV and AIDS. Sometimes I think that to them if they talk to me about HIV and AIDS they might be encouraging me to be sexually active. My mother does not talk much to me about HIV, and at home the only person who talks to me is my aunt.

Not all participants acknowledge home as an HIV and AIDS knowledge-generation site. Some participants acknowledge the role that the parents and family members play in their learning about HIV and AIDS. Some participants indicated that parents' unwillingness to talk to their children about HIV and AIDS is a problem. The participants further explicated that learners' learning about HIV and AIDS cannot only be enhanced by schools alone; other stakeholders also need to play their parts. From collected data, some participants identified church, friends, the panel beater and the shop as sites where they get information about HIV and AIDS. However, from the collected data there is no evidence as to how these sites have benefitted the participants when learning about HIV and AIDS. The collected data reveals that some sites are more influential than others – as discussed in the next section that looks at the findings in relation to the reviewed literature.

5.5 Discussion of findings

Adolescents from both schools had knowledge about HIV and AIDS and how HIV is transmitted and prevented. The diverse responses of learners indicate the extent of their HIV and AIDS knowledge. Basic information about HIV and AIDS was understood by all the participants with some deeper insights from ACASCH participants. This suggests that participants understand the fundamental concepts, and this knowledge can influence their experiences when learning about HIV and AIDS in schools and informal contexts. These results concur with previous reports that suggest that there is a high level of HIV and AIDS knowledge among adolescents (Mwamwenda, 2013; Taukeni, & Ferreira, 2016).

Although research participants from both schools did not mention all the prevention strategies, condom use and abstinence were identified as intervention strategies to prevent HIV infection. Learners also know that there is no cure for HIV and AIDS, but that treatment is available. This finding links with the literature where some studies revealed HIV treatment roll-out, particularly in South Africa, that aimed to limit new HIV infections through the prevention of MTCT (United Nations General Assembly Special Session [UNGASS], 2012; SANAC, 2014). This was a good initiative as

it aimed to prevent new infections. Furthermore, the study revealed the research participants' knowledge about modes of HIV transmission. The fact that learners know that injecting drugs is a form of transmission is important and aligns with work done by the Women's Legal Centre (2012), SANAC (2013) and the HSRC (2014) that shows that injecting drugs is another mode of HIV transmission. People who inject drugs often engage in unsafe practices such as using unsterilised needles, engaging in unprotected sex and also getting into contact with infected blood (HSRC, 2014). There is further evidence from the reviewed literature that intergenerational sex is also a contributing factor to HIV infection. This is because in such relationships, the older partner tends to be dominant, and the submissive partner finds it difficult to communicate safe sex (Kuo, & Oparario, 2011). Interestingly, learners did not mention the nature of sexual relationships such as transactional sex. They merely mentioned, descriptively, that unprotected sex was a mode of transmission of HIV.

From the results of the study there is evidence that research participants know that HIV causes AIDS where various opportunistic diseases weaken the infected individual's immune system. The results of the current study links with other studies that indicated that once a person is diagnosed with HIV, the body cannot effectively fight off other infections, which results in CD4 cells being duplicated (AIDS.gov, 2015). In addition, the results showed the sources of learners' learning about HIV and AIDS where formal and informal sites were mentioned.

The discussion of findings for a formal context is presented below.

5.5.1 Formal context as a source of HIV and AIDS knowledge

There is evidence that research participants learn about HIV and AIDS in a formal context, and the formal context mentioned is the school. The school is an influential site because it provides learners with knowledge about HIV and AIDS for them to understand the practical and preventative messages about HIV and AIDS when learning about it. The findings of the study further suggest that there are teachers at school who are knowledgeable about HIV and AIDS, hence the school is perceived as an influential site by research participants. Howarth, and Andreouli (2014) mention that schools are centres that can change learners' situations to help them achieve academically. Furthermore, as young people become sexually active early, learning about HIV and AIDS in schools prepares them to make informed decisions about their lives (Jewkes, Morrell, & Christofides (2009). This implies

that if learners are able to make informed decisions, they can prevent HIV infections and even reduce the rate of teenage parenting. From the collected data it is evident that learning about HIV and AIDS takes place in an LO class. This finding is in line with the DBE (2011) policy guideline that stipulates that the HIV and AIDS education programme is part of the LO curriculum that was introduced in South African schools as a compulsory subject in 1997.

However, some participants did not perceive schools as influential sites when learning about HIV and AIDS. Participants mentioned that schools are not safe sites and cited the reason as sometimes not receiving the information that they expect because teachers give them limited information. In line with this, Govender and Edwards (2009) believe that schools focus more on HIV and AIDS awareness while other important aspects of life skills such as decision-making and empathy are omitted.

The findings of the current study showed that research participants perceive teachers as people who have predominantly influenced their HIV and AIDS learning. The teaching that takes place in school is structured and follows certain curriculum guidelines where content is taught according to the levels at which learners are. In addition, teachers are qualified as they received professional training. Children spend most of their time at school; hence, the teacher-learner bond is often strong. Teachers often find themselves having to act as parents to learners. This concurs with the literature about how important and influential teachers are in HIV and AIDS learning. In addition, Wood (2008) concedes that teachers are in a better position when it comes to HIV and AIDS learning because the group of young people perceived to be vulnerable is still in school and is a captive audience for education. Although deeper knowledge might be needed in terms of how the virus is contracted, greater emphasis should be on equipping learners with skills to integrate acquired knowledge. This links to what Deutschlander (2010) and Helleve, Flisher, Onya, Mūkoma, & Klepp (2009) reported that the acquired knowledge needs to be integrated with life skills to influence learners' behaviours. The integration of knowledge (theory) and skills (practice) is also perceived as important. Although teachers are perceived to be influential, literature revealed that teaching about HIV and AIDS is not an easy task as some teachers have challenges when teaching about HIV and AIDS (Sarma, Islam, & Gazi, 2013).

Several studies about teaching HIV and AIDS have been coupled with challenges where many teachers were accused of sexually harassing girls and female teachers had difficulties teaching about HIV and AIDS in mixed classrooms (Kalmelid, 2013). The implication in this instance is that whatever information learners receive from school does not fully prepare them to extend their HIV and AIDS knowledge and understanding. It was indicated earlier that learning about HIV and AIDS does not only take place in school; and this was also evident when some research participants perceived schools as not being effective sites for learning about HIV and AIDS. The collected data shows that informal sites were also mentioned as places where learning about HIV and AIDS takes place. The school as a primary source of HIV and AIDS knowledge is important because the interaction that children have with various layers of the system influences them. For example, the mesosystem also influences and enhances the development and interaction that children have with the environment (Bronfenbrenner, 1979). The more influential the layers in communicating positive messages about HIV and AIDS, the more learners are provided with a deeper understanding of HIV and AIDS, and this can also enable them to share their experiences when learning about HIV and AIDS.

The next section explores how learning about HIV and AIDS takes place in informal contexts.

5.5.2 Informal context as a source of HIV and AIDS knowledge

The collected data reveals that learners learn about HIV and AIDS from both formal and informal contexts. This is very important as not all learners can benefit from formal contexts because some young people do not attend school. The United Nations Educational, Scientific and Cultural Organization (2009) report states that more than 75 million young people around the world have dropped out of school. The findings of the current study also acknowledged informal sites as HIV and AIDS knowledge-generation sites. There is evidence that some initiatives, from the informal contexts, are championed by peers for making learning about HIV and AIDS much easier for young people (UNICEF, 2010). Young people can interact with their peers easier than with older people because young people often relate to the challenges that they themselves experience. In addition, the literature further reveals that in India, young women who are out of school are empowered through services that are appropriate to prevent HIV infection (Advocates for Youth, 2002).

Informal sites that were mentioned by research participants are home, clinic, community hall, church, friends, panel beater and shop. Because these sites are from informal contexts, there is no formal structure like that followed when learners learn about HIV and AIDS at school. The information that learners receive from these informal sites is predominantly determined by the person who imparts knowledge about HIV and AIDS.

5.5.2.1 Clinic

The finding that people are tested for HIV and counselled by qualified staff before and after an HIV test is done at clinics links with the literature (Bradley-Springer et al., 2010). HIV voluntary counselling and testing prepares people to have a sound understanding of HIV and AIDS before and after testing for HIV. However, the findings of this study suggest that some research participants do not perceive the clinic as an HIV and AIDS knowledge-generation site. They also do not regard clinics as safe sites because there is no confidentiality among the nursing staff. This, therefore, has negative repercussions because the clinic is the only site that renders HIV and AIDS services like voluntary testing and counselling. It also influences people profoundly as they might choose not to go to the clinic or even prefer to go to another clinic where they might feel safer and where nurses do not know them and their families. Learners are likely not to go for counselling or treatment, if necessary, as they perceive no confidentiality at the clinic. A study by Dapaar and Senah (2016) is in line with the current study findings that professional health workers find it difficult to maintain client confidentiality. Even though healthcare workers are aware of the confidentiality clause, as stated in their professional ethics, they still find it difficult to maintain confidentiality, especially if there is a perceived unintentional risk where others might be infected (Magnus et al., 2013).

The data reveals that research participants indicated that nurses have an influence on their HIV and AIDS learning. Nurses as healthcare professionals are better placed in healthcare centres to render health-related services to community members at large. Just as teachers are trained to educate, nurses are trained and qualified to render healthcare services. In addition, nurses are guided by professional ethics where maintaining confidentiality of patients' information is encouraged. This finding is in line with Elison et al. (2015) who suggest that nurses should act as advocates for their patients. This has been integrated into their codes of ethics and standards for their professional conduct and implies that poor service delivery and discriminatory behaviours are to be discouraged.

Patients should then have access to better healthcare through the useful information that they receive from nurses, which, in turn, enables them to take charge and make informed decisions about their health (Nursing and Midwifery Council, 2015). The American Nurses Association (2010) reports that among the roles that nurses perform, they also have to ensure patients' well-being by ensuring that their rights are not violated. The relationship between the patients and nurses creates a safe and conducive atmosphere where patients are cared for and treated with dignity, which is very important because when people become ill their dependency increases, and this makes them more vulnerable. The study by Marquis and Huston (2012) also confirms that once patients become dependent and vulnerable, it negatively influences their ability to make decisions; hence, patients' support structures need to be strengthened. Nurses, therefore, have a significant educational role to play in HIV infection, HIV prevention, HIV and AIDS-related stigmas, and living healthy lifestyles.

Although nurses have been identified as influential people, there is further evidence from the collected data that some research participants expressed their dissatisfaction with nurses. Research participants indicated that confidentiality and the presence of female nurses only is a challenge. This finding links with a study by Price (2015) affirming that nurses should avoid interfering with the privacy of patients as the information was divulged to them as trusted people. If the shared information is divulged, the confidentiality clause is breached (Bernoth, Dietsch, Burmeister, & Schwartz, 2014). In addition, duty of care is very important for nurses as it enhances management of received information and clarifies how nurses should respond to that information.

5.5.2.2 Church

The data further reveals that the church is another HIV and AIDS knowledge-generation site. Churches are influential organisations that have become popular within communities, especially among young people. In addition, churches often influence how people perceive them and those around them, and this also contributes to increased membership because people regard churches as their spiritual homes. Churches have always been influential and dominant organisations that appeal to communities because of the role they play in maintaining social norms. This finding is also supported by Rakotoniana, Rakotomanga and Barennes (2014) who showed that in Madagascar, churches have been involved in people's social lives and welfare, education, and even politics.

However, issues that were related to sex, condom use and HIV prevention were in conflict with the doctrine of the church (Trinitapoli, 2011). On the other hand, Kanda et al. (2013) still believe that religious leaders are among people who can influence education about HIV infection. This implies that HIV and AIDS is no longer a health issue; it has become a societal factor where almost everyone is affected. Hence, Rakotoniana et al. (2014) argue that churches should go beyond providing spiritual guidance and also inspire community members to adopt healthy behaviours and attitudes.

5.5.2.3 Home

The study further revealed the home as another site that generates knowledge about HIV and AIDS. This is because children spend most of their time at home where they begin to socialise with parents and other family members before going to school. As home is an informal site, there is no structure to children's learning. Children are taught about family values and discipline is instilled. The information that children receive from home might empower them to be able to differentiate between right and wrong. This becomes more beneficial when parents or family members have laid a solid foundation for children about HIV and AIDS and other related issues. When children reach school, their school learning enhances what has been taught at home, and this enables them to navigate peer pressure. This finding of the current study affirms the findings of Community Day San Diego (2010) and Pequengnat and Bell (2012) that families are recognised as an important structure when it comes to health promotion and prevention initiatives. This is because families are the champions in learning about HIV and AIDS because they advocate for HIV prevention, instil family values so as eliminate the risks of HIV infection and encourage positive sexual behaviours.

Parents are seen as influential people in learning about HIV and AIDS. This is because parents are the first people to socialise with their children before they start school. Parents inculcate family values and acceptable behaviours in their children in the hope that children will uphold family values as communicated by their parents. Children are also conversant with moral and immoral conducts as inculcated by parents. This finding links with the study by Pequengnat and Bell (2012) that emphasises parents' obligation to talk to their children about HIV and AIDS before they are exposed to negative influences from peers. In addition, Angera, Brookins-Fisher and Imungu (2008) suggested that talking to children about HIV and AIDS should not solely be mothers' responsibilities, but fathers also need to be involved, especially with boys. The findings of the current study further

revealed that family members like uncles and aunts are also influential when it comes to learning about HIV and AIDS. This is very important because children are not living with their biological parents in some families. Talking to people other than biological parents may have positive repercussions as children might be freer when talking to other family members about HIV and AIDS. This finding aligns with Barbosa, Costa and Vieira (2008) where it was indicated that other family members could influence children's behavioural patterns as they express their views more freely than when with parents. This implies that good parent-child communication about sex might reduce the frequency of adolescent sex.

Although home is reported as a site that provides HIV and AIDS knowledge, some research participants pointed out that home is not the influential site when it comes to learning about HIV and AIDS. The problem identified by the research participants is their parents' unwillingness to talk to them about HIV and AIDS. This was true for some children but not others because some participants identified home as a source of learning about HIV and AIDS. Not having a home where parents are willing to talk about HIV and AIDS results in children not having a solid foundation that enables them to withstand life challenges. In addition, children might even succumb to pressure from peers because they are not guided in terms of what they can and cannot do. The parents' unwillingness also broadens the gap between them and their children; there is no flow of communication because their children are unable to talk to them. Homes are perceived as unsafe sites because some parents do not initiate discussion about sex and HIV and AIDS with their children, while some parents do not provide their children with opportunities to express them freely about HIV and AIDS. There is evidence in the reviewed literature that unwillingness of families to initiate open communication among family members is a problem (Bastien et al., 2011). This is because families' inability to create open communication might impact negatively on initiatives aimed at constructing and sustaining healthy lifestyles and relationships. As a result of parents' unwillingness to talk to their children about HIV and AIDS, children might be involved in risky sexual behaviours due to the lack of proper foundation laid by parents. Bastien et al. (2011) affirm that poor parent-children communication about sex often affects children's behaviours negatively.

5.5.2.4 Community halls

The community hall was also identified as a site that generates HIV and AIDS knowledge. Research participants identified the community hall as having an influence on their learning about HIV and AIDS through programmes and campaigns run by different NGOs and government departments. The major benefit is that learning is not structured and is facilitated by peers. Young people enjoy these sessions as the facilitators are better positioned to understand and relate to the challenges encountered by young people. Another important factor about the community hall is that both young people in school and out of school benefit from community endeavours. This finding resonates with Thamele (2013) who suggests that through community initiatives young people are encouraged to adopt healthy behaviours and prevent HIV transmission. Community efforts target young people both in and out of school to ensure that young people are knowledgeable about HIV and AIDS to eliminate risky sexual behaviours and increase condom use (Maro, Roberts, & Sørensen, 2009).

The findings of the study reveal that peer facilitators have a very influential role on learners (young people) when it comes to learning about HIV and AIDS. Peer interactions allow learners to express their views about things that affect them without fear. The findings of the current study are supported by studies indicating that peer-facilitated sessions can influence people's behaviours when it comes to HIV, ensure that negative habits that encourage risky behaviours are discouraged and nurture an environment where positive and healthy sexual lifestyles are sustained (Simoni, Nelson, Franks, Yard, & Lehavot, 2011; Tolli, 2012). Peer-facilitated initiatives influence young people's behaviour because young people are provided information by peers who have the same demographic features as they. This similarity, in all likelihood, facilitates common understanding. Such a situation can mean, therefore, that if peer education interventions are effective, knowledge about HIV and AIDS can increase. This is very important because peer facilitators understand the challenges faced by young people, and this, in turn, enhances debates about HIV and AIDS issues.

The findings of this study suggest that research participants recognise the importance of family when learning about HIV and AIDS. This is because parents are the first people that children associate with before schooling commences. Parents create and maintain positive relationships with their children to encourage open discussion with them when it comes to HIV and AIDS issues. Early interaction between parents and their children cultivates an environment of trust and responsibility

where family values are inculcated at a young age. This finding links with what is found in the literature where parents are prominent figures that champion HIV and AIDS knowledge generation to their children (Namisi et al., 2009). Boileau, Rashed, Sylla and Zunzunegui (2008) believe that parents can inform their children about undesirable and desirable behaviours through their interactions with them. It is through such interactions that platforms where children can freely express their views about HIV and AIDS are created. It is evident from the data collected that learners learn about HIV and AIDS from sources found in communities in both formal and informal contexts.

5.6 Summary

This chapter analysed data that was collected from the semi-structured interviews with eight selected participants (four from each school) from both schools. The research participants who were interviewed were selected from the same cohort of participants who were part of the focus groups. During the focus group sessions, I did not ask the participants about their understanding of HIV and AIDS. They drew community maps and identified the HIV and AIDS sites that were influential in their learning about HIV and AIDS. From the collected data, it emerged that learners from both schools have knowledge about HIV and AIDS, which includes modes of transmission, HIV and AIDS cures and treatments, prevention measures, consistent use of treatments, and adopting healthy habits. In addition, this chapter presented the data that was collected on the sources of HIV and AIDS knowledge and the influence that these sources have on learners' understanding of HIV and AIDS. From the collected data it emerged that learners from both schools learn about HIV and AIDS in formal and informal contexts. It was also revealed by participants that school is the most influential site when learning about HIV and AIDS, while other participants identified the clinic, home and community hall as their most influential sites. The next chapter explores the influence of a formal curriculum on learners' learning of HIV and AIDS.

CHAPTER SIX

THE INFLUENCE OF THE FORMAL CURRICULUM

6.1 Introduction

The previous chapter discussed all the sources that provide learners with HIV and AIDS knowledge. Influential sites and people from such sites were also discussed in the previous chapter. This chapter explores the influence that the formal curriculum has on learners' learning about HIV and AIDS. It presents a cross case analysis of data collected from learners at both schools in the sample. I read the transcripts from individual and focus group interviews from both schools to establish the commonalities and differences in the data. I could not include all learner quotes in the thesis, so selected illustrative quotes as evidence of learner views. Detailed analyses of student quotes about engagement with curriculum are included in Appendix 17. What I have provided in this section is a selection of responses from some research participants. This process rendered two central themes to organise the collected data. Both negative and positive influences of formal curriculum were used to categorise the data. Positive influences will be discussed first.

6.2 Positive influence of formal curriculum

Research participants from both schools acknowledged the positive influence that the formal curriculum has on their learning about HIV and AIDS. Sovuyo, Senathi, Sobomi and Lubanzi commended the teachers for giving them basic information that prepared them to know how HIV is transmitted and how it can be prevented. In addition, Hloza mentioned how teachers empower them in schools with HIV and AIDS knowledge in terms of preventing HIV transmission. This, to Hloza, is very important because in his home no one talks about HIV and AIDS. In addition, Mhlobo from ACASCH during the boys' focus group session indicated:

The information that I get from school through LO class prepares me for what to expect, for example, prevention of HIV transmission through condom use.

Sim, Zintle and Mivuyo pointed out that at school they learnt about HIV transmission, prevention, healthy living and not to discriminate against people living with HIV. This, to Pinkdoll and Phaphama, is very important because the information that they received from school makes living with other people better, even beyond schools. The information that learners obtain at school should not be only that on which they will be assessed. Information should provide learners with opportunities to become responsible people with a deeper understanding of HIV and AIDS and how to live a healthy and a balanced lifestyle. This, in turn, may encourage them and HIV-positive people to live healthily and to establish non-discriminatory relationships. During COMSCH girls' focus group and semi-structured interviews, Phiwo indicated:

In our Life Science class, we were taught about the CD4 cells and immune system, and the impact of HIV and AIDS in one's body. We are even taught about how it is transmitted, prevented and how one can live healthy while diagnosed with HIV.

Although Phiwo indicated the knowledge she has about HIV transmission, she did not give full details. It is important for learners to understand that HIV is not transmitted only through unprotected sexual encounters with HIV-positive persons. The school should provide learners with diverse information about HIV and its multiple modes of transmission. This helps learners not to focus only on one mode of transmission but to look beyond and be more cautious. It should help them with HIV prevention at all times. From the ACASCH girls' focus group interview, Hlombe said:

From school we are informed about the ways of contracting HIV as unprotected sex with the infected person may subject one to the risk of infection. In addition, I have also learnt the sexual encounter is not the only way of contracting HIV as some are born with HIV (MTCT). People injecting drugs are also at risk of contracting and transmitting HIV.

When learning about HIV and AIDS, the formal curriculum has an important role, as already indicated earlier, and schools have various ways of ensuring that learners get the necessary information. Leza, for example, during the girls' focus group interview from COMSCH pointed out:

From school we often have debates in class about HIV and AIDS and also on how we can prevent ourselves from getting infected. Through the debates we also discuss ways of living with HIV-positive people without discriminating against them. The teachers even inform us about the importance of knowing your HIV status and how to live a healthy life.

When learners are provided with various methods of learning about HIV and AIDS, they feel heard when their voices are heard and they can participate in discussions. Participatory strategies are desirable when teaching as they allow learners to engage, think critically and apply their knowledge in their lives. This is very useful because when learners are engaged they retain more information.

There is clear evidence in this study that schools have a major role to play in teaching about HIV and AIDS. This happens especially during the lessons of LO and Life Sciences where teachers teach different topics in relation to HIV and AIDS. In Life Sciences and LO classes, Zizo indicated:

From Life Sciences classes we learn about HIV and how it affects your immune system. From the LO class we learn about the benefits of nutritious foods for our bodies and healthy living HIV diagnosis.

Similarly to Zizo, Lumphawu, in the ACASCH boys' focus group session and the semi-structured interview, also showed the positive influence that the formal curriculum has on his learning about HIV and AIDS. Another important factor he raised is the importance of regular exercise and healthy eating when one is living with HIV. Lumphawu also commended the availability of resources as enhancing their learning of HIV and AIDS. Resources are important for any teaching space, and learners may learn more about HIV and AIDS as a result of resources such as books and teaching aids that teachers bring to class. For example, during the session, Lumphawu pointed out:

From school we learn about HIV and AIDS in the LO and Life Science classes where we learn about HIV and AIDS and how it is transmitted. At schools, we learn about the importance of regular exercise and healthy eating. The availability and use of teaching aids when teacher is teaching contributed to what I know about HIV and AIDS.

Luncedo pointed to HIV and AIDS awareness campaigns, and how these campaigns help them to get more information about HIV and AIDS because the social worker is often invited to have talks with them about HIV and other issues during awareness campaigns.

Data collected from both schools suggest that school has an influence on the learners' learning about HIV and AIDS. It is also evident from this data that the common information that learners get through the formal curriculum includes transmission, prevention, non-discrimination and a healthy and balanced lifestyle. It is evident from the data collected from both schools that learners do not only learn about HIV and AIDS in an LO class because some learners mentioned Life Sciences as another subject that influences their learning about HIV and AIDS. From the data collected, there seemed to be active learning taking place since learners engage in debates about HIV and AIDS in class. I also observed this when I visited Academy School. During ACASCHLO, the teacher created an environment that enabled learners to engage, which they did. The resources such as projected visuals and visual prints used during the lessons provided learners with more opportunities for them to engage when learning. However, during the lesson observation at Commercial School (COMSCHLO), there were no opportunities created for learners to engage during all the lessons I observed, and the teacher ensured that learners were managed with minimal time allowed to ask questions. In addition, the teacher (COMSCHLO) did not use teaching resources and contributed to learner inactivity during the lesson.

The next section examines the negative influence that the formal curriculum has on learners' learning about HIV and AIDS.

6.3 Negative influence of formal curriculum

From the data collected through semi-structured and focus group interviews, research participants from both schools mentioned the negative influence that the formal curriculum has on their learning about HIV and AIDS. They described numerous challenges that they encounter when learning about HIV and AIDS in school. Sovuyo was concerned about the message that he gets from school. He is from COMSCH and during the lesson that I observed, I noticed that the teacher did not afford them with opportunities to engage during the lesson. Hence, Sovuyo, during COMSCH boys' focus group and semi-structured interviews indicated:

At school they are sending mixed messages, for example, the teacher often talks about 'no sex before marriage', while she also teaches us about sex. Another challenge is as boys we are often seen as having a bad influence on girls. As boys we are not empowered enough to live our lives productively as compared to girls.

Sobomi was also concerned because he felt that the school seemed to be confusing them with the mixed messages that they are sending. If there are no clear messages that the school conveys to learners, learners may end up using their discretion when learning about HIV and AIDS. This may pose a danger because the more confused learners are when learning about HIV and AIDS, the higher the chances are of making poorly informed decisions.

Hloza also seemed to be unhappy with what the teacher does when teaching. When they learn about HIV and AIDS, teachers often see them as boys and the ones who are negatively influencing girls to have sex with them. Hloza, during their COMSCH boys' focus group session, was unhappy with their being referred to as the culprits who destroy the future of the girls. This information raises two concerns about teaching about HIV and AIDS. Gendered stereotypes, apparently perpetuated in the classroom by teachers, are worrying because this view implies that the teacher thinks that girls are passive and cannot make decisions about what they want. Another concern is about not providing the same attention to boys and girls in the Grade 10 class. It is important that both boys and girls receive information without judgement and that all of them are made to feel that they have agency in their lives. It is for this reason that Lunje mentioned:

The teachers can be of bad influence to the girls because they always prevent them from (engaging) the boys who teachers say are a bad influence. Girls are being more educated than us boys and even told not to have sex, and no one tells us what to do as boys.

Some of the numerous challenges that learners mentioned were similar, while others were not. Sim shared similar views with most of the boys in terms of the messages that the teacher conveys as she indicated:

Our teacher is often uncomfortable in answering our questions during HIV and AIDS lessons. Sometimes the answers she gives are unsatisfactory. She often stresses that

delaying sex until the person is old enough is more important. She believes more in abstinence as she thinks that engaging in sex before marriage is wrong.

Sim's quote shows that the teacher does not answer the questions asked and, at times, the answers that they get are unsatisfactory. This challenges their learning because, at times, they cannot make sense of what they have learnt because teachers often silence them when they want to engage in class.

Phiwo mentioned the difficulty they have with participating in class because the boys become more dominant during the lesson. It is clear from the data collected at COMSCH that teachers do not provide clear information to boys about HIV and AIDS. Boys also believe that every intervention is targeting the girls. On the other hand, some girls mentioned that the classroom is not a space where they can freely express their views because of boys dominating the space.

Although the challenges mentioned at ACASCH are identical to the ones mentioned at COMSCH, the learners from ACASCH were more engaged when learning about HIV and AIDS. However, Sesona from ACASCH points out:

I strongly believe that teachers are not telling us everything about HIV and AIDS. They still see us as kids; they give us limited information. Even from class you cannot be more engaged in terms of asking and answering questions because other learners will see you as directly affected. Boys get so excited and they do not even focus in class and the class becomes unruly.

The challenge of learners not engaging in class due to the fear of what other learners will think about them is also a challenge that Zizo and Lubanzi alluded to. They argued that sometimes in class they decide to be quiet, not because they do not know what to say about HIV and AIDS, but just because they do not want to be perceived by boys as someone who is either infected or affected with HIV. In addition, Phaphama echoed Zizo's about taking a passive stance when learning about HIV and AIDS as they do not want to attract judgement from classmates. During the focus group session at ACASCH, she said:

The challenge in class are classmates who often judge you by the kind of questions you ask. Sometimes I would decide not to ask questions to avoid the comments of

classmates. This sometimes makes a school not a safe place where one can freely express her comments.

Sovuyo, Sobomi, Hloza, Enkosi and Lunje from COMSCH were unhappy about the teacher always warning girls about how boys are a bad influence to the extent that they often feel that the teacher does not empower them as boys when learning about HIV and AIDS. Zintle, a 15-year-old girl from ACASCH also raised an issue of too much attention given to girls when learning about HIV and AIDS. This is strange to her because the messages are always directed at girls and not boys when it comes to HIV and AIDS. During the focus group and semi-structured interviews, Zintle shared her views:

In class, everything is always about the girls being more vulnerable to HIV than boys and the number of girls infected according to the statistics being more than the one for boys. Moreover, girls being vulnerable because of sugar daddy tendencies while little is said about boys and sugar mamas. Boys are always portrayed as safer than girls in terms of HIV infection.

Learning about HIV and AIDS sometimes poses a challenge to the learners in terms of the pressure that peers exert. Some learners may not be sexually active for various reasons, such as having made the decision to delay sex. However, once learners, especially boys, are known by peers as still being sexually inactive, they are perceived as not man enough. This is more prevalent among boys, and because they want to belong, they end up engaging in sex just to please their peers or gain a sense of belonging. This is what Luncedo shared during ACASCH boys' focus group session:

From school, once peers know that you are not sexually active, some might see you as immature, and this instils unnecessary pressure on us as we sometimes start engaging in sex even though we are not ready.

In supporting what Luncedo said, Mhlobo went further by indicating that teachers need to know that they have a responsibility to create classrooms as safe learning places where all learners can feel safe and protected when it comes to the decisions they take. Mhlobo indicated:

Teachers do not ensure that the unnecessary pressures do not take place in classes. Learners who decide to delay sex are not protected in classes as at times they are being ridiculed for choosing to be sexually inactive.

The negative influences have been discussed in this section. The complete table detailing all the learners' responses is attached as Appendix 18. In this chapter, I selected some of the responses that explicitly show the challenges posed by formal learning in the learners' learning of HIV and AIDS. Similar themes were found in both schools. For example, the gender double standards role that teachers play when teaching about HIV and AIDS, where they focus more on girls when teaching, was present in both schools. Sobomi, Sovuyo, Hloza, Enkosi and Lunje were unhappy about the underlying attitude that teachers have towards girls. They felt that they were not empowered enough about HIV and AIDS as is the case with girls who are often treated differently. In addition, Sovuyo and Lunje were unhappy that they were regarded as having a negative influence on girls. Similarly, Zintle from Academy School was unhappy that everything is about girls when HIV and AIDS is discussed, for example, girls being vulnerable, HIV prevalence being higher for girls than boys, blaming sugar daddies and saying nothing about the 'Ben 10'² phenomenon in instances where young men are in relationships with older women. The class not being a safe space for expressing views was also raised as another challenge. Zizo, Lubanzi and Phaphama indicated that the minute someone has many questions and answers in class, classmates perceive them as an experienced person. This somewhat hinders active participation in class as Sesona mentioned that they decided to be quiet. In addition, the pressure from peers is not healthy when one decides to be sexually inactive as Mhlobo and Luncedo have indicated. The last challenge identified by Sesona is about teachers who do not tell them everything about HIV and AIDS.

The next section discusses these findings in relation to the reviewed literature.

6.4 Discussion of findings

This section explores the influence of the formal curriculum when learning about HIV and AIDS. Both positive and negative influences were also mentioned by the research participants when the data

² Ben 10 refers to 'young men' dating 'older women'.

was collected. School, as a formal space, is commended for having a positive influence in terms of empowering learners about HIV and AIDS. The research participants found schools as spaces where they can get information about HIV and AIDS, unlike some homes where they cannot get information because some parents are unwilling to talk to their children about HIV and AIDS. Besides the positive influences that formal curriculum has, there are also elements that have a negative influence on the learners' learning of HIV and AIDS. The findings in relation to the influence of formal curriculum as backed by the literature are discussed below.

6.4.1 Positive influence of formal curriculum

Young people who are of schoolgoing age are the ones considered vulnerable to HIV infection because the highest HIV prevalence is among people aged 15–24. Some initiatives, intended to integrate HIV and AIDS education into the formal curriculum, are adopted to educate young people about preventing risky sexual behaviours and adopting positive behaviours that eliminate the risk of HIV infection (Jewkes et al., 2009). This is because schools, as influential sites, are the best way for championing HIV and AIDS education. Research participants acknowledged the influence that formal curriculum has on their learning about HIV and AIDS. Ahmed, Flisher, Mathews, Mūkoma and Jansen (2009) revealed that learners learn about HIV and AIDS transmission, prevention, treatment and HIV-related stigma at school.

The data also indicates that there are instances where learners are engaged in debates about HIV and AIDS. Such debates promote interactive classes where learners are actively involved in their learning about HIV and AIDS. This is in line with Curriculum 2005 that advocated for innovative teaching methods to enhance participation and critical thinking of learners in classes where teachers are facilitators (Sargeant, 2012). Moreover, Mwebi (2012) suggests that teachers should implement interactive teaching methods where learners actively engage in classroom discussion. Such methods motivate learners' involvement and their ability to remember what they learnt about HIV and AIDS and the influence of the formal curriculum (Daniel et al., 2011; Jacobs et al., 2011). When appropriate teaching methods are used, learners' ability to understand what they have learnt is improved. Literature also suggests that when learners are engaged in their learning, they internalise knowledge and attitudes and make informed choices (Donald et al., 2014).

Participants commended the positive influence that the formal curriculum has on their HIV and AIDS learning. For example, research participants felt empowered because they were informed about precautionary measures to prevent HIV and AIDS. This finding echoes that of Sarma et al. (2013) who found that learners' learning of HIV and AIDS, via school-based programmes, had a positive effect as learners' HIV and AIDS knowledge was enriched. Research participants also indicated that school was most influential in providing HIV and AIDS information. They revealed that it was at school that they learnt about HIV transmission, prevention and treatment. This implies that school is very influential in learner preparation to navigate HIV and AIDS. What learners learn at school can cultivate safe conduct and maintain safe sexual behaviours. In addition, school also prepares them with necessary skills and empowers them to make informed decisions about sexuality. This finding resonates with those of Jewkes et al. (2009) and Howarth and Andreouli (2014) who suggest that school, as a formal site, prepares learners with essential knowledge and skills.

Various studies found that HIV and AIDS education offered by schools prepares learners and instils ideas about positive sexual behaviours that might prevent them from being infected and thus minimise HIV prevalence (Rose, 2012; Madiba, & Mokgatle, 2015). The studies undertaken in Kenya, South Africa and Botswana revealed the importance of efforts made by schools to enhance learners' knowledge about HIV and AIDS. For example, in Kenya there have been decreasing levels of teenage pregnancy among learners, while in South Africa, the levels of condom use increased and in Botswana, new HIV infections dropped (Rose, 2012). School programmes are very informative as they might influence learners' decisions about themselves.

Despite the positive influence that formal curriculum has on learners' learning about HIV and AIDS, research participants also identified some negative influences that formal curriculum has on their learning. The data showed that research participants identified teaching methods as contributing to what they remember about HIV and AIDS. It should be borne in mind that Curriculum 2005 advocated for innovative teaching methods that enhance participation and critical thinking of learners in classes where teachers are facilitators (Sargeant, 2012). This finding is in line with Mwebi (2012) who suggests that teachers have to implement interactive teaching methods where learners actively engage in classroom discussion. Such methods motivate learners' involvement and their ability to

remember what they learnt because they are fully engaged (Jacobs et al., 2011). This, in turn, enables learners to understand their roles when learning about HIV and AIDS.

6.4.2 Negative influence of formal curriculum

Research participants acknowledged the negative influence that formal curriculum has on their learning about HIV and AIDS. Even though they confirmed their active engagement when learning about HIV and AIDS, the data reveals that some participants felt that they are not engaged. For example, girls, in particular, admitted that their passive engagement is caused by boys' attitudes. This is because boys often tend to dominate during HIV and AIDS lessons. In addition, teachers can also contribute to the learners' disengagement in class. Thanavanh et al. (2013) found that males are more likely to engage in risky behaviours than females because of their dominance. In addition, women experience difficulties in communicating safe sex in their relationships, and this influences how they interact in class during HIV and AIDS lessons.

Weiler and Martin-Weiler (2012) also reported that teacher preparation is an important element that ensures that learners are engaged in lessons. If teachers are inadequately trained, they may experience difficulties when teaching about HIV and AIDS and may employ traditional methods, disengaging learners (Baxen, 2010; Helleve et al., 2011). Learners' active engagement is very important when learning.

6.4.2.1 Conflicting messages conveyed at school

Research participants indicated that the school conveys mixed messages where they are taught about HIV prevention measures while, on the other hand, some messages are about 'no sex before marriage'. The findings of the study further reveal that participants were dissatisfied with messages that often emphasise girls' vulnerability to HIV infection. This may unintentionally instil a sense of irresponsibility and encourage boys to adopt risky sexual behaviours. The literature recommends that when learners learn about HIV and AIDS, everyone should be catered for as this empowers learners with skills in order to avoid risky sexual behaviours and inculcates positive behaviours (Mūkoma et al., 2009). Chin et al. (2012) and Santelli et al. (2013) have different views about abstinence-only education programmes and comprehensive sexual education programmes as the

best programmes that schools can adopt when learners learn about HIV and AIDS. Abstinence-only programmes are not perceived as beneficial enough when compared to comprehensive sexual education programmes.

Sobomi, Sovuyo, Hloza, Enkosi, and Lunje, from COMSCH, were not happy that teachers regard them as having a negative influence on girls. They were also not happy about the mixed messages that teachers send to the class when learning about HIV and AIDS. Sesona, from ACASCH, felt that teachers are not telling them everything about HIV and AIDS and Sim, from COMSCH, was not happy with teachers who do not answer learners' questions in class to their satisfaction.

6.4.2.2 Attitudes of teachers and learners

Teachers' and learners' attitudes are also a challenge when learning about HIV and AIDS. Sovuyo from COMSCH blames the teacher for not empowering them about HIV and AIDS as the teacher thinks that boys are the ones who are a negative influence on girls. The teacher always focusses on talking to girls, and they find this unfair because they want education as well.

Sesona, from ACASCH, and Sim, from COMSCH, raised concerns about how the learning environment is managed when learners learn about HIV and AIDS. For example, Sesona is of the view that teachers are not telling them everything, while Sim said that the answers given by the teachers are unsatisfactory when it comes to HIV and AIDS.

Phiwo indicated that boys are dominant in classes and as a result, girls find it difficult to participate in class because teachers cannot manage boisterous boys during the LO lesson. Literature suggests that teachers' inability to manage classrooms is because they are new to the field, and some are inadequately prepared for classroom dynamics and management skills (Francis, 2012).

Sovuyo, Hloza and Lunje also indicated that teachers often perceive boys as influencing girls about sex, and this negatively influences learners' participation in class. The attitudes of teachers, when teaching about HIV and AIDS, are influenced by their experiences. Kalmelid (2013) found that learners were harassed, and this also contributed to the attitudes of teachers. On the other hand, the literature reveals that female teachers have problems discussing sexuality in their classes because girls often become more passive than males (Chege, 2006). This suggests that the

teacher's attitude is linked with the girls' passivity. Hence, Howarth, and Andreouli (2014) believe that teachers' attitudes are powerful in determining what should be offered in class, and this has little to do with set curriculum standards.

Luncedo and Mhlobo also mentioned the influence that their peers have on them when learning about HIV and AIDS. They would, for example, decide to delay sex, but because peers often perceive them as immature if they are not sexually active, they succumb to peer pressure. This kind of negative peer pressure threatens accomplished efforts when learning about HIV and AIDS and also threatens learners' application of their learning about HIV and AIDS. This finding links with Adeomi et al. (2014) who suggest that teaching about managing peer pressure should augment teaching about sexually risky behaviours as young people often succumb to societal norms. Peer views are more influential compared to older people's views and this is because peers often practise their friends' behaviours (Kar et al., 2015). When peers engage in risky sexual behaviours, it encourages them as young people not to take precautionary measures into consideration, which subjects them to the risk of infection (Asamle, & Yamane, 2012).

Sim, from COMSCH, indicated that being taught by an 'older' person contributes to their inactivity in class as they cannot freely express themselves during classroom activities. This sample of learners' views therefore supports Martin and Smith (1990) who argue that older teachers have lower teaching skills when compared to younger teachers, and they are more resistant to proposed changes like curriculum reforms. However, the literature is divided on the issue of learners' improved learning based on teacher age. Sloane and Kelly (2003) believe that teachers' ages have little impact on learners' learning. The learners in the current study, therefore, contradict Sloane and Kelly's views.

6.5 Summary

This chapter addressed the influence that formal curriculum has on learners' learning about HIV and AIDS. The data was collected through semi-structured interviews, focus group interviews and classroom observations from two selected high schools. Learners from both schools identified both positive and negative influences that the formal curriculum has on their learning about HIV and AIDS. The positive influences included information about HIV transmission, prevention, non-discrimination against people with HIV and adopting a healthy and balanced lifestyle. Conflicting messages at

school, conservative attitudes of teachers and negative peer pressure were pointed out as negative influences of formal curriculum when learning about HIV and AIDS.

CHAPTER SEVEN

MAKING MEANING FROM LEARNING ABOUT HIV AND AIDS

7.1 Introduction

The previous chapter discussed the influence of formal curriculum on learners' learning about HIV and AIDS where both positive and negative influences were identified as influencing learners' learning. This chapter explores the meaning that learners make when learning about HIV and AIDS in formal and informal contexts. The data for this chapter is mainly drawn from the semi-structured interviews with learners.

The cross-case analysis for the two schools in the sample (Commercial and Academy) is presented. I read the data from both schools repeatedly with the aim of deducing meaning. In the process, I also identified the common themes. Whether participants are able to make meaning of what they learn about HIV and AIDS in their lives is important because it can influence their experiences when learning about HIV and AIDS. The influence that sources of HIV and AIDS have on learners' understanding, their roles and feelings when learning about HIV and AIDS, and the influence of HIV and AIDS on learners' behaviour are also discussed in this chapter. The discussion of findings in the context of a literature review follows.

7.2 The influence of HIV and AIDS sources on learners' understanding

The influence that HIV and AIDS sources have on learners is important. This can influence learners' understanding when learning about HIV and AIDS in making meaning about what they have learnt and how it can be incorporated into their lives. The data showed that learners remember what they have learnt about HIV and AIDS an important aspect for this study. The research participants' ability to remember what they learnt may pave a way for them to be able to make meaning of what they can still remember about HIV and AIDS from both contexts.

There is evidence from the data that fear of contracting HIV is a common theme, as identified by Sobomi and Phiwo. For example, Sobomi is afraid of contracting HIV and AIDS. This fear may instil and encourage positive behaviours where people might decide to delay sex or use protection when engaging in sex. This is also the case with Phiwo, who fears HIV infection. In the COMSCH semi-structured interview she said:

I'm very afraid of contracting HIV. I always avoid risky situations that might affect me to infection. I think this has something to do with how other people interact and act towards people living with HIV.

Another common theme, as mentioned by Sovuyo, Zintle and Sesona, is the positive influence that other people have on their learning about HIV and AIDS. Sovuyo's parents, teachers and peers have influenced his learning about HIV and AIDS. Through the interaction he had with them, he learnt about HIV prevention and living a healthy and balanced lifestyle. Zintle's parent is very influential in encouraging her to talk openly about HIV and AIDS. Sesona learnt via peers in their facilitated awareness campaigns and the fact that they had an opportunity to talk about everything that relates to HIV and AIDS. In the semi-structured interview, Sesona indicated:

Peer-facilitated campaigns are empowering because you are encouraged to talk about everything that is related to HIV and AIDS.

The availability of resources and use of audio-visual materials when learning about HIV and AIDS is what Lumphawu found to influence his learning about HIV and AIDS positively. During the semi-structured interview, Lumphawu said:

Our teacher tries to be practical with us. He shows HIV and AIDS-related videos. These videos always make me not to forget what I learnt about HIV and AIDS.

What Lumphawu has mentioned is very important in ensuring that when learners learn about HIV and AIDS they relate easily to what is being taught through the resources that are used. The strategies used when teaching influence the learning process.

The data shows that Sobomi and Phiwo are afraid of contracting HIV and AIDS, which has made them think about adopting healthy behaviours so that they do not contract HIV. Sovuyo and Lumphawu mentioned how influential the school was in their learning and their ability to maintain what they have gained from school. In addition, Lumphawu, from ACASCH, mentioned efforts made by their teacher (showing them videos) that have positively influenced their learning about HIV and AIDS. Zintle and Sovuyo applauded their parents for laying a solid foundation in HIV and AIDS knowledge and playing a significant role in shaping their HIV and AIDS understanding. For Sesona, peer facilitators were the sources of inspiration for her when learning about HIV and AIDS. In addition, she recommended peer platforms as they enable learners to gain and share experiences about HIV and AIDS with no fear.

The summary of responses in this section is provided in full detail in a table attached as Appendix 19.

7.3 Learners' roles when learning about HIV and AIDS

Diverse views about learner roles when learning about HIV and AIDS emerged from the collected data. For this study, the role played by research participants in learning about HIV and AIDS is important because it influences their behaviours or actions.

Two common themes emerged: being active and being inactive. Sovuyo and Sobomi both mentioned that in class they were engaged when they were learning about HIV and AIDS. It is important to note that both Sovuyo and Sobomi are from COMSCH, and during the time I spent in their school for lesson observation, I did not see any engagement in their class because their teacher was the only one talking during lessons. My observation is in line with what Phiwo has raised as another theme of being inactive. Phiwo, like Sovuyo and Sobomi, is from COMSCH, and during a semi-structured interview, she said:

In class, we never took part during the lesson when the teacher teaches. We are only given group tasks to discuss about HIV and AIDS with peers and we are not allowed to ask questions.

Phiwo's view is consistent with my observation during the COMSCHLO where learners' views were not solicited by the teacher when she taught about HIV and AIDS. Although Sim has raised concerns about being inactive in class when learning about HIV and AIDS, she blamed boys for being too talkative. As girls they remain quiet because they do not want to be perceived as sexually active by classmates. The behaviour that Sim raised does not promote engagement in class when learning takes place.

Learning about HIV and AIDS does not only take place in formal contexts. It takes place in informal contexts as well. Sovuyo, Sesona and Zintle acknowledged the role they played when learning about HIV and AIDS through their engagement with parents and peers. Sovuyo, for example, mentioned that his father allows him to talk about HIV and AIDS and even ask questions when there is a need for that. This is important because the information that learners get from school can be complemented with information received at home. In addition, Zintle applauded her mother for influencing her learning about HIV and AIDS. During the semi-structured interview, Zintle mentioned:

When with my mother, we talk about everything, and this is also the case with our LO teacher who encourages participation in class.

Lubanzi said his parents do not talk to him about HIV and AIDS. He has his uncle as the best person whom he talks to freely. Sesona and Sovuyo acknowledged peer-facilitated sessions as encouraging them to engage in discussions about HIV and AIDS. Sesona recommended these sessions as they encourage maximum engagement and unlike in class, they are free to ask anything without the fear of classmates judging them.

Phiwo and Sim, from COMSCH, mentioned their disengagement during the lesson when learning about HIV and AIDS while Sobomi and Sovuyo acknowledged their engagement when learning about HIV and AIDS. Phiwo's revelation is synonymous with my observation during the COMSCHLO session as the teacher did not afford any engagement opportunities to learners during the lesson. On the other hand, during the ACASCHLO session, learners were engaged throughout the lesson as they were allowed to ask questions and they also worked in groups. This contributed to their active engagement during the lesson as they had to discuss their ideas with their peers. The environment in class was conducive to conversation and allowed for interaction. The collected data

shows that Zintle, Sovuyo and Lubanzi acknowledged the role played by family members, mother, father and uncle respectively in ensuring that they talk freely about HIV and AIDS with them.

As shown in the data, it is evident that formal and informal sites afford research participants opportunities to engage when learning about HIV and AIDS. For example, from school some learners acknowledged the opportunities provided by the teachers when learning about HIV and AIDS. While with the informal context, some learners applauded parents and relatives for providing them with opportunities to talk freely about HIV and AIDS. In addition, the role that NGOs have played has been commendable through the peer education programmes where some learners feel comfortable to engage in a peer-facilitated space about issues that have to do with HIV and AIDS. This section provided a description of the main themes that were elicited. A table detailing the data is attached as Appendix 20.

7.4 Learner's feelings when learning about HIV and AIDS

This section explores research participants' feelings when learning about HIV and AIDS. This is very important because participants are able to reflect on their learning of HIV and AIDS. The collected data shows that participants have mixed feelings when learning about HIV and AIDS. Their feelings might influence their experiences and inspire or them to incorporate what they have learnt in school into their daily lives. The themes that emerged under the feelings of learners when learning about HIV and AIDS were fear, death and treatment. Sobomi mentioned that whenever he thinks about HIV and AIDS he cannot ignore thoughts of dying. Sovuyo, like Sobomi, also indicated that HIV and AIDS is deadly. However, Sovuyo and Sobomi have nuanced feelings about learning about HIV and AIDS. They also have hope that when people receive treatment they can take care of themselves and live longer. For example, during a semi-structured interview session, Sobomi pointed out:

When it comes to HIV and AIDS, I have both negative and positive thoughts. I always associate HIV with dying. While on the other hand HIV-positive people receive treatment and can maintain a healthy lifestyle is maintained.

A further theme that emerged is access to treatment. Although Sim was worried that HIV and AIDS has no cure, knowing about available treatment that people with HIV can access is a relief because

people can live longer. Phiwo is happy that once people access HIV and AIDS treatment, this brings hope to the infected person and the family as one has an opportunity of living longer by adopting a healthy lifestyle. In addition, Lubanzi indicated:

On a positive note, I know that HIV can be treated. This shows that HIV infection is not the end. Through education, people are empowered to take care of themselves once diagnosed with HIV.

From the data collected, fear is another theme that emerged. Sim, Sovuyo, Zintle and Phiwo have different fears about HIV and AIDS. The feeling of becoming a burden to family members after being diagnosed with HIV and AIDS is worrying Phiwo, and she shared her views:

After people are diagnosed with HIV they become a burden to their family members. Some are bed ridden and depend on other people.

Luphawu's fear is concerned about the misalignment between what happens between school and home. This is because at school, teachers teach about HIV and AIDS and at home, many parents are not talking about HIV and AIDS due to religion. What worries Luphawu is the reaction of his parents should they find out that at school, teachers teach them about HIV and AIDS. For him, it feels like a fearful secret that he has to keep from his parents. During the semi-structured interview, Sesona's fear was underpinned by deep sadness:

I cannot stop thinking about how I will live my life should I be diagnosed with HIV; what people will think of me and even the thoughts of suicide sometimes do come.

The data reveals the diverse feelings that the participants have about HIV and AIDS. What has been common in their responses is the knowledge that HIV can be treated even if it has no cure. Phiwo and Sesona indicated that they are scared of the possibility of being diagnosed as HIV positive. Sovuyo is afraid that HIV mainly targets young people and this makes them, as young people, the potential victims of HIV and AIDS too. The feelings that participants have when learning about HIV and AIDS would definitely have an impact on their behaviour. From the above responses, the basic information that the participants have about HIV and AIDS provides them with positive feelings. The understanding of HIV transmission, prevention, treatment and how they can live a healthy life are

the issues that they are confident about. However, feelings change once they know that HIV has no cure and when their immediate family members are HIV positive. The fears Sesona and Phiwo have after they have been diagnosed, in terms of other people's reactions and suicidal thoughts, are an indication that some communities are still finding it difficult to accept people with HIV. Another acknowledged feeling is the gap between the school and home and this places participants in a very awkward situation. Lumphawu indicated they learn about HIV and AIDS that at school, while at home parents are too religious and hardly talk about HIV and AIDS with them. This section provided a summary of learner responses. A table with all the responses is attached as Appendix 21.

7.5 Influence of HIV and AIDS in learners' behaviour

It was noted earlier that the feelings that participants have about HIV and AIDS learning might influence their behaviours, and this section presents the views of the participants about the influence that HIV and AIDS has on their behaviour. The participants have different stories to tell about how their behaviour has been influenced through learning about HIV and AIDS. People's behaviour is predominantly influenced by what they have been exposed to. When people have learnt, new behaviours start to emerge. From the data collected through semi-structured interviews there is evidence that HIV and AIDS learning has influenced participants, and the overarching theme that emerged is a positive mindset. Sobomi indicated that he has been influenced by the school as he now knows how to prevent HIV infection. Even Sim indicated that she knows how to do better in preventing HIV infection as HIV is a disease that cannot be reversed. During a semi-structured interview, Sovuyo said:

Learning about HIV and AIDS has influenced how I do things because I think before I do anything. My decisions are not influenced by friends because I have set goals that I have to accomplish. In addition, I have learnt that living with HIV and AIDS is not the end of the world.

Sovuyo emphasises that peers are often influential and this makes it difficult for young people to withstand such pressures from peers. Peers exert numerous influences on each other. For example, when Lumphawu went for initiation, he was looking forward to having a romantic relationship for him to fit into a particular age group. During the semi-structured interview session, he shared his views:

When I went for the initiation school there was nothing else. I was thinking about then getting a girlfriend because I believed I was man enough. However, having learnt about HIV and AIDS I became more empowered when it comes to preventing HIV infection.

This section provided an analysis of some of the main themes arising from the data. A full table including a summary of quotes is attached as Appendix 22. It is evident that the knowledge that the participants have about HIV and AIDS contributes to the choices they make when it comes to HIV and AIDS. Even though the information gathered is from different contexts it still has a positive influence on them. As the participants reveal how learning about HIV and AIDS influences their actions they also talk about the lessons learnt in the process. The next section discusses the findings in relation to the literature reviewed.

7.6 Discussion of findings

This section explored the meaning that learners make when learning about HIV and AIDS. In making meaning about HIV and AIDS when learning, the influence of HIV and AIDS sources on learners' understanding, their roles and feelings when learning about HIV and AIDS, and how their behaviours are influenced about what they have learnt are explored. This study showed that schools as formal spaces are not the only places where learners learn about HIV and AIDS; informal contexts also influence learners' learning about HIV and AIDS. However, most research participants acknowledged the profound role played by the school in helping them make meaning when learning about HIV and AIDS. The discussion of findings about learners' making meaning from learning about HIV and AIDS in relation to the literature starts with the influence of the sources for learners' understanding of HIV and AIDS.

7.6.1 Influence of HIV and AIDS sources on learners' understanding

Young people who are of schoolgoing age are considered vulnerable to HIV infection because the highest HIV prevalence in South Africa occurs among people aged 15–24. The initiatives intended to integrate HIV and AIDS education are important to educate people about preventing risky sexual behaviours and adopting positive behaviours to eliminate the risk of HIV infection (Jewkes et al., 2009). This is because schools as influential sites are the best way for championing HIV and AIDS

education. Hence, UNICEF (2009) reports that education can eliminate the rate of HIV transmission and discrimination among young people. In addition, there are teachers perceived to be knowledgeable due to their sound HIV and AIDS knowledge.

Memory is a very important component of learning. This is because peoples' ability to recall what they learn is crucial as the evidence of the learning that has taken place. This implies that learners' ability to remember what they have learnt about HIV and AIDS might influence their experiences. The findings of the current study reveal that research participants are scared of contracting HIV because HIV and AIDS mainly targets young people. This finding is in line with a study where HIV and AIDS is one of the main causes of death that accounts for almost 3.1 million deaths and where HIV and AIDS related deaths have increased by 50% between 2005 and 2012 among young people (UNICEF, 2013). In addition, other studies indicate that almost every day more than 2000 young people are infected with HIV, and this increases the rate of young people who are HIV positive worldwide (UNAIDS, 2014b; UNICEF, 2015). These factors contribute to what learners can remember when learning about HIV and AIDS.

From Sesona's fears it is evident that HIV-related stigmas still persist in communities, and in some instances HIV-positive people do not disclose their HIV status because they are scared of the treatment that they might receive. According to UNAIDS (2015), it was reported that almost 50% of people attested to their attitudes towards people living with HIV. HIV-related stigmas and discrimination have negative repercussions on people living with HIV because, in some instances, people are rejected by their families because of their HIV status while others may be ill-treated by community members, schools and others. The reviewed literature suggests that stigma causes huge psychological harm in one's life, and this might also prevent one from accessing necessary care (Katz et al., 2013; UNAIDS, 2015). The stigma influences the choices that people make about their lives, and this might therefore contribute to all the efforts made about HIV in terms of prevention, care and treatment. This may also be a problem with the research participants as they may not be able to make meaning about they have learnt about HIV and AIDS. In some instances, this may not even contribute to what they have learnt about HIV and AIDS as they may not be comfortable to disclose should they are found to be HIV positive. This may be worsened by uninvolved parents when it comes to learning about HIV and AIDS.

Numerous sources influence their understanding of HIV and AIDS. For example, as mentioned by Ahmed et al. (2009), learners learn about HIV and AIDS transmission, prevention, treatment and HIV-related stigmas at school. At home, parents have established and maintained children-parent communications where family values and acceptable behaviour patterns are inculcated (Namisi et al., 2009). At clinics, nurses empower their patients to take responsibility for their lives when it comes to HIV prevention (Nursing and Midwifery Council, 2015). Lastly, opportunities are created to empower young people through active engagement in peer-facilitated sessions and contribute to their understanding of what they have learnt about HIV and AIDS (Simoni et al., 2011; Tolli, 2012).

As indicated earlier that learners learn about HIV and AIDS from both formal and informal contexts, the media also play a role in learners' learning about HIV and AIDS. Television programmes like Soul City often contribute to what learners know about HIV and AIDS, and this makes it easy for them to make meaning of HIV and AIDS based on what they have seen. Such programmes often reinforce what learners learn about HIV and AIDS at school, home, clinic or in the community. As a result, media is perceived as an effective vehicle that can effectively promote and enhance learners' levels of HIV and AIDS knowledge (UNAIDS, 2010). Media also conveys messages about promoting healthy lifestyles that increase people's level of HIV and AIDS knowledge (Li et al., 2009).

7.6.2 Learners' role when learning about HIV and AIDS

When learners are actively involved they cannot forget what they have learnt in class. The collected data reveals that the research participants have acknowledged their engagement when learning, and this might influence their HIV and AIDS experiences when making decisions about what they have learnt. This means that teachers need to cultivate learning environments that are not just about sharing information but more about learners' understanding of the acquired knowledge (Daniel et al., 2011). This calls for opportunities to be created for learners to construct knowledge as evidence that they have learnt. When learners are engaged in their learning they can construct knowledge and make informed choices (Donald et al., 2014).

In the study, the research participants indicated that their engagement is enhanced by collaborative work with classmates on a given topic in class. Groupwork is interactive in nature, and learners learn to work collaboratively and become accountable for their learning. Groupwork enhances learners'

learning as they engage in the process of searching for suitable information. This calls for teachers to choose various methods to ensure that learners are engaged in their learning, for example, role plays, group discussions, questions and answers, projects, problem-solving and experiments (Mūkoma et al., 2009; Jacobs et al., 2011).

Although research participants confirmed their active engagement, the data reveals that some participants felt that they are not engaged at all when learning about HIV and AIDS. For example, girls, in particular, admitted that their passive engagement is caused by boys' attitudes. This is because boys often tend to dominate, especially during HIV and AIDS lessons. In addition, teachers may contribute to the learners' disengagement in class. The study by Thanavanh et al. (2013) found that males are more likely to engage in risky behaviours than females because of their dominance. In addition, women even experience difficulties communicating safe sex in their relationships, and this influences how they interact in class during HIV and AIDS lessons. Weiler and Martin-Weiler (2012) call for teacher preparation to ensure that learners are engaged in lessons. If teachers are inadequately trained, they might experience difficulties when teaching about HIV and AIDS and might end up employing traditional methods and disengaging learners (Baxen, 2010; Helleve et al., 2011). Learners' active engagement is very important when learning and they should be easily be able to express their feelings when learning about HIV and AIDS.

7.6.3 Learners' feelings when learning about HIV and AIDS

Reflection is very important in any learning process. People's ability to reflect on their experiences is crucial for the current study because such reflections might contribute to learners' experiences of learning about HIV and AIDS and might influence the meanings they make when learning. The study findings revealed that research participants have both positive and negative feelings when learning about HIV and AIDS. Research participants pointed out that they are relieved that HIV and AIDS can be treated as this means that people can live longer if they adhere to treatment. When it comes to accessing treatment, the Health Minister announced that antiretrovirals will be accessible to everyone infected regardless of CD4 count (Khumalo, 2016). This initiative of ensuring that people access treatment is aimed at reducing the prevalence and mortality rates that are related to HIV.

The study findings further revealed that participants are not happy that HIV has no cure. When people are diagnosed with HIV, what comes to their minds is dying as there is no cure for HIV and AIDS. This negative feeling often haunts the learners when learning about HIV and AIDS. This finding is linked with the findings from the literature that currently there is no cure for HIV; hence, people can only manage to control the epidemic through treatment and medical care (AIDS.gov, 2015).

Research participants pointed out that they are disturbed by HIV-related stigmas and what might happen to them if found to be HIV positive as HIV predominantly affects young people. The reviewed literature reported that, in some instances, what makes people ill-treat people living with HIV are misconceptions that they have about HIV and AIDS (Kumar et al., 2012; Mulu et al., 2014). When learners learn about HIV and AIDS it is very important to integrate it into what they have learnt.

7.6.4 Influence of HIV and AIDS on one's behaviour

The research participants indicated that what they learn about HIV and AIDS influences their behaviour. In addition, research participants pointed out that the information they receive from school has empowered them to become better people and to follow precautionary measures when it comes to HIV and AIDS to prevent HIV transmission. This implies that after learning has taken place, there should be new behaviour manifestations (Daniel et al., 2011; Donald et al., 2014). Therefore, when learners have learnt about HIV and AIDS, risky sexual behaviours decrease while the positive sexual behaviours become dominant. Hence, Kalichman et al. (2006) are of the view that when learners acquire new knowledge about HIV and AIDS, they should effectively communicate with their partners to make meaning of what they have acquired because effective communication enhances negotiating safer sex practices with partners. If learners have sufficient knowledge about HIV, they can eliminate transmission (Durojaiye, 2011). The findings of the study by Sarma et al. (2013) found that learners' learning of HIV and AIDS, through school-based programmes, had a positive impact as their level of HIV and AIDS knowledge was enriched.

However, some studies argue against the notion that acquired knowledge influences behaviour. There is further evidence that people's levels of HIV and AIDS knowledge has little to do with their behaviours. This implies that no matter how knowledgeable people are about HIV and AIDS, it does

not guarantee a change in behaviour (Woodward et al., 2014). There are still gaps between knowledge and behaviour as there are still conflicting views about HIV and AIDS knowledge and behaviour change (Adeomi et al., 2014). Hence, MacPhail, Pettifor, Moyo and Rees (2009) stress that people's HIV and AIDS knowledge has no influence on behaviour change. That there is no link between people's knowledge of HIV and AIDS and their behaviour, at times, contributes to HIV-related stigmas that are directed at people who are HIV positive. Although efforts made to educate people about HIV and AIDS are meant to influence behaviours that can reduce the risks of contracting HIV, this does not always happen because acquired knowledge does not equate to behaviour change.

7.7 Summary

This chapter aimed to present the meaning that learners make when learning about HIV and AIDS. The data was collected through semi-structured interviews, focus group interviews and classroom observations from two selected high schools. The data showed that learners from both schools have to make meaning when learning about HIV and AIDS.

The research participants alluded to the influence of both formal and informal sites when they learn about HIV and AIDS. While some applaud the role played by teachers at school, others are grateful for the foundation that parents laid in relation to HIV and AIDS knowledge, making it easy for them to learn about it in school.

Research participants also alluded to the roles they play, as well as the feelings they have when learning about HIV and AIDS. Different roles emerged from the data. Some claimed to be active learners in the classroom, engaged in learning activities that include discussions with both their teachers and other learners, while some seem to be passive learners as there is no space for them to engage in the classroom because of the teaching methods that are used.

The research participants also revealed that learning about HIV and AIDS influences their behaviour.

CHAPTER EIGHT

CONCLUSION AND IMPLICATIONS

8.1 Introduction

This chapter offers a summary of the study findings based on how the research questions were answered in relation to the learners' experiences of learning about HIV and AIDS in schools and out-of-school contexts. This chapter also embeds the findings in theoretical approaches the ecological systems model and social cognitive theory. The justification of the chosen research methodology for this study will be explored just before conclusions are drawn. Finally, the chapter concludes with the implications of the study findings.

The role that parents play as the first level (microsystem) of the ecological system is to support their children's well-being and have a deeper understanding about HIV and AIDS. In addition, the environment with positive role models is important as it models acceptable behaviours. This is because sometimes children learn best by observing what happens around them. Hence, Bandura (1977a), in his social learning theory, argues that the environment to which people are exposed influences their behaviour. This means that if parents or guardians instil appropriate family values and norms and inculcate productive behaviours in their children, home can influence their children's HIV and AIDS knowledge (Namisi et al., 2009; Pequengnat, & Bell, 2012). This is important because children should be able to talk freely with their parents, and peers should not influence them unduly. Parents are the people whom children begin to interact with before they interact with teachers. Values, beliefs and morals that are instilled in children can shape them to become responsible adults who know what they want throughout their lives. Hence, Jennings and Bosch (2011) believe that the first teachers whom children meet are their parents; and parents need to use this opportunity to talk to their children about HIV and AIDS so that they can learn to differentiate between appropriate and inappropriate behaviours. The knowledge they obtain from parents will serve as a foundation for managing new information that they get afterwards.

8.2 Summary of the findings

The aim of the study was to explore high school learners' experiences of learning about HIV and AIDS in schools and out-of-school contexts. The study intended to unveil learners' experiences when learning about HIV and AIDS. In an attempt to understand learners' experiences, it is important to first understand learners' HIV and AIDS knowledge. In addition, it is also crucial to identify the sources of HIV and AIDS knowledge, the influence of formal education in learning about HIV and AIDS and to explore the meanings that learners make when learning about HIV and AIDS.

8.2.1 Learners' understanding of HIV and AIDS

From the findings of the study, the participants' capability of differentiating between the concept of HIV and the concept of AIDS was evident. At both schools included in the study, research participants reflected on what they know about HIV and AIDS. Research participants showed their understanding of how HIV is transmitted and how to live healthily when diagnosed with HIV. Although they seemed to be aware that there is no cure for HIV, they alluded to the availability of treatment that HIV-positive people can access to ensure that they live longer beyond diagnosis.

8.2.2 Sources of HIV and AIDS knowledge

School, as the formal site, lays the foundation for learners' appropriate behaviours through learning about HIV and AIDS. The study found that participants acknowledge the role that teachers play in equipping them with skills when learning about HIV and AIDS. This is because teachers are trained personnel with skills that enable them to teach learners about HIV and AIDS. However, not all research participants perceived schools as an influential HIV and AIDS knowledge-generation site. This is because the information that learners receive from school inadequately prepares them to have sound HIV and AIDS knowledge.

The study found that informal sites such as churches, homes, clinics and community halls, as knowledge-generation sites, have an influence on learners' HIV and AIDS learning. It emerged that various people champion initiatives aimed at generating knowledge about HIV and AIDS. However, not all sources of HIV and AIDS knowledge were perceived to be influential by participants. For

example, some participants were concerned about the lack of confidentiality at the clinic. In regard to home, some participants pointed out their parents' unwillingness to have HIV and AIDS conversations with them.

The study found that various people have an influence on learners' learning of HIV and AIDS. In the study, research participants identified teachers, parents or family members, nurses and peers as influencing their HIV and AIDS learning at both formal and informal sites. However, teachers were the most influential because they are better positioned to teach learners about HIV and AIDS. It also transpired that parents initiate conversations with their children where they inculcate family values and acceptable and unacceptable behaviours. The study found that nurses influenced their HIV and AIDS learning as they render health-related services about HIV and AIDS to community members. It emerged from the study that peer facilitators are also influential as learners are allowed to talk freely with no fear, and the positive messages that peers convey contribute to the participants' healthy sexual behaviours.

Despite participants having identified influential people and their contribution to HIV and AIDS learning, some challenges were noted by some research participants. For example, some participants did not recognise teachers, nurses and parents as influential in their HIV and AIDS learning. This is because teachers were viewed as censoring HIV and AIDS information. It emerged that some parents are still unwilling to initiate HIV and AIDS discussions with their children, which makes it difficult for children to withstand pressure from peers. Nurses, according to learners, found it difficult to maintain confidentiality; hence, participants indicated that they did not often go to the clinic for basic healthcare services.

Learners also acknowledged how afraid they were of contracting HIV. In addition, young people are afraid of how HIV-positive people are stigmatised. The study further revealed that participants have mixed feelings when learning about HIV and AIDS. They are worried that there is no cure for HIV and AIDS while on the other hand, it is a relief that treatment is available for HIV-positive people as it can prolong people's lives.

8.2.3 Influence of formal curriculum in learning about HIV and AIDS

Both positive and negative influences emerged from the data. Learners indicated that teachers play a tremendous role in teaching them about HIV and AIDS in schools. It is the teachers in schools who empower them in knowledge about HIV transmission, prevention and living harmoniously with HIV-positive people without perpetrating discrimination. The influence of the school is remarkable for some research participants, particularly in instances when their parents do not talk with them about HIV and AIDS.

At both schools, learners mentioned LO and Life Sciences classes as the ones with major influence on their HIV and AIDS learning. This influence is also augmented by participative pedagogies that teachers adopt when teaching, allowing learners to engage in HIV and AIDS-related debates during class.

Negative influences included some boys feeling that teachers are not doing enough to empower them about HIV and AIDS because everything is focused on girls. Some mentioned the classroom environment that is not conducive for them to talk freely because of their peers who may perceive them as experienced. This often affects active participation in class as some learners decide to disengage.

8.2.4 Making meaning from learning about HIV and AIDS

When research participants remember what they learnt about HIV and AIDS, it can enable them to make meaning from what they have learnt. Various sources (school, home and clinic) have been acknowledged for their role in laying a solid foundation in HIV and AIDS knowledge. In addition, research participants indicated that they were engaged in lessons when learning about HIV and AIDS, which also contributed to the meanings they made in shaping their experiences.

The diverse feelings that participants have about HIV and AIDS are evident. Some are concerned about HIV that has no cure, some are scared of people's reactions should they become HIV positive, and some are concerned with young people being the group with high HIV prevalence. There is no doubt that learners' feelings may impact on their behaviour. The knowledge that research participants have acquired about HIV and AIDS may influence their choices. The data suggested

that some participants revealed the lessons they learnt when learning about HIV and AIDS and how such lessons influenced their actions and behaviour. This is important for this study because this is what contributes to their experiences.

8.3 Conclusions

The study aimed to explore high school learners' experiences of learning about HIV and AIDS in schools and informal contexts. The findings of the study showed that learners learn about HIV and AIDS in both contexts, schools, homes, clinics, churches and community halls were identified as sources of HIV and AIDS knowledge. The study further noted the importance that education plays as a vehicle to curb the spread of the epidemic and the role that teachers play in schools in creating awareness among learners. Learners are provided with opportunities to remember what they have learnt about HIV and AIDS through education initiatives, and how what they have learnt can nurture and inculcate responsible behaviour. Their active engagement during the learning process encourages them to draw lessons from the process to enrich their experiences when learning about HIV and AIDS even beyond the classroom. From study findings, it also emerged that learning about HIV and AIDS is inundated with challenges that impact on HIV and AIDS learning.

8.4 Contributions to knowledge

The study explored high school learners' experiences of learning about HIV and AIDS in schools and informal contexts. Although learners learn about HIV and AIDS in schools and informal contexts, the study identified some challenges that have an impact on learners' learning of HIV and AIDS. While the participants in this study suggest that boys tend to be blamed for spreading HIV because they do not use condoms, other studies have found that girls are the ones who are seen to be spreading the virus (Sathiparsad, & Taylor, 2006). It is evident from this last-mentioned study that boys perceive girls as the ones fuelling the spread of the virus. Moreover, the authors mention that when it comes to girls' sexuality they are 'passive, submissive and asexual' (p.123). This becomes worse when girls engage in intergenerational sex where they cannot negotiate safer sex encounters with their older men. During the focus group interviews with boys from Commercial School, it emerged that because girls are the main people who are likely to get the messages about HIV and AIDS (even at home), they should also be responsible for carrying condoms to prevent the spread

of the infection. In my view this means that boys believe that girls are the people who can prevent the further spread of the virus. Other studies also reveal girls' vulnerability in relationships where there are gender imbalances between them and their partners (Bhana, & Anderson, 2013). This contributes to their inability to negotiate safe sex with their partners (Bhana, 2017). I found this to be important because it revealed the learners' understanding of HIV and AIDS. This may also be caused by the fact that some of the learners were engaged in community initiatives where they are more informed about HIV and AIDS.

The learners' engagement in community initiatives enabled them to integrate the information that they have about HIV and AIDS. Another contributing factor to this can be the interactions that boys have with their peers. Sometimes they find themselves in situations where they do not use condoms because of peer pressure, despite knowledge that they have about HIV and AIDS. Girls' inability to communicate about sex with their boyfriends contributes to their HIV vulnerability. This is sometimes exacerbated by intergenerational sex where girls have relationships with older men and communicating about safer sex practices is a challenge for them (Kuo, & Oparario, 2011).

During the data collection stage, girls showed agency to use protection during sexual activity. I found this to be important for this study because girls seem to be focussed and goal-driven as they do not want their dreams to be ruined due to the choices they make. However, from previous studies, girls have been found to be less able to use protection. This inability emanates from not being able to negotiate safe sex in their relationships as proposed by Bhana (2017). In addition, girls do not want to be seen as advanced by their boyfriend and at times they decide not to have condoms. This is worsened by the fact that boys do not want to condomise. The boys' lack of desire to condomise affects them as they juggle between various roles (being a father and a learner at the same time; Bhana, & Nkani, 2014). This challenges them because they cannot become fathers who can provide for their children because they are still at school. Another study conducted by Braun (2013) acknowledges the importance of using condoms in preventing transmission. However, this prevention strategy is rarely used as people do not like using them.

Boys suggested that girls should also carry condoms so that the burden of safe sex does not fall on them alone. For boys to advocate for girls carrying condoms is an important finding of this study and

showed that boys are responsible and want girls to be responsible for HIV prevention too. Once young people begin to normalise using condoms when engaged in sexual intercourse, they may limit HIV infection rates and unplanned pregnancies. Therefore, this suggests that girls need to take charge of their sexual preferences as well so that if boys do not have condoms, girls should be on the safe side. For me, the boys' suggestion has nothing to do with the girls being forward, but has more to do with the girls taking charge, being responsible, proactive, assertive and focussed. This is an important revelation because boys sometimes have a problem with condoms, let alone use them. The fact that boys confer this responsibility on girls is important for this study because this implies that boys do understand the importance of using condoms to prevent HIV transmission. I have found that there is a strict policy about pregnancy in the selected schools. In addition, the learners who were part of the study had greater aspirations; hence, they made sure that girls should be taking care of themselves and not allowing boys to shatter their dreams. The study by Thavananh et al. (2013) argues that boys tend to be engaged in sexual risk behaviours that can subject their partners to the risk of being infected. It is for this reason that they find it important that girls be empowered to be independent and assertive in communication about safe sex, which can also eliminate the fears that girls have about carrying condoms and communicating safer sex practices to their partners.

Parents and family members play an important role in HIV and AIDS education. Unlike in other studies where parents still do not want to talk about sex with their children as they consider that a taboo (Breidlid et al., 2015), this study reveals the important role that parents and family members play in their children's education about HIV and AIDS. In addition, other studies reveal that parents think that if they provide relevant sexual information to their children, they will be giving them permission to engage in unsafe sex practices (Francis, 2013). Several participants acknowledged the important role that parents and some family members play in their HIV and AIDS knowledge. In the absence of parents or parents' unwillingness to talk to them about HIV and AIDS, aunts and uncles play important roles. This is an important finding of this study because previous studies have reported on parents' unwillingness to talk to their children about HIV and AIDS. In this study, the support and the commitment that family members show in educating their children about HIV and AIDS is commendable because children become empowered. In the study, in some families where parents are not willing to talk to their children about HIV and AIDS, other family members such as

uncles and aunts have taken that responsibility to ensure that the children receive necessary information about HIV and AIDS. This is important for children because they develop trust and self-esteem when they are surrounded by affectionate people with positive influence. The supportive home environment is in line with ecological systems models where the layers of the system often influence the developing child (Bronfenbrenner, 1979). This implies that if they are positively influenced in their microsystems, a solid foundation could have been laid at home by parents by the time they interact with people in the mesosystem. Moreover, children are often influenced by what happens around them and at times when there are positive role models in their environments, they are often influenced by them and become responsible for their actions. This would enable them to construct their knowledge and become assertive, even when they meet peers or classmates.

Learners from Academy School were positive about their learning. There could be underlying factors contributing to this positivity. First of all, this is a boarding school and almost all learners stay in the hostel where there are rules that they follow. For example, some students who do not obey core rules are suspended or expelled from the hostel. From my observation, should a learner be expelled from school might be an inconvenience as the school is located far from amenities. The majority of learners selected for this study come from supportive and middle-class families who have future plans for their children. When I observed lessons, I saw that the learners are energetic and focussed.

Another possible contributing factor is the fact some learners in Grade 10 are new to this school because some of them completed Grade 9 at a former local Model C school. What usually happens is that Academy School becomes an option for learners who do not gain admission to other Model C schools for Grade 10.

The staff component is racially diverse even though the school has predominantly Black learners. However, isiXhosa is not the mother tongue of all the learners and there is also diversity in language.

The teachers are young, and their classes have resources such as Internet connections. This facilitates the learners' learning as they can relate what is happening in class with what is happening globally.

Some learners' parents are employees at the University of Fort Hare. This also contributes to the services that different faculties and units of the university provide to the school. Bursary opportunities are awarded to well-performing and disciplined learners, and learners have the opportunity to build their academic profiles during their time at the school so that they can apply for these opportunities.

The role that the parents played in instilling particular values and beliefs in their children cannot be underestimated. Parents play a mammoth role in learners' learning and being positive about life.

From my observation, the factors mentioned could be the ones that contribute to the positivity of learners from Academy School. Most of the factors are due to the learners' environment. This means that in terms of ecological theory, it appears that there is often synergy between the microsystems of home and school that augers well for positive outcomes for learners.

The theoretical framework adopted for this study always places an emphasis on the connection that the layers of the system relate to each other in influencing a developing child (Bronfenbrenner, 1979). This can have a huge impact on learners, especially if there are few positive role models that create conditions for learners to succumb to peer pressure. However, with supportive environments that include positive role models to be observed (Bandura, 1977a), learners can be inspired to become successful in life. This is because what learners are exposed to can directly or indirectly influence their behaviours.

When learners learn in social contexts, human agency is important as it enables them to employ factors that influence their observation (Bruner, 2001). Social learning theory recommends that observation and imitation are not enough. Learners also need to master intentionality, forethought, self-regulation and self-examination. In addition, human agency encourages people to: know their individual strengths (individual agency), involve others by seeking assistance from people who are more knowledgeable (proxy agency), and collaborate with people with whom they share the same beliefs with (collective proxy; Bruner, 2001).

8.5 Implications

The study proposes the following implications as informed by the research findings:

8.5.1 Teachers have an important role to play in educating young people about HIV and AIDS. This implies that current professional development initiatives should ensure that teachers are able to perform their roles as expected. Teachers need to be reskilled to become confident with solid knowledge in teaching about HIV and AIDS. This would ensure that there is synchronicity between teachers' content and pedagogical knowledge.

8.5.2 While the above implication only applies to teachers who are already in schools, I have found it important that teacher education needs to ensure that student teachers bring change to the teaching of sexuality in schools. Teacher education should encourage and prepare student teachers for real-life issues to be addressed in schools when talking about sexuality. Teacher education programmes can introduce technology integration for student teachers to bring about innovative changes when learning about HIV and AIDS takes place in schools. In addition, the teaching of LO in schools should be taught by a person who has specialised in the subject.

8.5.3 Schools are not ivory towers; they are centres within the community entrusted with the responsibility of educating young people about HIV and AIDS. Although the teaching of HIV and AIDS predominantly takes place in LO classes, the reality is that not all teachers received adequate preparation for LO teaching. Thus, in-service and preservice initiatives were recommended earlier to address such challenges. The study recommends initiatives that can empower sector collaborations under the auspices of government and NGOs where all stakeholders will be involved to become responsible for learners' learning of HIV and AIDS. From the findings, it is evident that some parents are unwilling to initiate HIV and AIDS discussions with their children, while nurses do not keep patients' information confidential. Such collaborations can create a platform where relevant stakeholders come together to talk about the importance of empowering young people in HIV and AIDS knowledge to ensure that they have a bright and productive future. Such platforms can also give learners a voice for their preferences and experiences.

8.5.4 The study also recommends that initiatives that empower young people in HIV and AIDS knowledge be revitalised. Although such initiatives have always existed, it became evident from the

data that girls need to be more empowered. The initiatives that are directed at girls need to happen where girls will have time to express their views freely and be able to communicate safer sex practices to their partners. Boys also need to be encouraged not to use their dominance in relationships to the extent that they risk engaging in unprotected sex. Such initiatives may empower girls to communicate with their partners about sex, while boys may be encouraged to become responsible and decent men in the community.

From the study implications mentioned above, it is clear that much needs to be done about HIV and AIDS education. In formal school contexts, reskilling of teachers and redesigning of teacher education programmes were mentioned. Since HIV and AIDS affects everybody, collaborations between different stakeholders need to be established and sustained to ensure that both schoolgoing youth and out-of-school youth benefit from such collaborations.

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APPENDIX 1: ETHICS APPROVAL



UNIVERSITEIT-STELLENBOSCH-UNIVERSITY
jou kennisvennoot • your knowledge partner

Approval Notice

Stipulated documents/requirements

15-Jun-2016

Tyilo, Phelicia PN

Proposal #: SU-HSD-001750

Title: High school learners' narratives of learning about HIV/AIDS.

Dear Ms Phelicia Tyilo,

Your Stipulated documents/requirements received on 25-Apr-2016, was reviewed and **accepted**.

Please note the following information about your approved research proposal:

Proposal Approval Period: 25-Feb-2016- 24-Feb-2017

General comments:

Please take note of the general Investigator Responsibilities attached to this letter.

If the research deviates significantly from the undertaking that was made in the original application for research ethics clearance to the REC and/or alters the risk/benefit profile of the study, the researcher must undertake to notify the REC of these changes.

Please remember to use your **proposal number (SU-HSD-001750)** on any documents or correspondence with the REC concerning your research proposal.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki and the Guidelines for Ethical Research: Principles Structures and Processes 2015 (Department of Health). Annually a number of projects may be selected randomly for an external audit.

Investigator Responsibilities

Protection of Human Research Participants

Some of the general responsibilities investigators have when conducting research involving human participants are listed below:

- 1. Conducting the Research.** You are responsible for making sure that the research is conducted according to the REC approved research protocol. You are also responsible for the actions of all your co-investigators and research staff involved with this research. You must also ensure that the research is conducted within the standards of your field of research.
- 2. Participant Enrolment.** You may not recruit or enrol participants prior to the REC approval date or after the expiration date of REC approval. All recruitment materials for any form of media must be approved by the REC prior to their use. If you need to recruit more participants than was noted in your REC approval letter, you must submit an amendment requesting an increase in the number of participants.
- 3. Informed Consent.** You are responsible for obtaining and documenting effective informed consent using only the REC-approved consent documents, and for ensuring that no human participants are involved in research prior to obtaining their informed consent. Please give all participants copies of the signed informed consent documents. Keep the originals in your secured research files for at least five (5) years.
- 4. Continuing Review.** The REC must review and approve all REC-approved research proposals at intervals appropriate to the degree of risk but not less than once per year. There is **no grace period**. Prior to the date on which the REC approval of the research expires, it is **your responsibility to submit the continuing review report in a timely fashion to ensure a lapse in REC approval does not occur**. If REC approval of your research lapses, you must stop new participant enrolment, and contact the REC office immediately.
- 5. Amendments and Changes.** If you wish to amend or change any aspect of your research (such as research design, interventions or procedures, number of participants, participant population, informed consent document, instruments, surveys or recruiting material), you must submit the amendment to the REC for review using the current Amendment Form. You may not initiate any amendments or changes to your research without first obtaining written REC review and approval. The **only exception** is when it is necessary to eliminate apparent immediate hazards to participants and the REC should be immediately informed of this necessity.
- 6. Adverse or Unanticipated Events.** Any serious adverse events, participant complaints, and all unanticipated problems that involve risks to participants or others, as well as any research related injuries, occurring at this institution or at other performance sites must be reported to Malene Fouche within **five (5) days** of discovery of the incident. You must also report any instances of serious or continuing problems, or non-compliance with the REC's requirements for protecting human research participants. The only exception to this policy is that the death of a research participant must be reported in accordance with the Stellenbosch University Research Ethics Committee Standard Operating Procedures. All reportable events should be submitted to the REC using the Serious Adverse Event Report Form.
- 7. Research Record Keeping.** You must keep the following research related records, at a minimum, in a secure location for a minimum of five years: the REC approved research proposal and all amendments; all informed consent documents; recruiting materials; continuing review reports; adverse or unanticipated events; and all correspondence from the REC
- 8. Provision of Counselling or emergency support.** When a dedicated counsellor or psychologist provides support to a participant without prior REC review and approval, to the extent permitted by law, such activities will not be recognised as research nor the data used in support of research. Such cases should be indicated in the progress report or final report.
- 9. Final reports.** When you have completed (no further participant enrolment, interactions, interventions or data analysis) or stopped work on your research, you must submit a Final Report to the REC.
- 10. On-Site Evaluations, Inspections, or Audits.** If you are notified that your research will be reviewed or audited by the sponsor or any other external agency or any internal group, you must inform the REC immediately of the impending audit/evaluation.

APPENDIX 2: PERMISSION FROM EASTERN CAPE DEPARTMENT OF EDUCATION



Province of the
EASTERN CAPE
EDUCATION

STRATEGIC PLANNING POLICY RESEARCH AND SECRETARIAT SERVICES

Steve Vukile Tshwete Complex - Zone 6 • Zwelitsha • Eastern Cape
Private Bag X0032 • Bisho • 5605 • REPUBLIC OF SOUTH AFRICA
Tel: +27 (0)40 608 4773/4035/4537 • Fax: +27 (0)40 608 4574 • Website: www.ecdoe.gov.za

Enquiries: NY Kanjana

Email: nykanjana@live.co.za

Date: 15 September 2015

Ms. Phelicia Nonzukiso Tyilo

Private Bag X1314

Alice

5700

Dear Ms Tyilo

PERMISSION TO UNDERTAKE A DOCTORAL THESIS: HIGH SCHOOL LEARNERS' NARRATIVES OF LEARNING ABOUT HIV/AIDS

1. Thank you for your application to conduct research.
2. Your application to conduct the above mentioned research at selected schools of the Eastern Cape Department of Education (ECDoE) is hereby approved based on the following conditions:
 - a. there will be no financial implications for the Department;
 - b. institutions and respondents must not be identifiable in any way from the results of the investigation;
 - c. you present a copy of the written approval letter of the Eastern Cape Department of Education (ECDoE) to the Cluster and District Directors before any research is undertaken at any institutions within that particular district;
 - d. you will make all the arrangements concerning your research;
 - e. the research may not be conducted during official contact time, as educators' programmes should not be interrupted;
 - f. should you wish to extend the period of research after approval has been granted, an application to do this must be directed to Chief Director: Strategic Management Monitoring and Evaluation;
 - g. the research may not be conducted during the fourth school term, except in cases where a special well motivated request is received;



- h. your research will be limited to those schools or institutions for which approval has been granted, should changes be effected written permission must be obtained from the Chief Director: Strategic Management Monitoring and Evaluation;
 - i. you present the Department with a copy of your final paper/report/dissertation/thesis free of charge in hard copy and electronic format. This must be accompanied by a separate synopsis (maximum 2 – 3 typed pages) of the most important findings and recommendations if it does not already contain a synopsis.
 - j. you present the findings to the Research Committee and/or Senior Management of the Department when and/or where necessary.
 - k. you are requested to provide the above to the Chief Director: Strategic Management Monitoring and Evaluation upon completion of your research.
 - l. you comply with all the requirements as completed in the Terms and Conditions to conduct Research in the ECDoE document duly completed by you.
 - m. you comply with your ethical undertaking (commitment form).
 - n. You submit on a six monthly basis, from the date of permission of the research, concise reports to the Chief Director: Strategic Management Monitoring and Evaluation.
3. The Department reserves a right to withdraw the permission should there not be compliance to the approval letter and contract signed in the Terms and Conditions to conduct Research in the ECDoE.
 4. The Department will publish the completed Research on its website.
 5. The Department wishes you well in your undertaking. You can contact the Director, Ms. NY Kanjana on the numbers indicated in the letterhead or email nykanjana@live.co.za should you need any assistance.


NY KANJANA
DIRECTOR: STRATEGIC PLANNING POLICY RESEARCH & SECRETARIAT SERVICES
FOR SUPERINTENDENT-GENERAL: EDUCATION



APPENDIX 3: PERMISSION FROM SCHOOLS



18 SEPTEMBER 2015

Ms P.N Tyilo

Dear Madam

Re: Permission to Collect Data

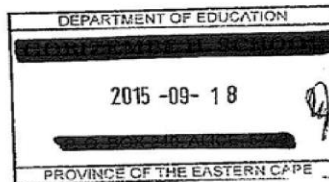
The above – mentioned school and SGB grant you permission to collect data from the Grade 10 Life Orientation class.

The school hopes that the required degree of confidentiality will be maintained and there will be minimal disruption of classes if any.

The school hopes that it will be informed about the findings as this will also help us to improve in our lesson delivery and make more impact on reducing the spreading of HIV/AIDS.

Thank you for your interest in our school.


Principal
[Redacted]@gmail.com





[Redacted]

[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]

Email: [Redacted]

07 April 2016

Dear Ms Tylo


Re: Approval to conduct research

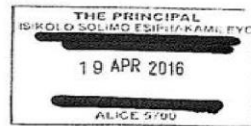
As per your request letter received on the 05th April 2016, on behalf of the above - mentioned school and School Management Team I am pleased to inform you that you have been granted permission to conduct research from the Grade 10 Life Orientation class. As the SMT we are also aware that there are three observation lessons to be done to Grade 10 Life orientation class. In principle the school grants you the permission to observe pending Grade 10 teacher's approval.

The school anticipates that the degree of confidentiality will always be maintained throughout the process and that there will be minimal disruption of classes if any.

We are looking forward to the study findings as we believe that they might assist in improving the teaching and learning of HIV/AIDS in our school.

We are very grateful that you chose our school as a research site.

[Redacted]
Principal




APPENDIX 4: PERMISSION FROM LIFE ORIENTATION TEACHERS



Stellenbosch University
 Faculty of Education
 Department of Life Orientation

20th March 2016

Dear Sir/Madam

Re: Permission to observe your Grade 10 Life Orientation class

I'm Nonzukiso Tyilo, PhD candidate and hereby request your permission to allow me observe your Grade 10 Life Orientation class. My research title is "High school learners' narratives of learning about HIV/AIDS". I'm planning to start collecting data during the first semester in 2016. It will be very grateful that you allow me to observe three lessons from your Grade 10 class when you teach about HIV/AIDS. Although the main focus of my research is on learners, observing the teacher teaching about HIV/AIDS in the Grade 10 class will serve as the basis for the subsequent sessions that I will have with the Grade 10 learners.

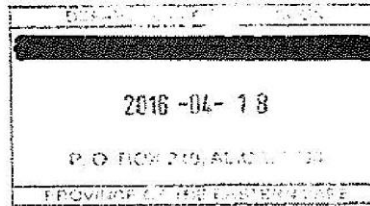
Thanking you in anticipation

Sincerely

Ms P.N. Tyilo
 Researcher

Please tick the appropriate response in the box below:

Grade 10 Teacher's response		
Agree to be observed when teaching	YES <input checked="" type="checkbox"/>	NO
Disagree to be observed when teaching	YES	NO <input type="checkbox"/>
Teacher's signature		Date: 2016-04-18



Rig asseblief alle korrespondensie aan die Registrateur/Please address all correspondence to the Registrar
 Universiteitskantoor/University Office
 Privaatsak/Private Bag X1 • Matieland, 7602 • Suid-Afrika/South Africa, Faks/Fax: +27 (0) 21 808 3800



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20th March 2016

Dear Sir/Madam

Re: Permission to observe your Grade 10 Life Orientation class

I'm Nonzukiso Tyilo, PhD candidate and hereby request your permission to allow me observe your Grade 10 Life Orientation class. My research title is "High school learners' narratives of learning about HIV/AIDS". I'm planning to start collecting data during the first semester in 2016. It will be very grateful that you allow me to observe three lessons from your Grade 10 class when you teach about HIV/AIDS. Although the main focus of my research is on learners, observing the teacher teaching about HIV/AIDS in the Grade 10 class will serve as the basis for the subsequent sessions that I will have with the Grade 10 learners.

Thanking you in anticipation

Sincerely

Ms P.N. Tyilo
Researcher

Please tick the appropriate response in the box below:

Grade 10 Teacher's response		
Agree to be observed when teaching	YES <input checked="" type="checkbox"/>	NO
Disagree to be observed when teaching	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Teacher's signature <i>Ellen [unclear]</i>		Date: 19 APRIL 2016



Rig asseblief alle korrespondensie aan die Registrateur/Please address all correspondence to the Registrar
Universiteitskantoor/University Office
Privaatsak/Private Bag XI • Matieland, 7602 • Suid-Afrika/South Africa, Faks/Fax: +27 (0) 21 808 3800

APPENDIX 5: PERMISSION LETTER FROM SOCIAL WORKER

University of Fort Hare

OFFICE OF THE DEPUTY REGISTRAR: ACADEMIC ADMINISTRATION

Alice (main) Campus:

Private Bag X1314, King William's Town Road, Alice, 5700, RSA
Tel: +27 (0) 40 602 - 2476 • Fax: +27 (0) 86 628 2145



21st April 2016

Dear Ms Tyilo

Re: Request for Counselling Services (Ms PN Tyilo – Phd Candidate)

I hereby write this letter in acknowledging that I have received your letter requesting counseling services when conducting your research from the Grade 10 learners in [REDACTED] High Schools. As indicated in the letter that you are planning to start with data collection around April / May; I am willing to offer counseling services throughout the research process when necessary.

I am registered Social Worker with the South African Council for Social Services Practitioners (SACSSP) and the registration details are as follow:

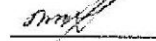
Full Names: Madelene Nomonde Rasayi – Njokweni

Registration Number: 10-37319

I hope that we will communicate further regarding the actual dates and schedules when the research will be conducted in schools.

I'm looking forward to work with you and the learners and I'm grateful for this opportunity.

Sincerely



Mrs. N. Rasayi

Registered Social Worker

Cell Number: 0731029597

Email Address: nrasayi@ufh.ac.za

East London Campus:
Private Bag X9083, EL 5200, 50 Church Street, East London, 5201, RSA
Tel: +27 (0) 43 704 - 7081 • Fax: +27 (0) 86 628 2145

www.ufh.ac.za

APPENDIX 6: INFORMED CONSENT



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STELLENBOSCH UNIVERSITY PARENTS' CONSENT FOR THEIR CHILDREN TO PARTICIPATE IN RESEARCH

TOPIC: High School learners' narratives of learning about HIV/AIDS.

My name is Phelicia Nonzukiso Tyilo, PhD student in Educational Psychology at the University of Stellenbosch. I'm supervised by Profs Carolissen and Daniels. I humbly request your permission for your child to be part of the research study I'm conducting. Your child was selected as a possible participant in this study because the research focus and the data needed will be best given by learners who are doing Grade 10.

1. PURPOSE OF THE STUDY

The aim of the research is to explore high school learners' narratives of learning about HIV/AIDS in schools and informal learning contexts.

2. PROCEDURES

Should you grant me the permission to include your child in this study, your child will be expected to do the following things:

2.1 PROCESS

Your child will be asked to answer questions about the studied phenomenon. They will do this in groups and on an individual basis. Throughout the process, the child's name will always be kept in confidence and under no circumstances the child will be asked to mention people's names. In their small groups they will be requested to draw their community maps where they will be indicating places in their communities where they get information about HIV/AIDS. After they have made these drawings in their groups, they will be asked to explain their drawings and indicate how they get the information about HIV/AIDS from their identified community places without mentioning people's names.

2.2 TIMELINE

In groups, we will meet twice a week for approximately one hour per session. For one-on-one interviews we will meet over a period of two to three weeks.

2.3 VENUE

The interviews will be done in the school computer lab after school hours with the permission of the school principal and school management team. The researcher will liaise with the class teachers to make sure that learners are available after school and snacks will be provided to cater for them.

From one school only learners who are staying in the school hostel will be part of the study as the study will be conducted after school hours. From the other school the researcher will ensure that those with bikes will be included in the study and also ensure that the majority of the learners are not staying far from the school so that they can quickly reach their homes.

Moreover, if it happens that learners not staying closer to the school become part of the study I can take them to their homes to ensure that they are safe.

3. POTENTIAL RISKS AND DISCOMFORTS

There are no known risks involved or any pain that the child might experience due to participating in this study. However, the learners might disclose more information unintentionally. As a risk management strategy, the researcher will engage a Social Worker who will provide psycho-social support to the learners when needed. Participation is voluntary; no one will be coerced to be part of the study. After completed the semi-structured interviews, they will also be afforded an opportunity to give permission again before commencing with the focus group interviews. Even after being interviewed, learners will be given another chance to give the researcher permission to use their interview data. Should your child wish to withdraw from the study for any reasons, s/he can withdraw at any time.

4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

Although there is no financial incentive that your child might get when participating in this study, if there are some changes that will be effected after the study they will benefit even though they might not be doing grade 10 by then. Other learners who will be in grade 10 might benefit and some learners still to come. This means that your child's participation will help a lot of other children as your child will be their voice by participating in this study.

5. PAYMENT FOR PARTICIPATION

There will be no payment involved for taking part in the research but learners will be given a snack at the beginning of the research interview session (focus groups and one-on-one interview).

6. CONFIDENTIALITY

The recorded interviews will be transcribed and coded through narrative analysis. Any information that is obtained in connection with this study while working with your child will remain confidential. Moreover, no information about your child will be disclosed unless required by law. Learners' names will never be divulged to anyone and learners will also be encouraged not to mention other people's names during the process. In ensuring that confidentiality is maintained, soft data documents will be encrypted with a password, while hard data like notes and learners' maps will be kept in a locked cabinet.

The data will be collected using audio-tapes to ensure that all the deliberations are captured throughout the process. Until the study is finalized, the audio-tapes will remain in the custody of the researcher. If it happens that your child discloses more information that s/he intended the researcher will seek your permission whether to continue with the data analysis or not. Thereafter, the participants can be afforded an opportunity to view the analysed data to confirm if it addresses their concerns. The tapes will only be deleted once the researcher has exhausted all the data in them i.e. after the research is completed and after the researcher has published papers emanating from the thesis.

7. PARTICIPATION AND WITHDRAWAL

Participation is voluntary, your child may choose whether to be in this study or not and your child is free to withdraw at any time without being harmed. Your child may also refuse to answer any questions s/he doesn't want to answer and still remain in the study. The investigator may



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IMVUME YOMZALI EVUMELA ABANTWANA BABO UBA BATHATHE INXAXHEBA KOLU PHANDO

ISIHLOKO: Amabali namava abafundi xa befunda ngentsholongwane kagawulayo (HIV) kunye nogawulayo (AIDS)

Ndingu Nonzukiso Tyilo, umfundi owenza izifundo zobu Gqirha kwi Yunivesithi iStellenbosch. Ndisebenza phantsi kwesikhokelo samakhankatha amabini oNjingalwazi Carolissen kunye Daniels. Ndicela imvume kuwe mzali ukuba umntana wakho athabathe inxaxheba kolu phando ndilwenzayo. Olu phando lujongene ncakasana nabafundi abafunda ibanga leshumi (Grade 10).

1. INJONGO YOPHANDO

Eyona njongo yolu phando kukukhangela amabali namava abafundi xa befunda ngentsholongwane kagawulayo (HIV) kunye nogawulayo (AIDS) esikolweni kunye nangaphandle kwesikolo (ekuhlaleni).

2. INDLELA / ISIKHOKELO ESIZAKULANDELWA

Xa uthe wavuma ukuba umntwana wakho athabathe inxaxheba kolu phando, umntana wakho kuyakulindleka ukuba enze oku kulandelayo njengomthathi-nxaxheba:

2.1 EKUZAKWENZEKA

Umntana wakho uzakucelwa ukuba aphenyule imibuzo malunga nophando olu lwenziwayo. Bazakuyiphendula ke le mibuzo bengamaqela, baphinde bayiphendule ngabanye ngabanye. Amagama abafundi abathatha inxaxheba kolu phando awasoze abhengezwe naphantsi kwaziphi na izizathu. Abafundi kwakhona bayakucelwa ukuba bangawabizi amagama abantu ngalo lonke ixesha bethatha inxaxheba kolu phando. Bengamaqela, bayakucelwa ukuba bazobe imizobo ngendawo abahlala kuzo bakugqiba babonise indawo apho bafumana khona ulwazi malunga nentsholongwane kagawulayo kunye nogawulayo. Bakuba begqibile ukuzoba, bayakunikwa ithuba lokuba bathethe ngemizobo yabo bechaza nokuba lwazi lini abalufumanayo malunga nentsholongwane kagawulayo kunye nogawulayo kwezo ndawo bakube bezichazile kwimizobo yabo. Kwakho abafundi bayakukhuthazwa ukuba bangawabizi amagama abantu xa bechaza ngemizobo leyo.

2.2 IXESHA

Bengamaqela sizakudibana kabini ngeveki kangange yure enye. Xa sidibana ngabanye sizakudibana kangangeveki ezimbini ukuya kwezintathu.

2.3 INDAWO

Zonke indibano zethu zizakube sizenzeka emva kwexesha lesikolo ngemvume yenqununu kunye nesigqeba esilawulayo sesikolo. Ezi ndibano ke sakuthi sizenzele kwigumbi esakuthi silinikwe sisikolo eso umz. igumbi le computer. Umphandi uyakuthi anxibelelane nomfundisi-ntsapho

webanga le-10, ukuqinisekisa ukuba abantwana abahambi ukuya emakhaya xa kuphume isikolo. Kuyakubakho namaqebengwana ukukhawulelana neemfuno zabantwana.

Ukuqinisekisa ukuba abafundi bakhuselekile, kwesinye isikolo nagabafundi abahlala esikolweni bodwa abayakuvunyelwa ukuba bathabathe inxaxheba kolu phando njengoko liyakube lisenzeka ukuphuma kwesikolo. Kwesinye isikolo, ngabafundi abane bhaysekile kunye nabo bahlala kufuphi nesikolo bodwa abayakuthabatha inxaxheba kolu phando ukuqinisekisa ukuba abafundi bafika ngexesha emakhaya. Ukuba kungenzeka kubekho abafundi abathabatha inxaxheba kolu phando babe behlala kude nesikolo, abo abafundi ndingathi ndibagoduse ndibase emakhayeni abo emva kophando ukuqinisekisa ukhuseleko lwabo.

3. IMINGCIPHEKO ELINDELEKILEYO NOKUNGWABI

Akukho nanye into enokubeka ubomi bomntwana wakho emngciphekweni ngenxa yoba ethatha inxaxheba kolu phando. Kodwa ke angekhe inqandwe mntu eyokuba kubonakale ukuba abantwana bazibone sebethetha yonke into nabebengacinganga ukuba bangayithetha. Xa ke kungenzeka oko, umphandi uzakuthi acele uNontlalontle njengomntu onamava ukuba anike inxaso ebantwaneni xa kukho imfuneko yoko. Kwakhona abantwana bayakunikwa ithuba lokuba baqinisekise umphandi ukuba aqhubeka nophando kwanokucubungula iziphumo nasemva kokuba begqibile ngodliwano ndlebe. Akho namnye umntu oyakunyanzelwa ukuba athathe inxaxheba kolu phando. Uba kungezeka umntana wakho angafuni kuqhubeka nokuthatha inxaxheba kolu phando, angakwenza oko nangaliphi na ixesha efuna njalo ngaphandle kwesigrogriso.

4. AMAQITHIQITHI ALINDELEKILEYO KUBATHATHI-NXAXHEBA NASEKUHLALANI NGOKUBANZI

Ngokwezimali akho ntlawulo eyakuthi izuzwe ngabathathi-nxaxheba, kodwa ukuba kungenzeka kubekho inguqu ezinokuthi zenziwe emva kolu phando abafundi bayakuthi baxhamle nangona bayakube bengasenzi banga le shumi. Abanye abafundi bebanga leshumi bayakuxhamla ngenxa yokuba umntana wakho ngethuba ethabatha inxaxheba kolu phando uyakukwazi ukuba avakalise ilizwi lakhe malunga namava akhe xa efunda ngentsholongwane kagawulayo kunye nogawulayo.

5. INTLAWULO NGOKUTHATHA INXAXHEBA

Akukho ntlawulo eyakuthi izuzwe ngabafundi. Umphandi uzakwenza inzame zokuba abafundi bafumane amaqebengwana ngethuba bethatha inxaxheba kolu phando.

6. IMFIHLO

Lonke udliwano-ndlebe olushicilelweyo luyakweziwa lube kwimo yebali. Akukho nanye inkcukacha ethe yaqokelwa kolu phando eyakuthiwa pahaha, iyakugcinwa iyimfihlo ngalo lonke ixesha. Zonke izimvo zabantwana ezizakuqokelelwa zakugcinwa kwindawo eyimfihlo kusetyenziswa nobuxhakaxhaka bale mihla, akukho bani onokuba negunya lokuthi azifumane ezonkcukacha. Amagama abafundi akugcinwa eyimfihlo ngalo lonke ixesha, kwaye nabafundi bayakukhuthazwa ukuba bangawabizi amagama abantu xa beyinxalenye yoluphando. Njengoko umphandi ezakusebenzisa izishicileli ukunceda ekuqokeleleni ulwazi ebantwaneni, zonke ezo zinto ziyakugcinwa ziyimfihlo nazo kude kuqosheliwe uphando olo. Ukuqinisekisa ukuba yonke into eqhubeka kolu phando iyagcinwa iyimfihlo lonke ulwazi oluthe lafumaneka luyagcinwa lukhuselekile.

Olu lwazi ke luyakuthi lucholacholwe ngokuthi lushicilelwe kusetyenziswa izishicileli ezilungele oko ukuqinisekisa ukuba konke okwenzekayo kuchola-cholwa njengoko kunjalo. Lude lugqitywe olu phando, zonke ezo zishicileli siyakuba phantsi kweliso lomphandi. Ukuba kuthe kwenzeka

umntana wakho azibone selethethe yonke into de wathetha nengakhange acinge ukuba angazithetha phambi kokuba kubhengezwe iziphumo zophando, umphandi uyakunika ithuba lokuba unike imvume uba aqhubekeke neziphumo okanye hayi. Emva koko, abathathi nxaxheba bayakunikwa ithuba lokuba bajonge oko sele kuqulunqiwe ngophando olo ukuqinisekisa ukuba konke abebekuthethile kubhalwe njengoko bebekuthethe ngako okanye hayi. Zonke ezishicilelweyo izinto malunga nolu phando ziyakucinywa xa umphandi sele wazihlaba amahlongwane waqiniseka ukuba akho nanye inkalo angayichaphazelanga kwezo bezichatshazelwe. Emva kokuba lugqityiwe uphando umphandi uyakuthi akhuphe amaphepha ayakuthi apapashwe kumaziko enzelwe oko.

7. UKUTHATHA INXAXHEBA KUNYE NOKURHOXA

Ukuthatha inxaxheba ayisosinyanzelo, kwaye nangaliphi na ixesha umntana wakho efuna ukuyeka ukuthatha inxaxheba angakwenza oko ngaphandle kwesohlwayo. Xa kukho imibuzo umntana wakho angafuni kuyiphendula, usenokungayiphenduli kodwa uqhubekeke usiba ngumthathi-nxaxheba kolu phando. Xa kungenzeka ukuba kubekho imeko engakhathaza umntana wakho ngokwasemoyeni, umphandi angamrhoxisa umntana ekuthatheni inxaxheba ngenjongo zokumkhusela ekubeni angakhathazeki ngakumbi. Xa kukho imfuneko yoko unontlalontle oqeqeshiweyo uyakusoloko ekhona xa kunokwenzeka kubekho imeko zokuba abanye abafundi barhoxiswe kolu phando ngenxa yobuthathaka babo ngokwasemiphfumleni.

8. INKCUKACHA ZABAPHANDI

Xa kungenzeka ubenemibuzo malunga nolu phando ungaqhagamshelana nam (Nonzukiso Tyilo) okanye amakhankatha am, Njingalwazi Carolissen kunye no Njingalwazi Daniels. Ungaqhagamshelana nam kula manani: 082 558 4856 okanye amakhankatha: 021- 808 2306/8.

9. AMALUNGELO ABATHATHI NXAXHEBA

Uba kungenzeka ungafuni ukuba umntwana wakho aqhubekeke nokuthatha inxaxheba kolu phando nangawuphina umzuzu ungamyekisa ngaphandle kwesohlwayo. Ukuba unemibuzo malunga namalungelo akho njengomthathi-nxaxheba ungaqhagamshelana no Nkszn, Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] kwi Candelo lezoPhando kwi Yunivesithi iStellenbosch.

UKUTYIKITYA KOMTHATHI-NXAXHEBA OKANYE UMMELI OSELUNGELWENI

Ezi nkukacha zingentla bezichaziwe [kum/ mthathi-nxaxheba] ngu [igama lomntu onenkukacha ezithe vetshe] ngesi [Afrikaans/English/Xhosa/ezinye] kwaye [mna/ mthathi-nxaxheba u/ ndinolwazi lolu lwimi okanye lenkcazelo iye yatolikwa ngokwanelisayo [kum/kuye]. [Mna/mthathi-nxaxheba] bendilinike ithuba lokubuza imibuzo kwaye imibuzo iye yaphendulwa [kum/kuye] ngokwanelisayo.

[Ndiyavuma ukuthatha inxaxheba loku phando / ndiyayinikezela imvume yokuba umntana athathe inxaxheba kolu phando.] Bendiyinikiwe ifomu.

Igama lomthathi nxaxheba

Igama lommeli osemthethweni (ukuba ukhona)

**Utyikityo lomthathi-nxaxheba okanye ummeli
osemthetheweni**

Umhla

UTYIKITYO LOMPHANDI

Ndiyafunga ukuba ndiyinikile ingcaciso malunga nenkcukacha ezibalulekileyo kolu xwebhu ku _____ [igama lomthathi-nxaxheba] kunye / okanye [ku] mmeli wakhe _____ [igama lo mmeli]. [Uye] wakhuthazeka kuba enikwe ixesha elaneleyo lokubuzisa imibuzo. Le ncoko ibisenziwa Ngesi [Afrikaans/*English/***Xhosa**/*ezinye] kunye [akukho toliki iye yasetyenziswa/ le ncoko iye yaguqulelwa esi _____ ngu _____].

Utyikityo lomphandi

Umhla

APPENDIX 7: ASSENT FORM



PARTICIPANT INFORMATION LEAFLET AND ASSENT FORM

TITLE OF THE RESEARCH PROJECT: *High school learners' narratives of learning about HIV/AIDS*

RESEARCHERS NAME(S): *Nonzukiso Tyib*

ADDRESS: *University of Fort Hare
Private Bag X 1314
Alice, 5700*

CONTACT NUMBER: *082 558 4856*

SUPERVISORS' NAMES AND CONTACT DETAILS

*Prof. Ronelle Carolissen
Department of Educational Psychology
University of Stellenbosch
Private Bag X1
Matieland, 7602
Contact number: 021-8082306/8*

*Prof Doria Daniels
Department of Educational Psychology
University of Stellenbosch
Private Bag X1
Matieland, 7602
Contact number, 021- 202 2324*

SOCIAL WORKER'S DETAILS

*Mrs Madalene Nomonde Rasayi – Njokweni
Registration Number: 10-37319
040 602 2088*

What is RESEARCH?

Research is something we do to find new knowledge about the way things (and people) work. We use research projects or studies to help us find out more about disease or illness. Research also helps us to find better ways of helping, or treating children who are sick.

What is this research project all about?

This research seeks to find out your experiences as learners when you learn about HIV/AIDS.

Why have I been invited to take part in this research project?

You are invited to the study because you are the important person that can answer the questions of the research regarding your experiences as Grade 10 learners when learning about HIV/AIDS.

Who is doing the research?

I'm a lecturer at the University of Fort Hare and a student from Stellenbosch University. Among the subjects that I teach Life Orientation Method is one of them. In my work I have been interacting with the teachers teaching in schools and student teachers who are to become teachers. As part of my work I also visit student teachers while placed in schools for their school experience.

What will happen to me in this study?

With your permission you will:

a) Participate in a group interview of about 60 to 90 minutes. The interview will take place at your school after school hours. Your class teacher will make arrangements for us to meet. During the group sessions you will not be allowed in any way to mention peoples' names. Your name will be kept confidential at all times and other people's names should also not be mentioned. If you found that you disclosed more than you intended the researcher will require your permission before analysis whether she should continue with analysing what was divulged in the session or not.

b) Participate in an individual interview that will last about 60 minutes. The interview will take place at your school after school hours. During this session you will not be allowed in any way to mention peoples' names when we are discussing. Your name as the research participant will always be kept confidential. If you found that you disclosed more than you intended the researcher please let the researcher know so that before analysing data.

c) Grant the researcher permission to audio-record the interviews. If you realized that you said something unintentionally, the researcher will delete the recorded clip and re-record again the session.

Can anything bad happen to me?

Nothing bad will happen to you while participating in this study. You may feel a little emotional at times to talk about your experiences of learning about HIV/AIDS. If you do feel some discomfort and would like to talk to a social worker or someone you trust at school, the services of a Social Worker will be made available to you anytime you need them. I will also assist you in arranging such session for support. You will not be at risk of anything.

Can anything good happen to me?

You may not feel as if you are benefitting directly but you may benefit from having an opportunity to talk to someone who will listen to you, about your experiences of learning about HIV/AIDS. Your ideas are likely to be of help to teachers who teach about HIV/AIDS and about other learners who come after you.

Will anyone know I am in the study?

No one will know that you participated in this study; your name will never be disclosed to anyone. It will be kept confidential at all times.

Who can I talk to about the study?

For all what you want to know about the study feel free to contact myself (the investigator). Below are my contact details:

Ms Nzukie Tyilo
ptyilo@ufh.ac.za
082 558 4856 (can get me on WhatsApp as well)

What if I do not want to do this?

Participating in this study is voluntary; you won't be forced to participate in the study if you don't want to. Even if you have initially agreed and your parent has agreed that you can participate, should you not want to participate anymore you are free to withdraw with no harm.

Do you understand this research study and are you willing to take part in it?

YES NO

Has the researcher answered all your questions?

YES NO

Do you understand that you can pull out of the study at any time?

YES NO

Signature of Child

Date



IYUNIVESITHI ISTELENBOSCH

IPHETSHANA ELINEENKUKACHA LALOWO UTHATHA INXAXHEBA NEFOMU YESIVUMELWANO

ISIHLOKO SEPROJEKTHI YOPHANDO: Amabali namava abafundi xa befunda ngentsholongwane kagawulayo (HIV) kunye nogawulayo (AIDS)

AMAGAMA OM(ABA)PHANDI: Nonzukiso Tyilo

IDILESI: University of Fort Hare
Private Bag X 1314
Alice, 5700

INOMBOLO YOQHAGAMSHELWANO: 082 558 4856

INKUKACHA ZAMAKHANKATHA

*Prof. Ronelle Carlissen
Department of Educational Psychology
University of Stellenbosch
Private Bag X1
Matieland, 7602
Inombolo yoqhagamshelwano: 021-8082306/8*

*Prof Doria Daniels
Department of Educational Psychology
University of Stellenbosch
Private Bag X1
Matieland, 7602
Inombolo yoqhagamshelwano: 021- 202 2324*

INKUKACHA ZIKA NONTLALO-NTLE

*Mrs Madalene Nomonde Rasayi – Njokweni
Registration Number: 10-37319
040 602 2088*

Yintoni UPHANDO?

Uphando yinto esiyenzayo ukufumanisa **ULWAZI OLUTSHA** ngendlela izinto (nabantu) ezisebenza ngayo. Sisebenzisa iiprojekthi okanye izifundo zophando ukusinceda sikwazi ukufumanisa ezinye izinto ngabantwana nabantwana abafikisayo nezinto ezichaphazela ubomi babo, izikolo zabo, iintsapho zabo nempilo yabo. Senza oku ukuzama nokwenza ilizwe ibe yindawo engcono!

Imalunga nantoni na le projekthi yophando?

Olu uphando lumalunga namava enu bafundi bebanga leshumi (grade 10) xa nifunda ngentsholongwane kagawulayo kunye nogawulayo (HIV/AIDS).

Kutheni ndimenyiwe ukuba ndithathe inxaxheba kule projekthi yophando?

Ucelwa ukuba uthathe inxaxheba kuba ungoyena mntu ubalulekileyo onokuza neempendulo ezizizo malunga namava akho njengomfundi xa ufunda nge HIV/AIDS. Njengoko ufunda ibanga leshumi (Grade 10), amava akho abaluleke kakhulu kolu phando kuba lugxile kwanye kubafundi bebanga leshumi (grade 10).

Ngubani owenza uphando?

Olu phando lenziwa ngumhlohli kwi Univesithi yase Fort Hare okwangumfundi kwi Univesithi yase Stellenbosch. Esinye sezifundo endisifundisayo yi Life Orientation Method. Umsebenzi wam wenza ukuba ndisebenzisane netishala ezikolweni kunye nabafundi abaqeqeshelwa ubutishala.

Kuza kwenzeka ntoni kum kwesi sifundo?

Ngemvume yakho uyakucelwa ukuba wenze oku:

a) Uthabathe inxaxheba kudliwano ndlene leqela kangange yure ukuya kwi yure enesqingatha. Olu dliwano ndlebe luyakuthi lwenzelwe esikolweni ukuphuma kwesikolo, umphandi uyakuthi aqhagamshelane notishala wakho ukwenza amalungiseleo okudibana. Ngethuba kuqhubeka olu dliwano ndlebe leqela akukho mntu uyakuvumeleka ukuba abise amagama abantu xa kubaliswa ngamava. Igama lakho alisayi kuthiwa pahaha, liyakugcinwa limfihlo ngalo lonke ixesha namanye ke amagama abantu ndakuthanda ukuba siwagcine eyimfihlo. Ukuba kuthe kwenzeka wazibona sele uthethe yonke ubungazimiselanga ukuba ungayithetha ngethuba sinolu dliwano ndlebe, phambi kokuba umphandi aqhubekeke nokucubungula iziphumo zolu phando, uyakukunika kwakhona inxaxheba yokuba umnike imvume yokuba azibhale iziphumo zophando okanye hayi.

b) Kwakhona uzakucelwa uba uthabathe inxaxheba kudliwano ndlele lwakho uwedwa kangangexesha elungangeyure. Olu dliwano ndlebe luyakuthi lwenzelwe esikolweni ukuphuma kwesikolo. Awuvumelekanga ukuba ubize amagama abantu xa sisenza olu dliwano ndlebe njengoko nelakho igama lingasoze lithiwe pahaha. Xa kuthe kwenzeka uthethe konke nobungazimiselanga kukuthetha kufuneka umazise umphandi ukuze akwazi ukuhlela kakuhle phambi kokuba enze ucubungulo leziphumo.

c) Kwakhona uyakucelwa ukuba unike umphandi imvume yokuba olu dliwano ndlebe lushicilelwe ngobuxhakaxhaka obenzwelwe oko. Xa kuthe kwenzeka wathetha obungazimeselanga kukuthetha umphandi unako ukukucima oko ebesele ekushicilele ngesishicileli aphinde aqale ushicilelo olutsha.

Ikhona into embi enokwenzeka kum?

Akhonto imbi ingakwehlela ngokuthabatha inxaxheba kolu phando. Angakhona amaxesha apho ungaziva unobunkenenkene xa uthetha ngamava akho okufunda ngentsholongwane kagawulayo nogawulayo. Ukuba kungenzeka ungaphatheki kakuhle kwaye uzive ufuna ukuthetha nontlalontle okanye umntu omthembileyo apha esikolweni, ndingakuncedisa ukwenza oko. Akho naye into enokwenzeka kuwe nenokubeka emngciphekweni.

Ikhona into entle enokwenzeka kum?

Ungaziva ngathi uyaxhamla kolu phando ngenxa yecham oyakuthi ulifumane ngokuthi uthethe nomntu ozakumamela xa ubalisa ngamava akho okufunda ngentsholongwane kagawulayo kunye nogawulayo. Izimvo zakho zingabanceda otishala xa befundisa ngentsholongwane kagawulayo kunye nogawulayo, ukanti nabanfundi abakuthi balandele emva kwakho nabo bangancedakala.

Ukhona na umntu oza kundazi ukuba ndikwesi sifundo?

Akho namnye umntu ozakuyazi ukuba uthabatha inxaxheba kolu phando, igama lakho alisoze lithwe pahaha nakubani. Liyakugcinwa liyimfihlo ngalo lonke ixesha.

Ngubani endinokuthetha naye ngesi sifundo?

Yonke imibuzo onayo ungandibuza mna (mphandi), ngokusebenzisa ezi nkukacha zilandelayo:

Ms Nzukie Tyilo
ptyilo@ufh.ac.za

082 558 4856 (ndiyafumaneka naku WhatsApp)

Kuza kwenzeka ntoni ukuba andifuni kukwenza oku?

Ukuthatha inxaxheba kolu phando ayisosinyanzelo, xa kuthe kwenzeka ungafuni ukuthabatha inxaxheba uvumelekile ukungayithathi inxaxheba ngaphandle kwesohlwayo. Nokuba ukusele uvumile ukuthatha inxaxheba, ukuba kungenzeka ukuba ungafuni kuqhubekela phambili nolu phambo, wamkelekile ukuyeka nangawuphina umzuzu ngaphandle kwesigrogriso.

Uyasiqonda na esi sifundo sophando kwaye unomdla na wokuthatha inxaxheba kuso?

EWE

HAYI

Ingaba umphandi uyiphendule yonke imibuzo yakho?

EWE

HAYI

Uyayiqonda na into yokuba UNGAYEKA ukuba kwesi sifundo nanini na?

EWE

HAYI

Ukutyikitya koMntwana

Umhla

APPENDIX 8: OBSERVATION SCHEDULE



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Department of Educational Psychology

GRADE 10 CLASSROOM OBSERVATION FORM

Research Title: High School learners' narratives of learning about HIV/AIDS.

(This is the guide for researcher observations)

Lesson Topic Values and strategies to make sexuality and lifestyle choices

1. Lesson Introduction

1.1 How was the lesson introduced?

The lesson topic was told to the learners with no introductory activities that engaged the learners in the lesson. No prior knowledge was solicited from the learners.

1.2 What strategies were used when introducing the lesson?

The traditional telling method is what the teacher used in introducing the learners. She just wrote the lesson on the board and read it out to the learners.

1.3 Were the strategies used effective?

The strategies used were not effective at all because the learners were very passive. This might be because of the statement that the teacher has made when introducing the lesson. She said to them 'this lesson requires me to preach to you'. The topic was also very broad and bit confusing as the learners were really not sure of what exactly is the lesson focus.

1.4 Could the lesson have been introduced differently?

Learners could have been engaged in the introduction of the lesson;

- Have pre-planned activities that would make them think of the lesson for the day; these could have even be done in groups.
- Engage them even in breaking up the broad topic into smaller easy to understand themes or topics;
- Try to get to understand their prior knowledge about what is to be taught in class, so that the teacher might understand if there are misconceptions that might need to be addressed as the teacher continues with the lesson

2. Teaching strategies

2.1 What strategies and methods do the educator uses?

Traditional teacher centered approach was used

2.2 How is the balance maintained between traditional teaching methods and participative approaches?

There was no balance at all because the lesson was more delivered the traditional teacher centred approach

2.3 Which approach is dominant in class? Is the dominant approach effective in teaching the lesson?

The dominant approach used was traditional telling method / teacher centred approach. This was not an effective approach at all because learners were never given opportunities to talk about what they know about the taught lesson.

2.4 How are the learners' questions and responses to questions dealt with?

The learners were very dissatisfied and they were grumbling while the teacher was teaching, and the noise that they made never bothered the teacher because she continued to teach without finding out what makes learners to be so noisy during the lesson.

2.5 Are there any suggestions for improving the teaching strategy?

Ensuring that participative methods are used because learners learn best when they are engaged in the learners, rather than being inactive. Their engagement enhances the spirit of ownership in the learning process.

3. Resources

3.1 Are there any resources used when teaching? Explain

No only chalk board was used

3.2 To what extent did the resources and teaching and learning aids assist the learner's understanding of the lesson?

No resources used in enhancing the learner's understanding of the lesson learnt.

3.3 How effective were the resources used in enhancing the lesson and if not how could they be improved?

The chalkboard can never be effective unless it is used in conjunction with other strategies to augment the teaching and learning.

4. Content knowledge

4.1 Comment on the teacher's knowledge of the content?

Though the teacher seem to have knowledge about the content, it was however, overpowered by the teacher's sxprience 4.2 What contribution will the content make in shaping learners' understanding of HIV/AIDS? If no, what can be done to improve the content?

5. General observations of teachers

How does the teacher teach?

How does the teacher manage questions from the learners – what kind of feedback does the teacher give?

How does the teacher manage the class during the lesson?

How is the educator's rapport with the learners? Does it need strengthening?

6. General observations of the learners

What is their reaction to the instructions given by the teacher?

How do learners conduct themselves in class when talking to one another or talking to the teacher (active listening, interrupting, building on what another says)?

Do learners ask questions in class? If yes, what kinds of questions do they ask?

7. General comments and lessons learnt from observing the lesson

THE END

APPENDIX 9: INTERVIEW GUIDE



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Department of Educational Psychology

Research Title: High school learners' narratives of learning about HIV/AIDS

Interview Guide with Grade 10 learners:

1. Tell me what you know about HIV/AIDS.

2. Where did you learn about HIV/AIDS?

2.1 Probe statement: State different places where you learn about HIV/AIDS e.g. school, other community centre, media etc.

2.2 Probe question: Who were the main people from whom you learnt about HIV/AIDS and what did they tell you?

3. Tell me how you learnt about HIV/AIDS?

Probe questions:

3.1 What made it possible for you to remember the things you told me about HIV/AIDS?

3.2 Was it easy to remember some of the things you learnt about HIV/AIDS? Why?

3.3 When you learnt about HIV/AIDS, did people ever ask you what you thought about HIV/AIDS when you were learning about HIV/AIDS?

4. What did you feel when you were learning about HIV/AIDS? You can mention both positive and negative feelings.

4.1 Probe statement: Explain why you felt the feelings that you were feeling and give examples.

5. Tell me whether you think that learning about HIV/AIDS influenced your thinking and actions.

Probe questions:

- 5.1 Did the place of learning such as school, community or any other places make a difference to your thinking and actions?
- 5.2 Was it better to learn about HIV/AIDS in some places rather than others?
- 5.3 If you have to think of learning about HIV/AIDS, where do you learn the most useful information?
- 6. Tell me what the positive things are in your learning about HIV/AIDS.**
- 7. Tell me what the challenges are in your learning about HIV/AIDS.**
- 8. How would you improve learning about HIV/AIDS for teenagers?**



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Isihloko seprojekthi yophando:

Amabali namava abafundi xa befunda ngentsholongwane kagawulayo (HIV) kunye nogawulayo (AIDS).

Isikhokelo sodliwano-ndlebe sabafundi bebanga le-10

9. Khawutsho wazi ntoni malunga nentsholongwane kagawulayo kunye nogawulayo?

10. Wawufunde phi ngentsholongwane kagawulayo kunye nogawulayo?

Intetho ecokovisayo: Chaza iindawo ezohlukileyo apho ufunda khona okanye ufumana khona ulwazi ngentsholongwane kagawulayo kunye nogawulayo, umzekelo, isikolo, iindawo ezifunyanwa ekuhlaleni ezinjengeziko lezempilo, icawa, ikhaya njl.njl

Umbuzo ocokovisayo: Ngobani abona bantu babenefuthe kuwe ekufundeni ngentsholongwane kagawulayo kunye nogawulayo? Izizinto zini ezi bakuxelela zona?

11. Khawucacise ukuba wafunda njani ngentsholongwane kagawulayo kunye nogawulayo?

Imibuzo ecokovisayo:

(i) Yintoni ebangela ukuba ube usazikhumbula ezi zinto undixelela zona ngentsholongwane kagawulayo kunye nogawulayo?

(ii) Bekulula ukukhumula ezinye zezinto owawuzifundile ngentsholongwane kagawulayo kunye nogawulayo? Kutheni kunjalo?

(iii) Ingaba ngethuba ubufunda ngentsholongwane kagawulayo kunye nogawulayo wakhe wabuzwa na ngento ethe qatha kuwe engqondweni?

12. Uziva njani xa ufunda ngentsholongwane kagawulayo kunye nogawulayo? Ungazichaza zombini imvakalelo zakho ezimbi nezintle.

Intetho ecokovisayo: Cacisa ngokuthe vetshe izisathu sokuba ubenezomvakalelo, unike nemizekelo ecacileyo.

13. Ingaba ukufunda kwakho ngentsholongwane kagawulayo kunye nogawulayo zinafuthe lini na kwindlela ocinga ngayo nakwindlela owenza ngayo izinto?

Imibuzo ecokovisayo:

- (i) Ingaba amaziko ekufundwa kuwo njengesikolo, nendawo enihlala kuzo kunye namanye amaziko enza mahluko mni kwingcinga nakwizenzo zakho?
 - (ii) Ingaba kungcono ukufunda ngentsholongwane kagawulayo kunye nogawulayo kwezinye iindawo kunezinye?
 - (iii) Xa ucinga ngokufunda ngentsholongwane kagawulayo kunye nogawulayo yeyiphi eyona ndawo onokuthi wafunda kuyo eyona nto ibalulekileyo?
14. Zintoni izinto ezakhayo nezinefuthe elihle ozifunda ngentsholongwane kagawulayo kunye nogawulayo?
15. Yeyiphi imicelimingeni ohlagana nayo xa ufunda ngentsholongwane kagawulayo kunye nogawulayo?
16. Manyathelo mani ongawathatha ekuphuculeni ukufunda ngentsholongwane kagawulayo kunye nogawulayo kubafundi abakwelinqanaba ukulo?

APPENDIX 10: FOCUS GROUP GUIDE



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Focus group process

School 1 – Gobizembe High School

- Draw a community map indicating places in the community where you get your HIV/AIDS information from (15 minutes for the drawing).
- After the drawing the learners will be given 5 minutes each to talk about their drawings.
- After they have talked about their drawing, there will be discussions guided by the themes that emanated in the one-on-one interview sessions.
- Which learning sites (school and out of school context) do you perceive to be the one that provides the best information about HIV/AIDS?
- Indicate which learning site provides the information that you value less and which sites do you value more, if at all.
- What challenges do you face when learning about HIV/AIDS?
- Could you talk about how you would like to learn about HIV/AIDS?

APPENDIX 11: TURNITIN REPORT

Tyilo Thesis_2nd Attempt			
ORIGINALITY REPORT			
15%	14%	5%	3%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS
PRIMARY SOURCES			
1	hdl.handle.net Internet Source		3%
2	kiecon.org Internet Source		2%
3	repository.up.ac.za Internet Source		1%
4	uir.unisa.ac.za Internet Source		1%
5	ulspace.ul.ac.za Internet Source		<1%
6	Submitted to University of KwaZulu-Natal Student Paper		<1%
7	Submitted to 76830 Student Paper		<1%
8	www.tandfonline.com Internet Source		<1%
9	vital.seals.ac.za8080 Internet Source		<1%

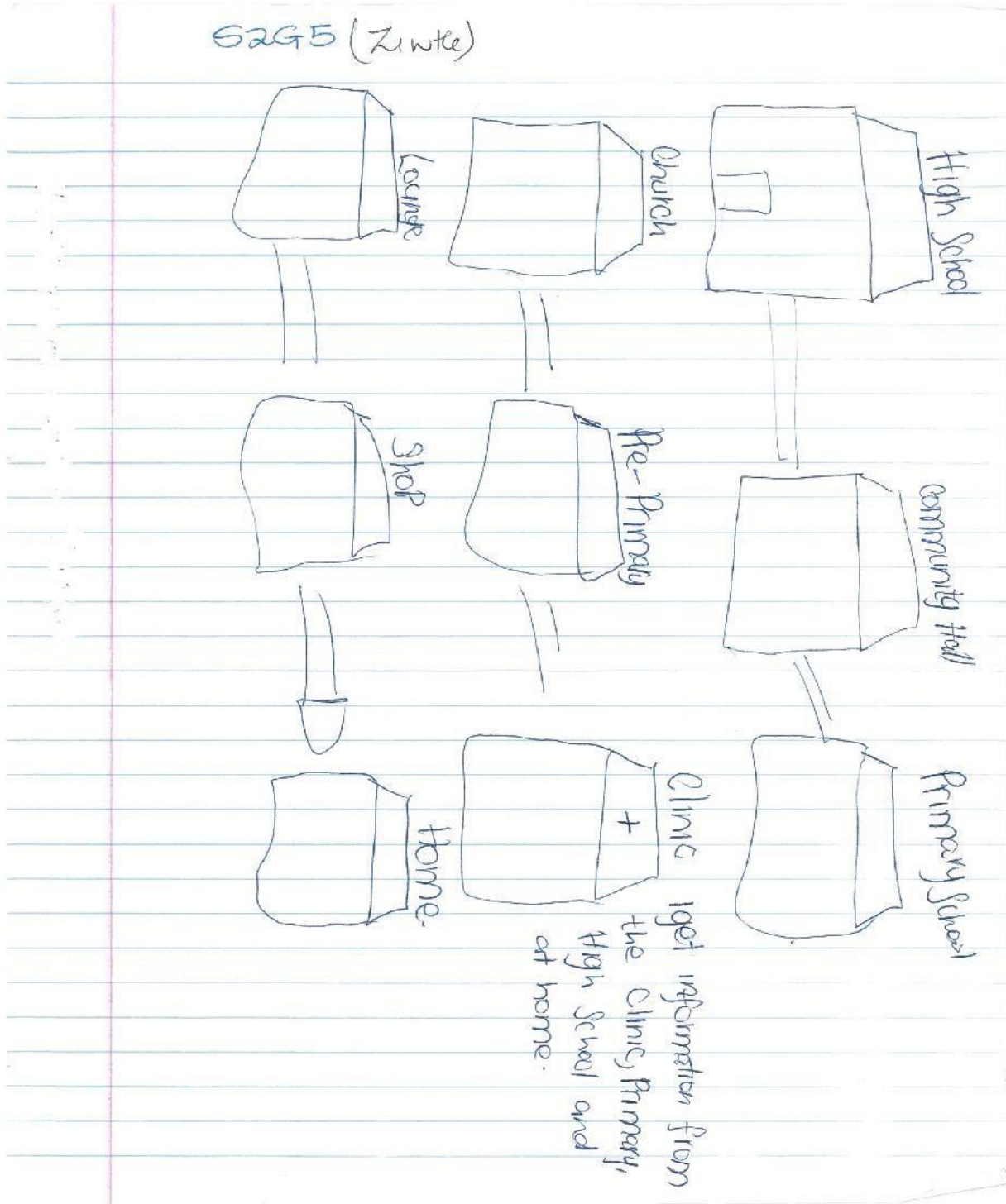
APPENDIX 12: SEMI-STRUCTURED INTERVIEW EXTRACTS

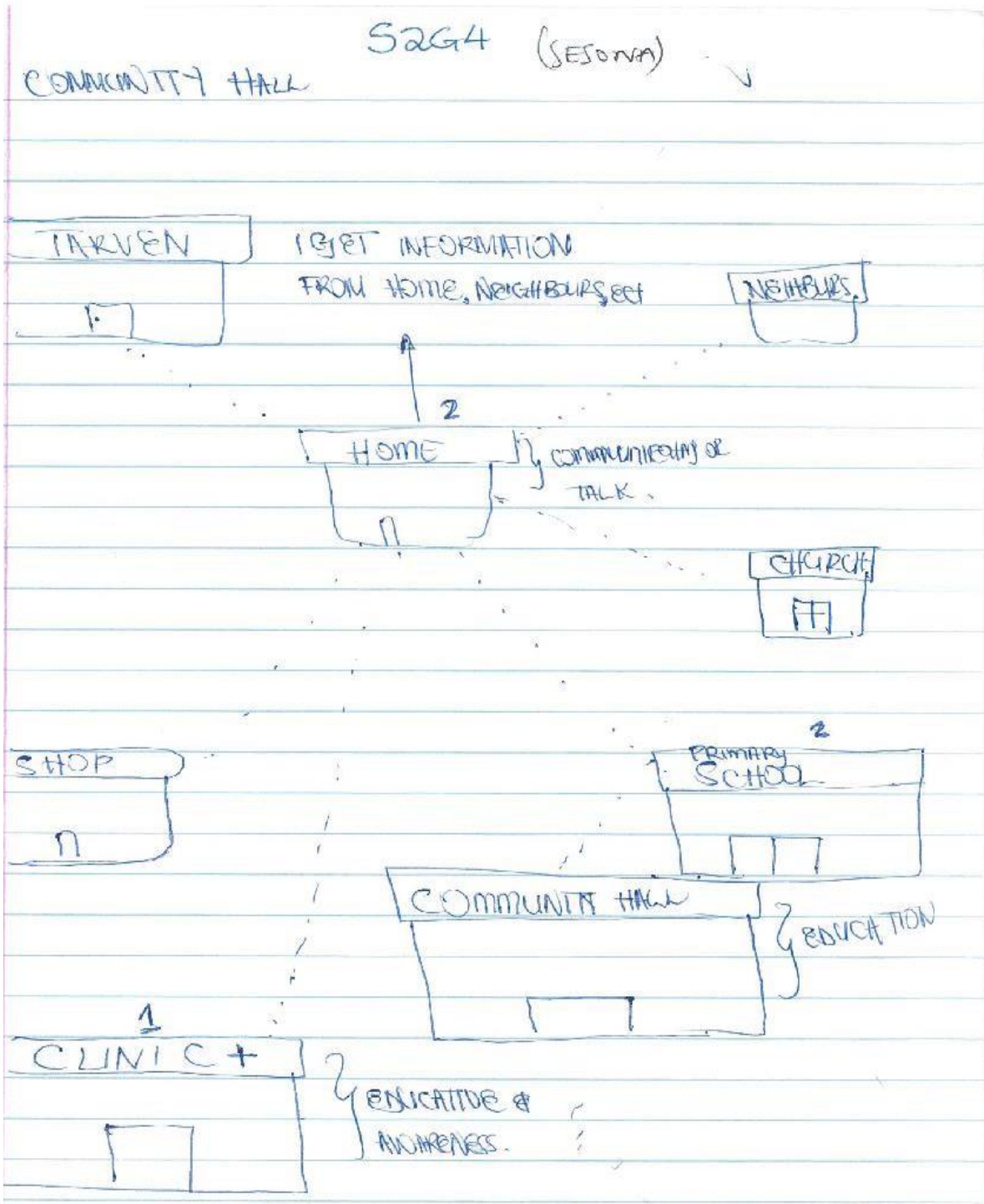
Participant	Gender	Age	School	Response on knowledge about HIV and AIDS
Sobomi	Male	16	COMSCH	<i>The thing I know about HIV is that it is a toxic disease. People get HIV when they engage in unprotected sex with infected people. HIV causes a syndrome called AIDS and no one can have AIDS without having HIV.</i>
Sim	Female	16	COMSCH	<i>HIV and AIDS is a disease that has no cure, but people can live longer because of the treatment coupled with healthy lifestyle. I also know that HIV can be prevented. A person can be infected when one person has unprotected sexual intercourse with a person who has HIV. Another way is touching the blood of an infected person while having an open wound.</i>
Sovuyo	Male	17	COMSCH	<i>HIV stands for human immunodeficiency virus. AIDS stands for acquired immune deficiency syndrome. HIV causes AIDS. HIV is transmitted through blood and other body fluids. AIDS is a collection of diseases that one gets because of HIV and after one's immune system is no longer able to fight any diseases. HIV and AIDS is a disease that cannot be cured but can be prevented and treated.</i>

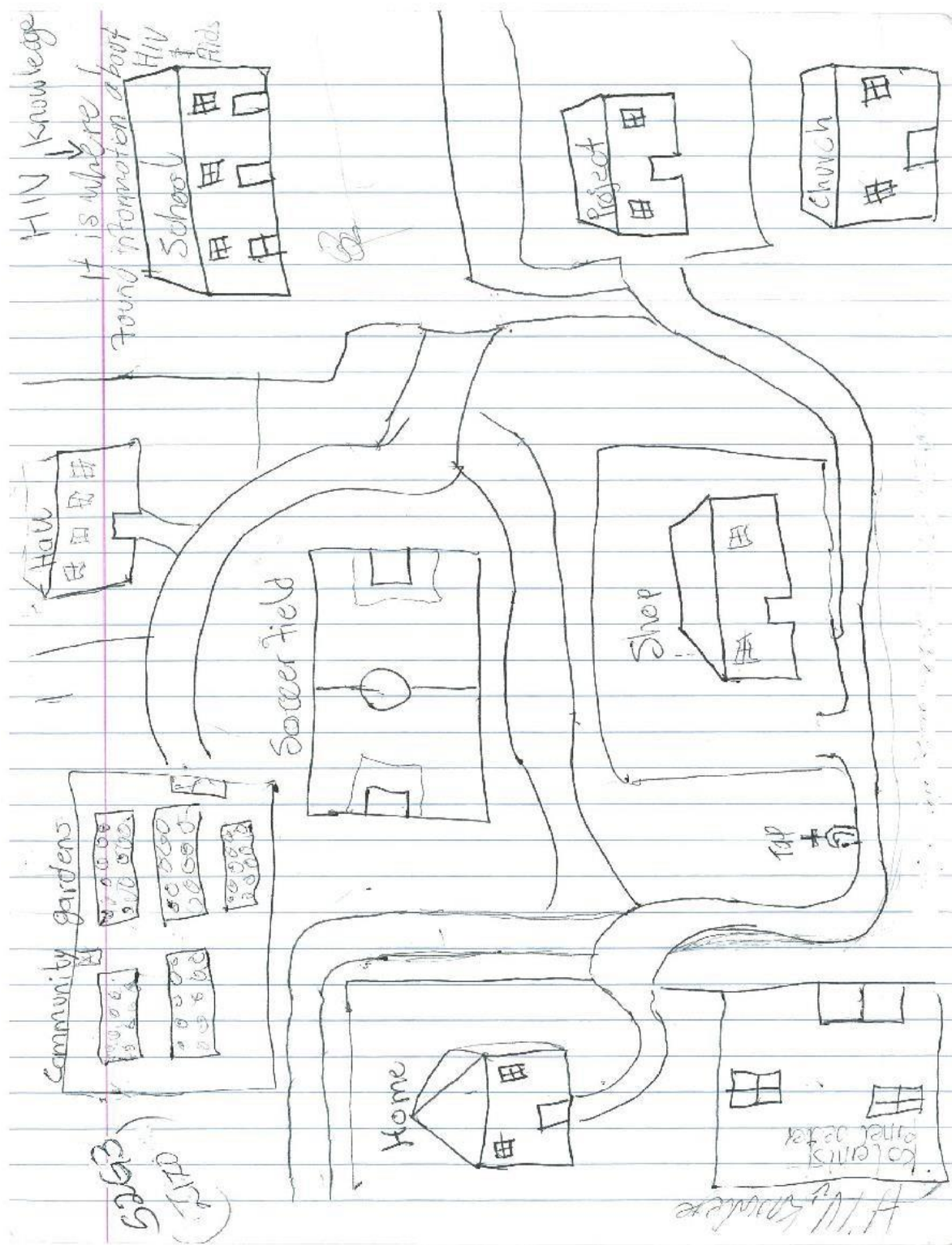
Phiwo	Female	15	COMSCH	<i>HIV and AIDS is a disease that has no cure. For people live longer after being diagnosed with HIV need to take treatment and eat healthy food.</i>
Luphawu	Male	15	ACASCH	<i>HIV causes AIDS. HIV is passed through fluid. Pregnant woman who breastfeeds can transmit the virus; people engaging in injecting drugs and unprotected sex. HIV infection can be prevented by using condoms or abstain from sex. At the moment, there is no cure. However, it can be treated. Treatment should be used carefully and consistently. Once one is affected, it duplicates itself and weakens one's immune system. It can kill the person very quickly.</i>
Lubanzi	Male	17	ACASCH	<i>HIV is the human virus because it affects people only. Some people are born with HIV, maybe because their mothers were HIV positive. On the other hand, other people get HIV when engaged in unprotected sexual intercourse with HIV-positive person.</i>
Zintle	Female	15	ACASCH	<i>I started to know about HIV and AIDS during my primary school years from my Grade 5 class when we were taught about it. For all the years, I only knew that one can get HIV and AIDS through blood. However, during my high school days I then learnt that it is not only through blood alone that people can get HIV, but even through unprotected sex with infected person.</i>

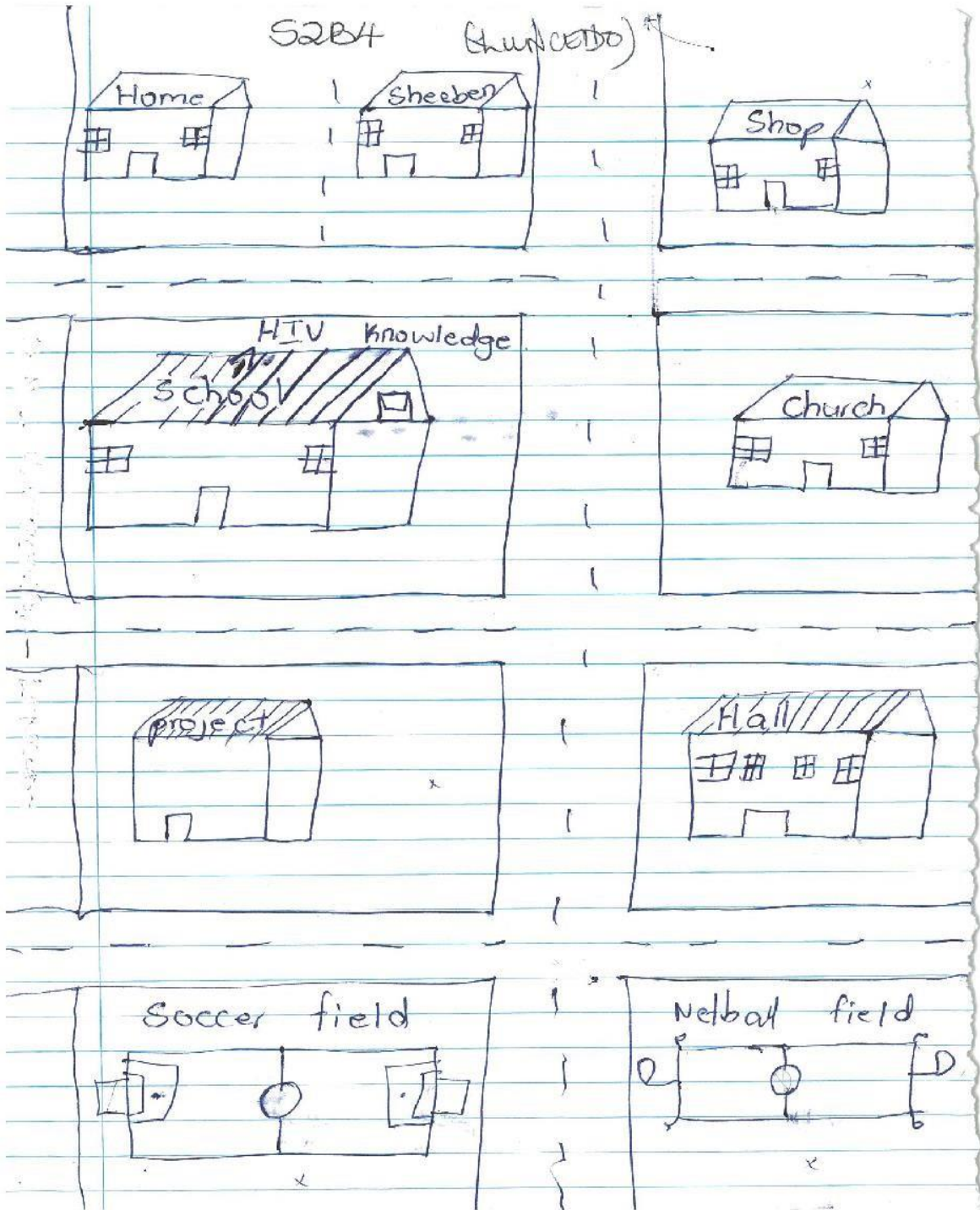
Sesona	Female	16	ACASCH	<i>HIV means acquired immunodeficiency virus. AIDS is acquired immune deficiency syndrome. People get HIV and AIDS through sexual intercourse and when HIV-positive people inject drugs using the same needle. Having contact with blood of the person who is infected, that can also transmit HIV.</i>
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APPENDIX 13: COMMUNITY MAPS



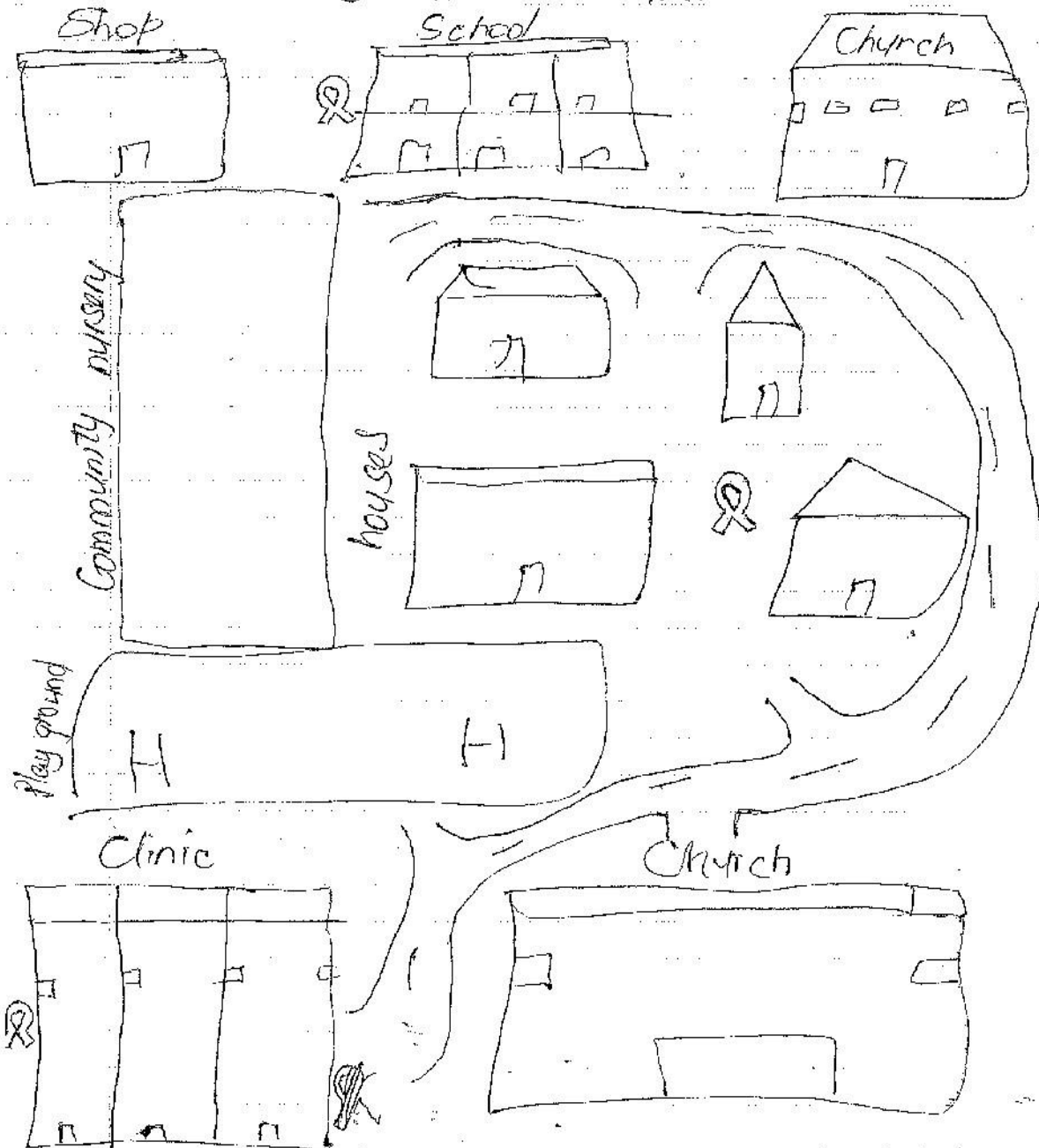


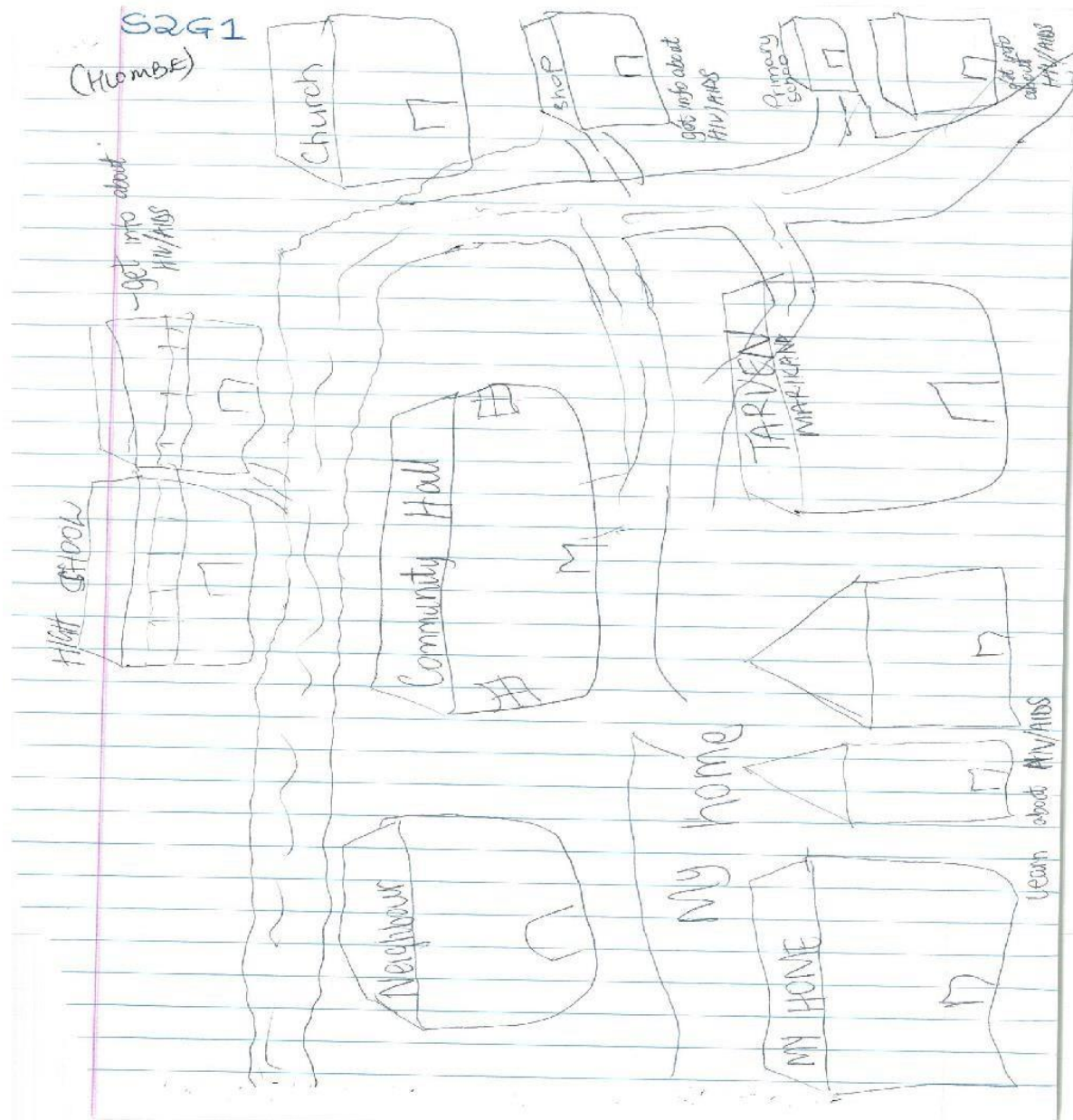


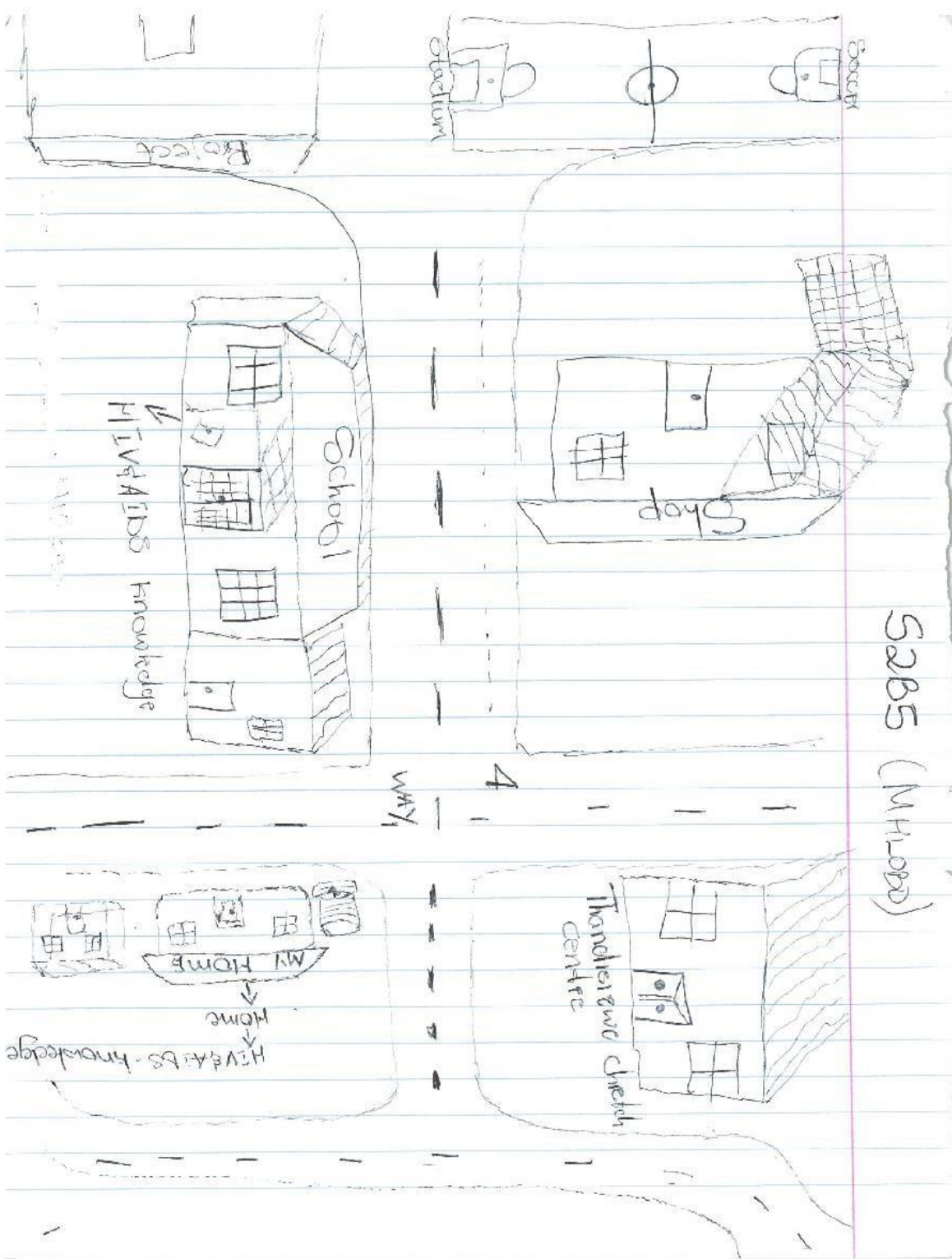


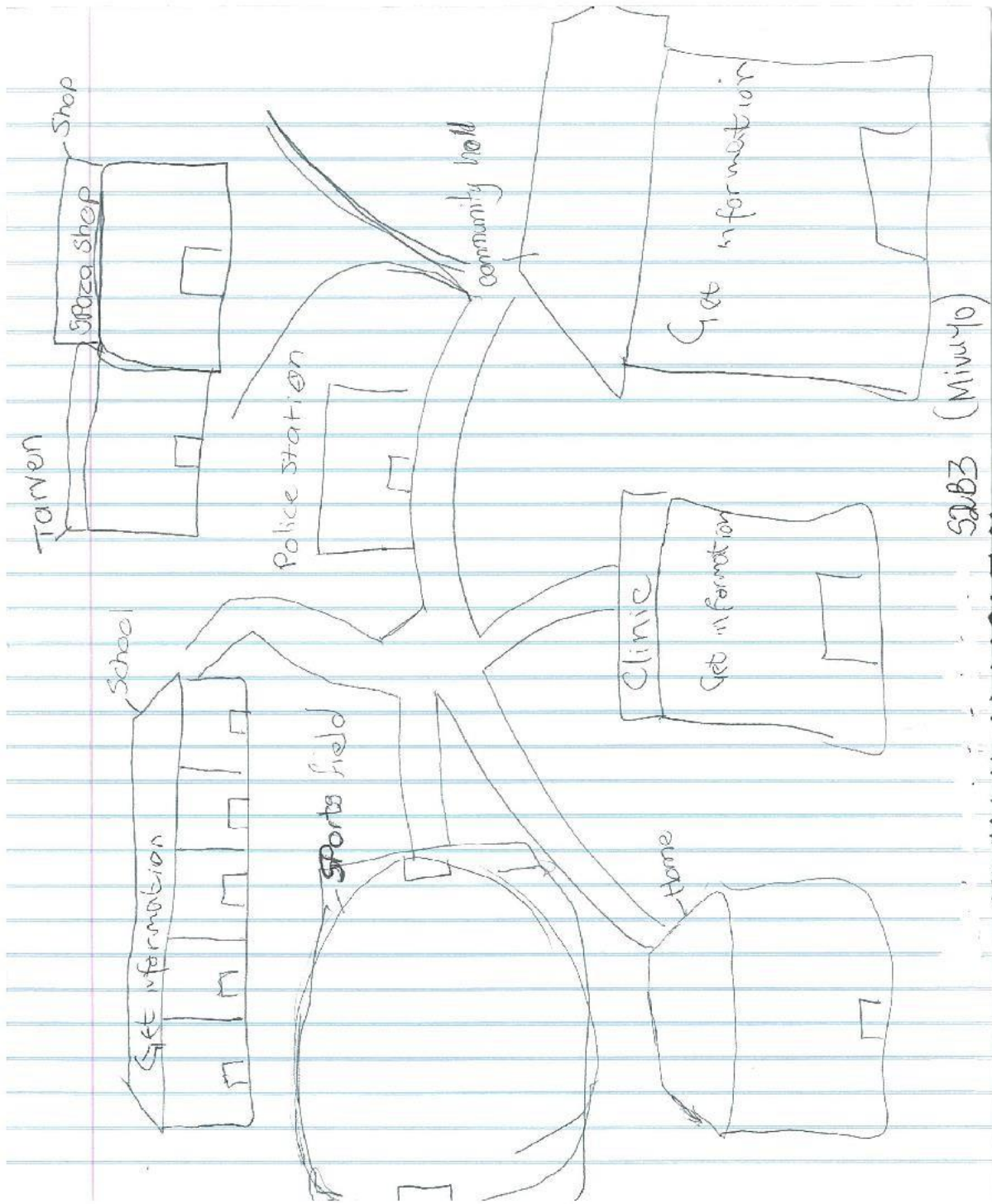
S2G2 (Phaphama)

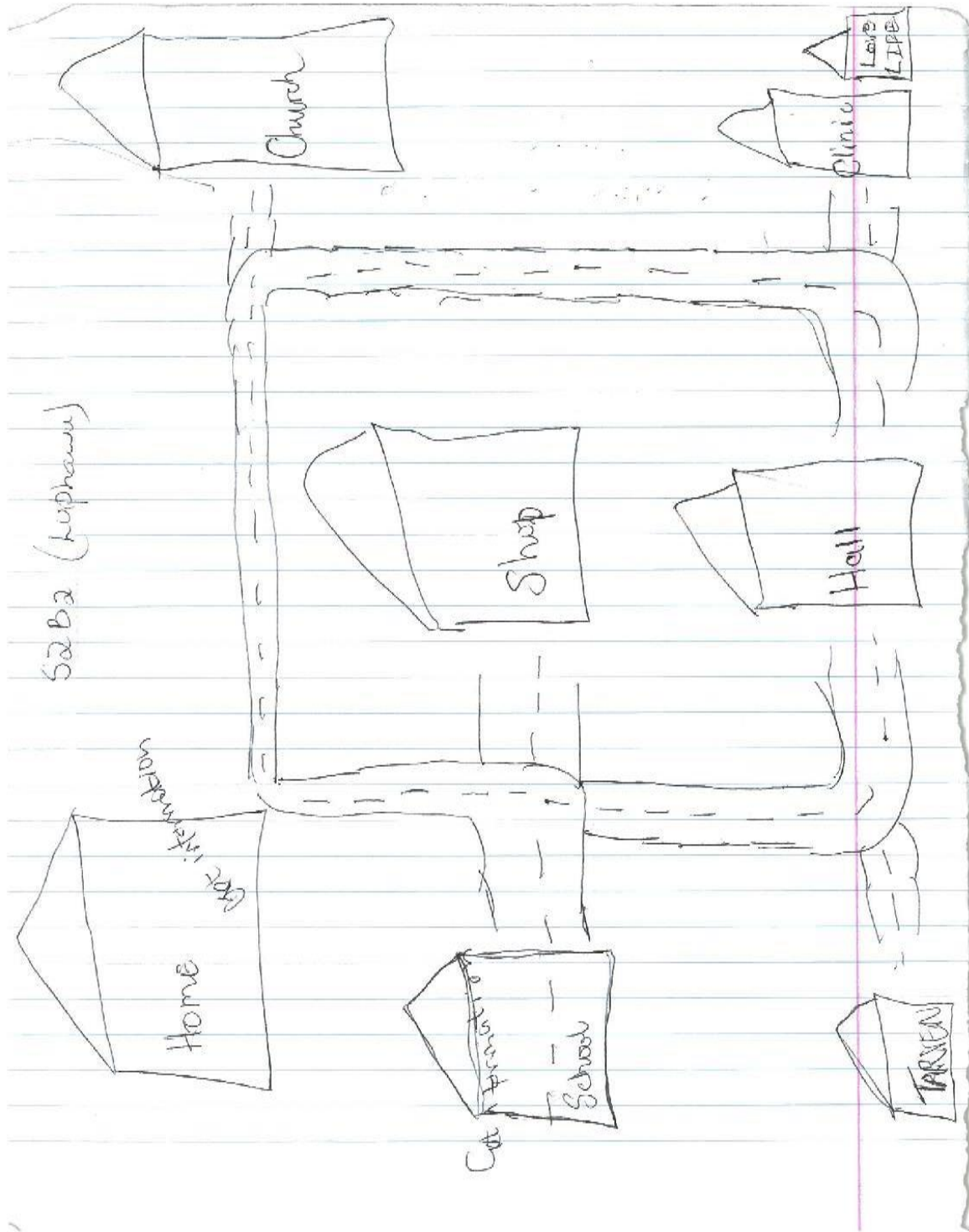
COMMUNITY MAP
School

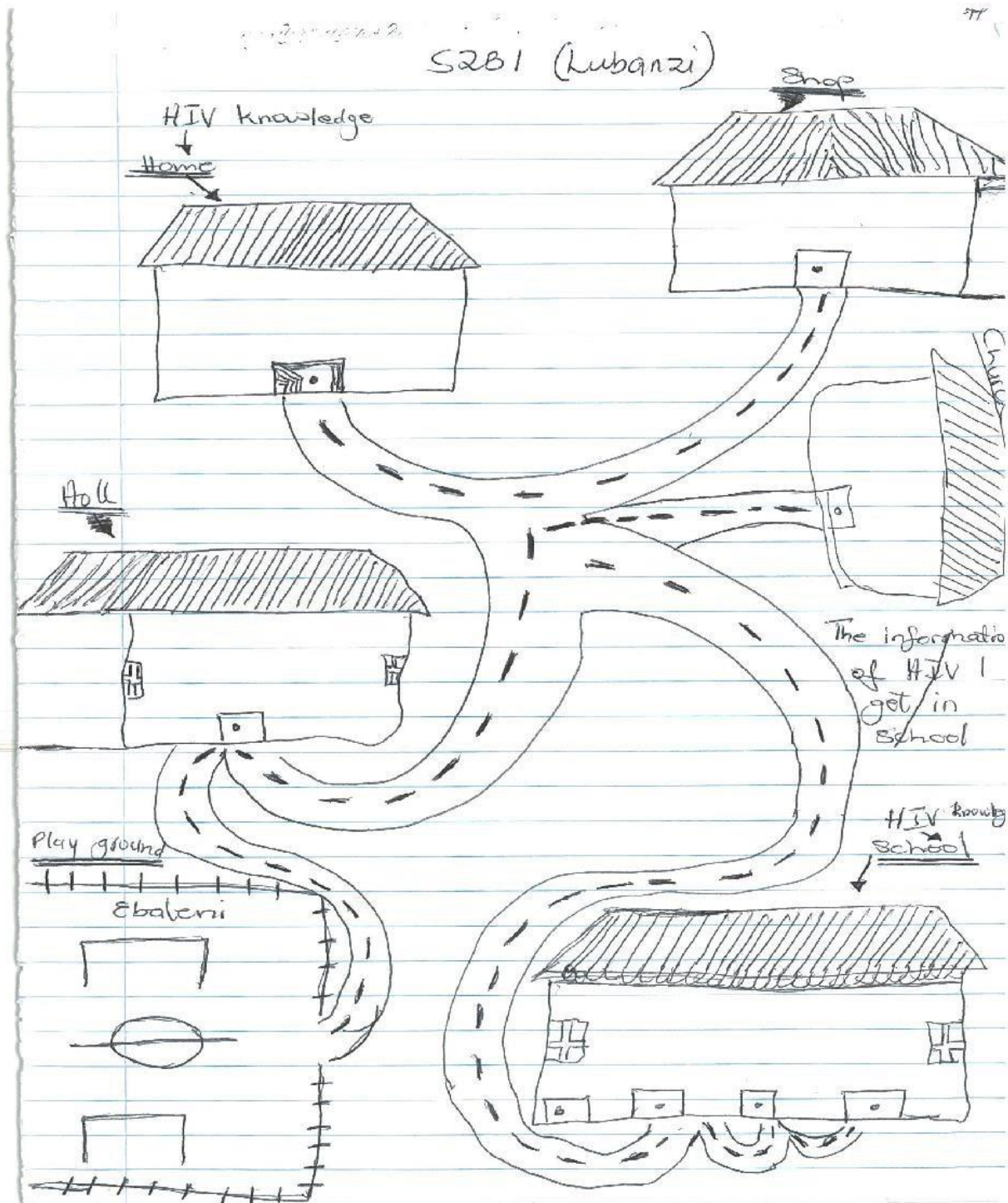




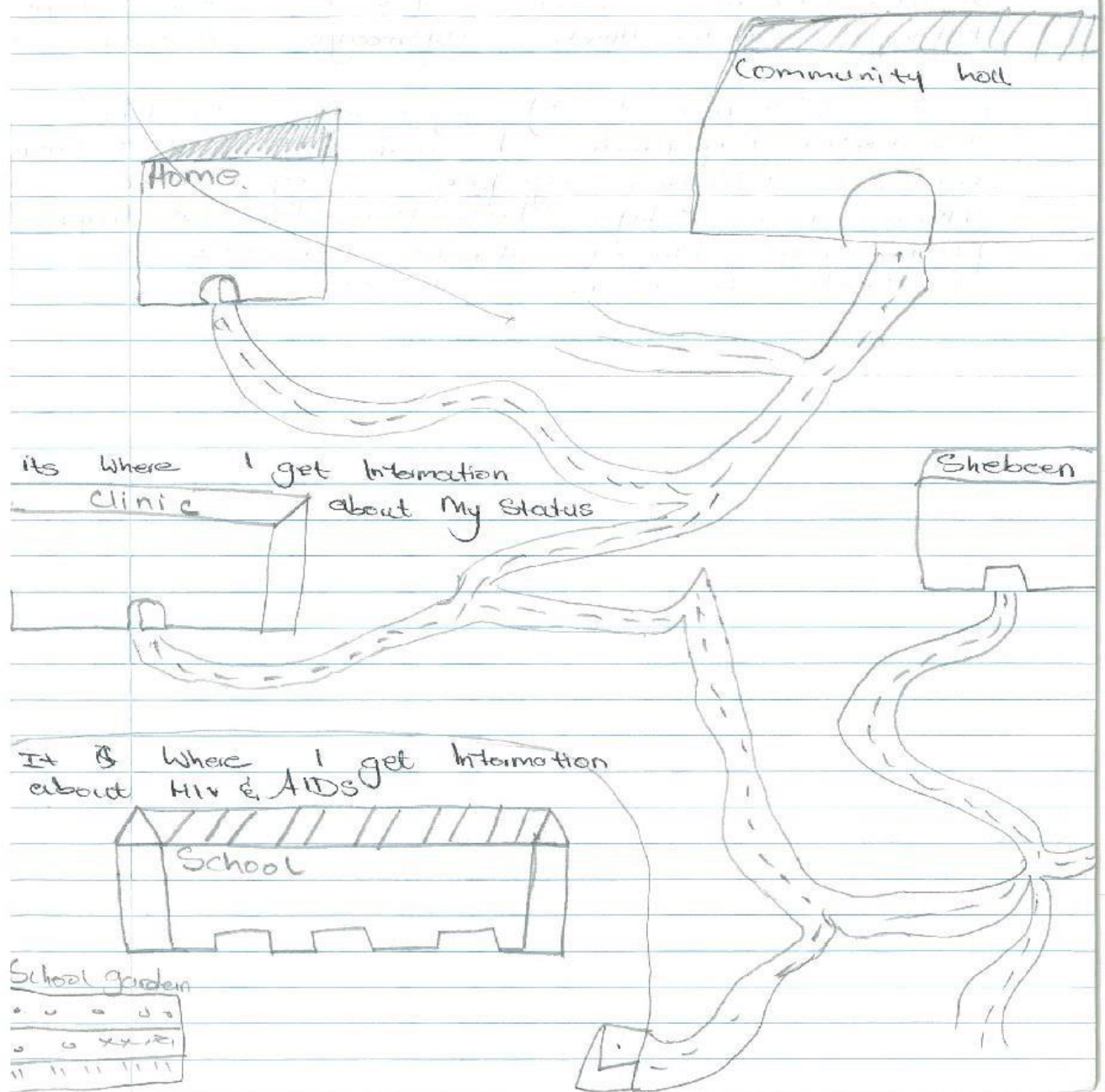






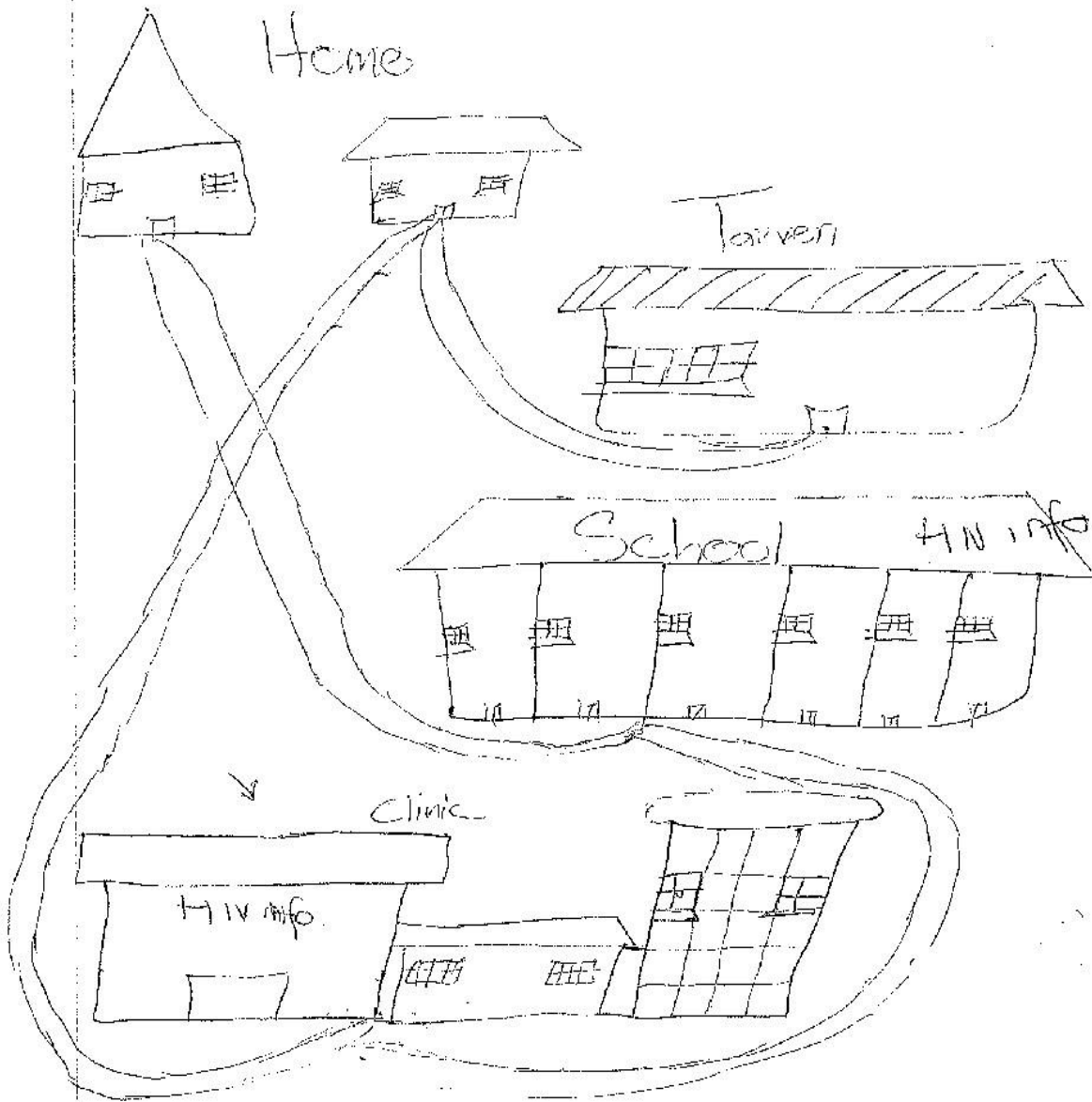


SIGS (SENATHI)



S193 (Phiso)

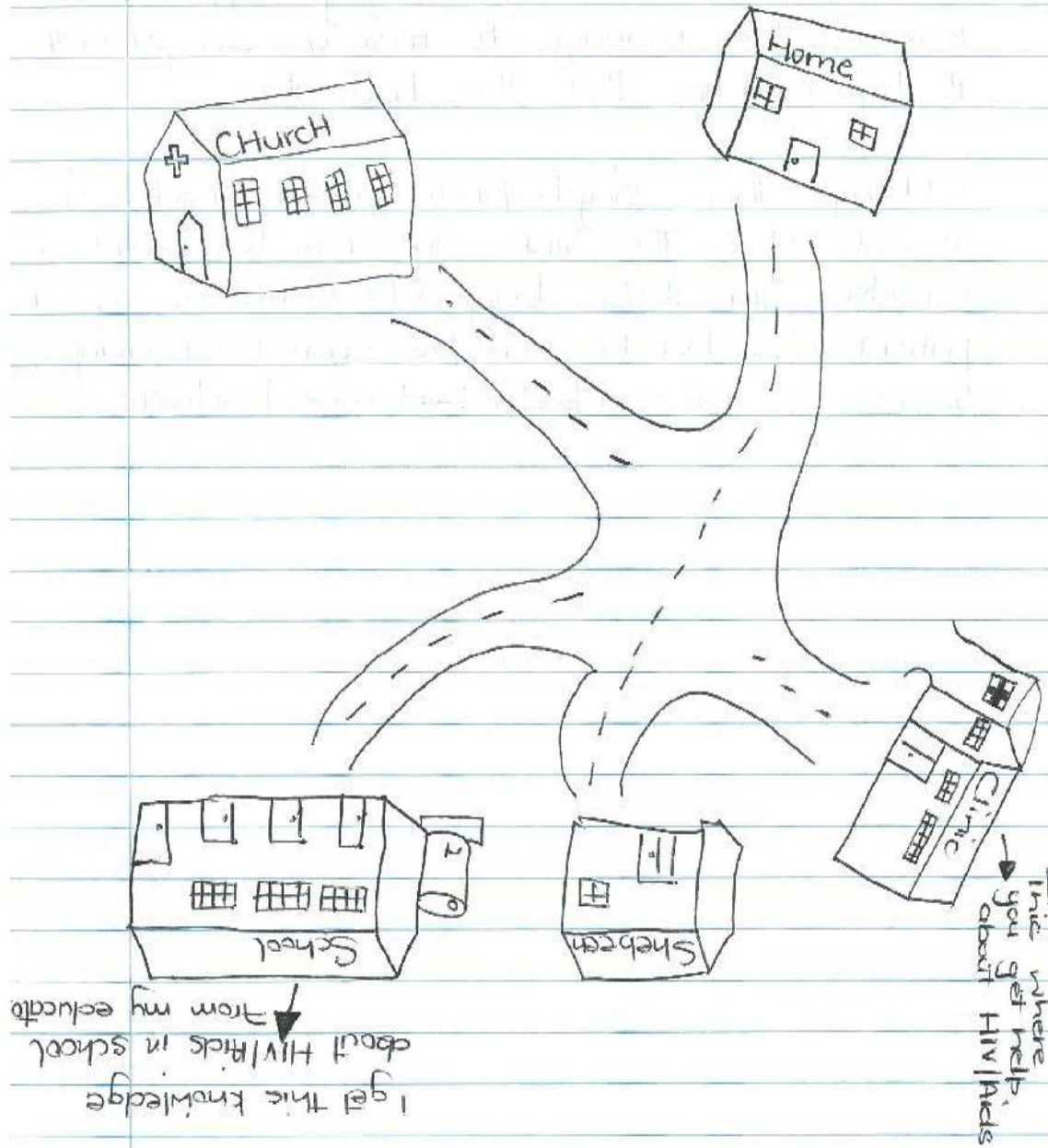
Home

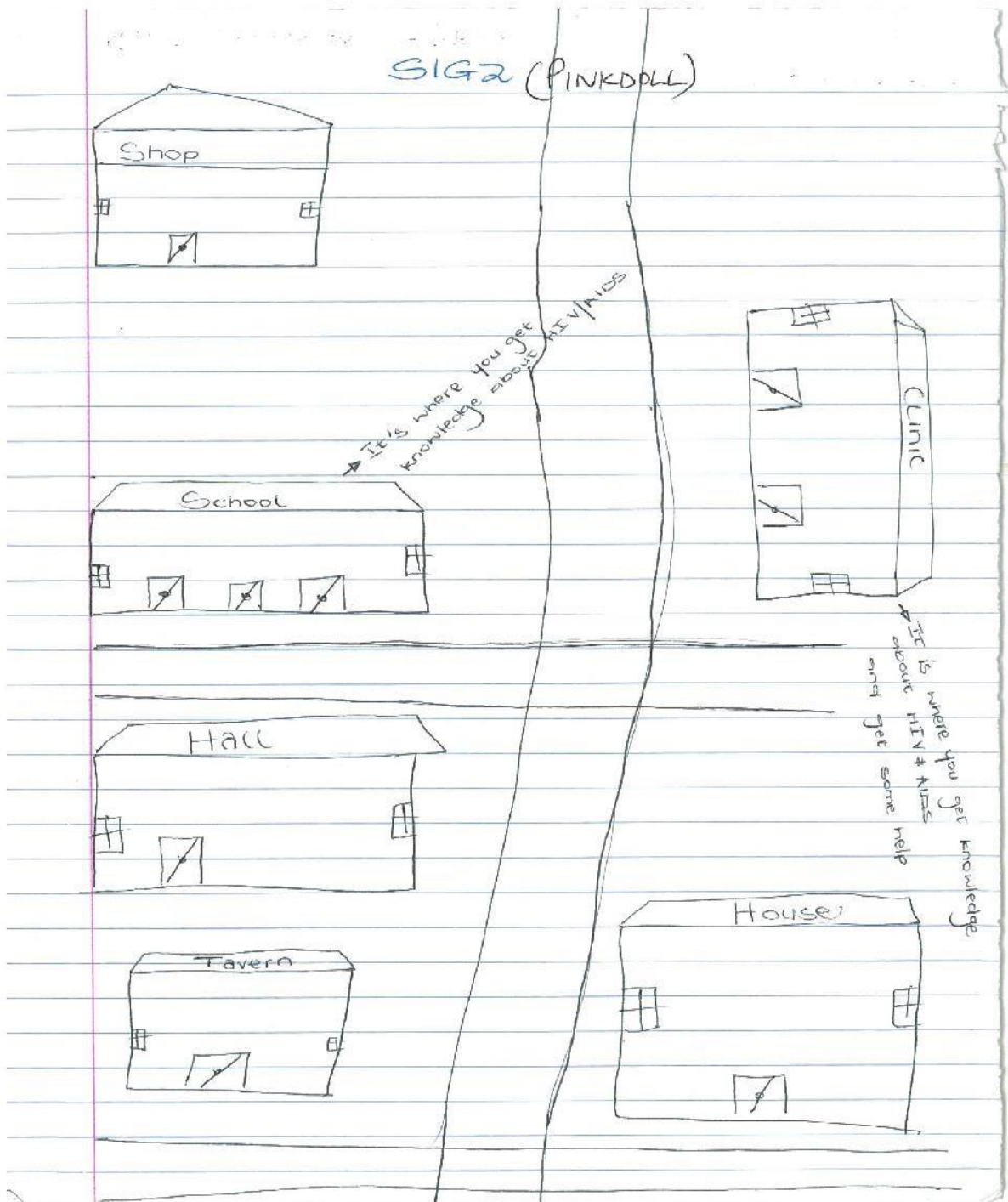


I get the information of about HIV from school and clinic.

SIG4 (LEZA)

My Community

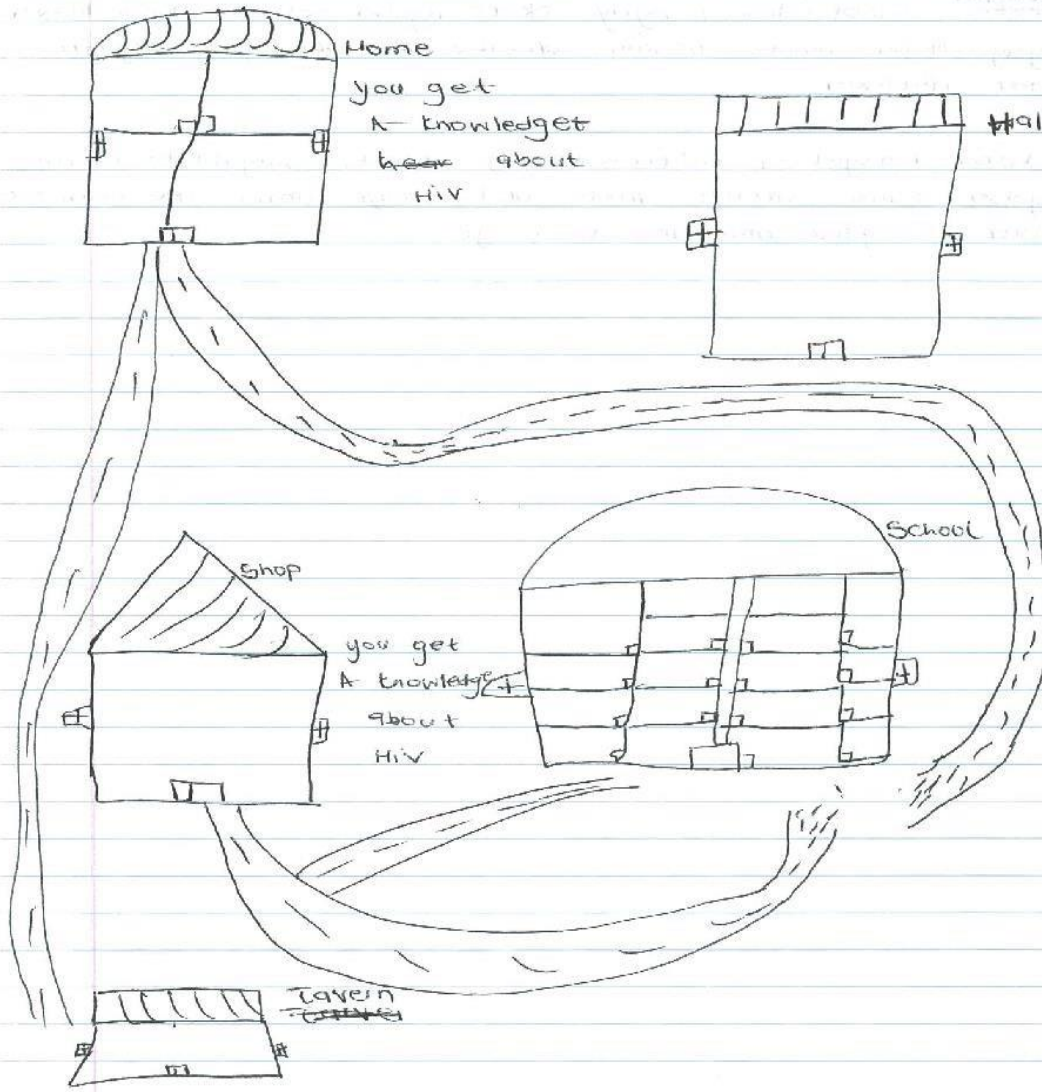


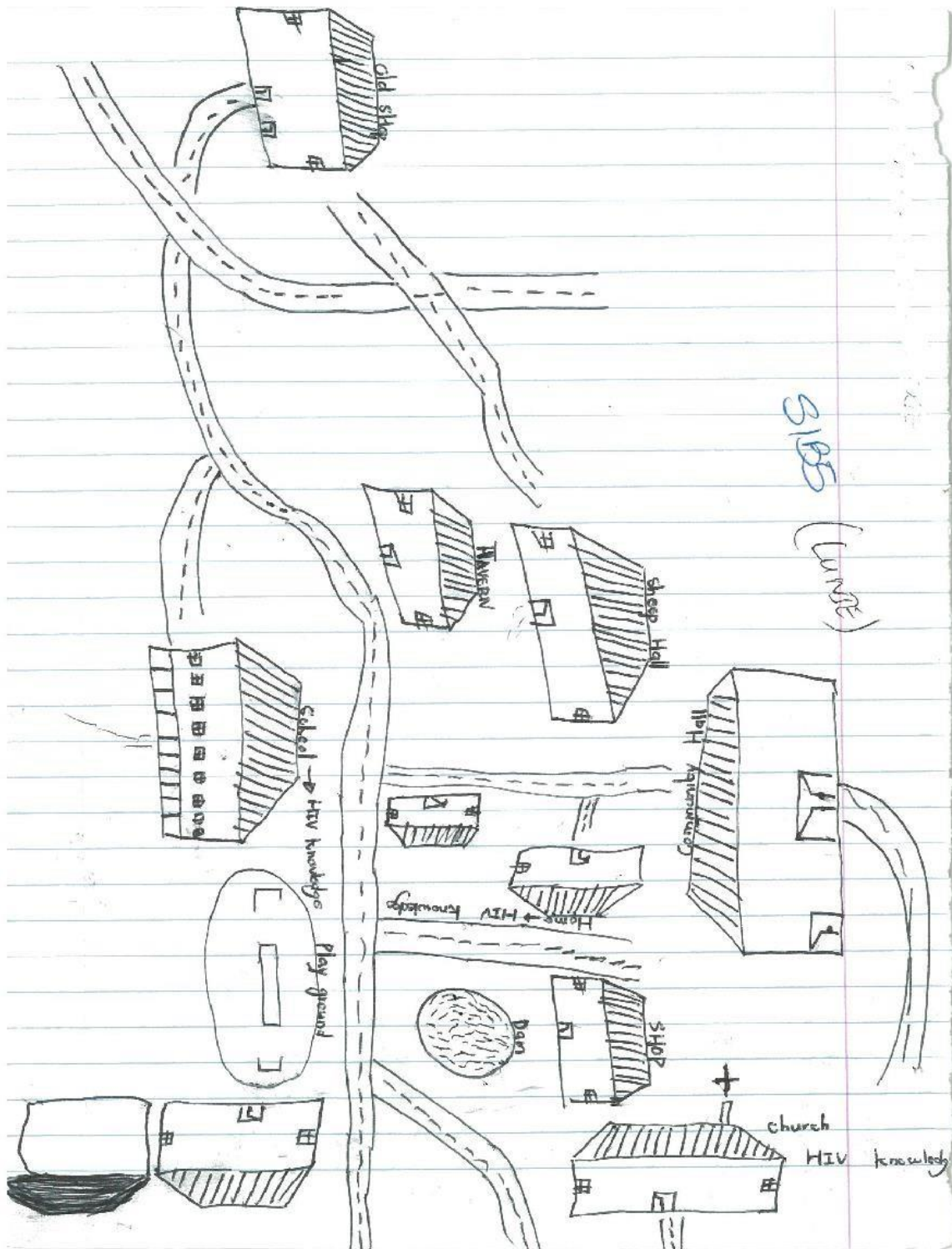


SIGI (SIM)

Grade-10

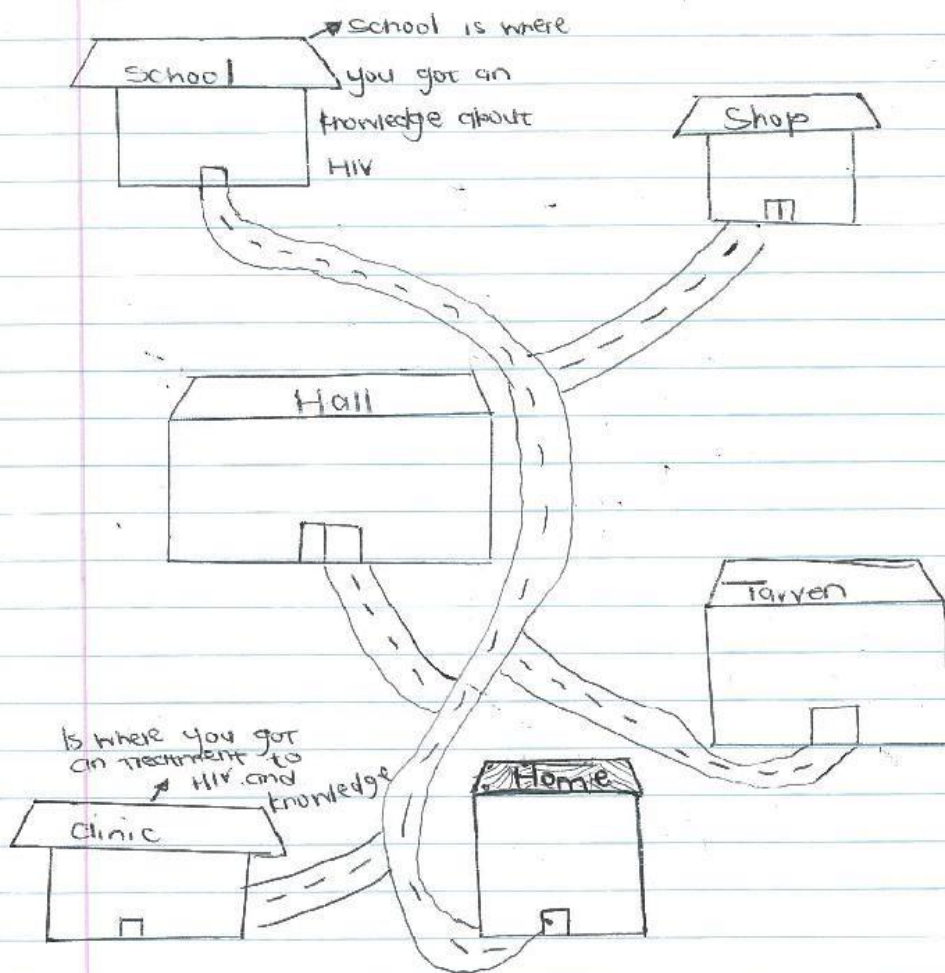
Life orientation





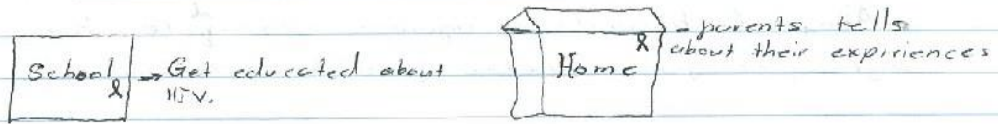
SIBS (LUNGE)

SIBH (ENKOSI)



- Ukuba kungayekisna ~~aka~~ ukuxelelwa izinto ezenzayo emzimbeni napho singatsha siyifunde kakuhle singayayiki sizame ukuyinyamezela xa kuthethwa ngayo.
- Ukuba kunoyekisa indlela ethethwa ngayo kuba ibenza akafundi bayike uyokuzijonga eclinic kuba sebevile ngale HIV ngoku umntwana akhethe ukufu nayo kunokuya e clinic.

SIB3 (Hloza)

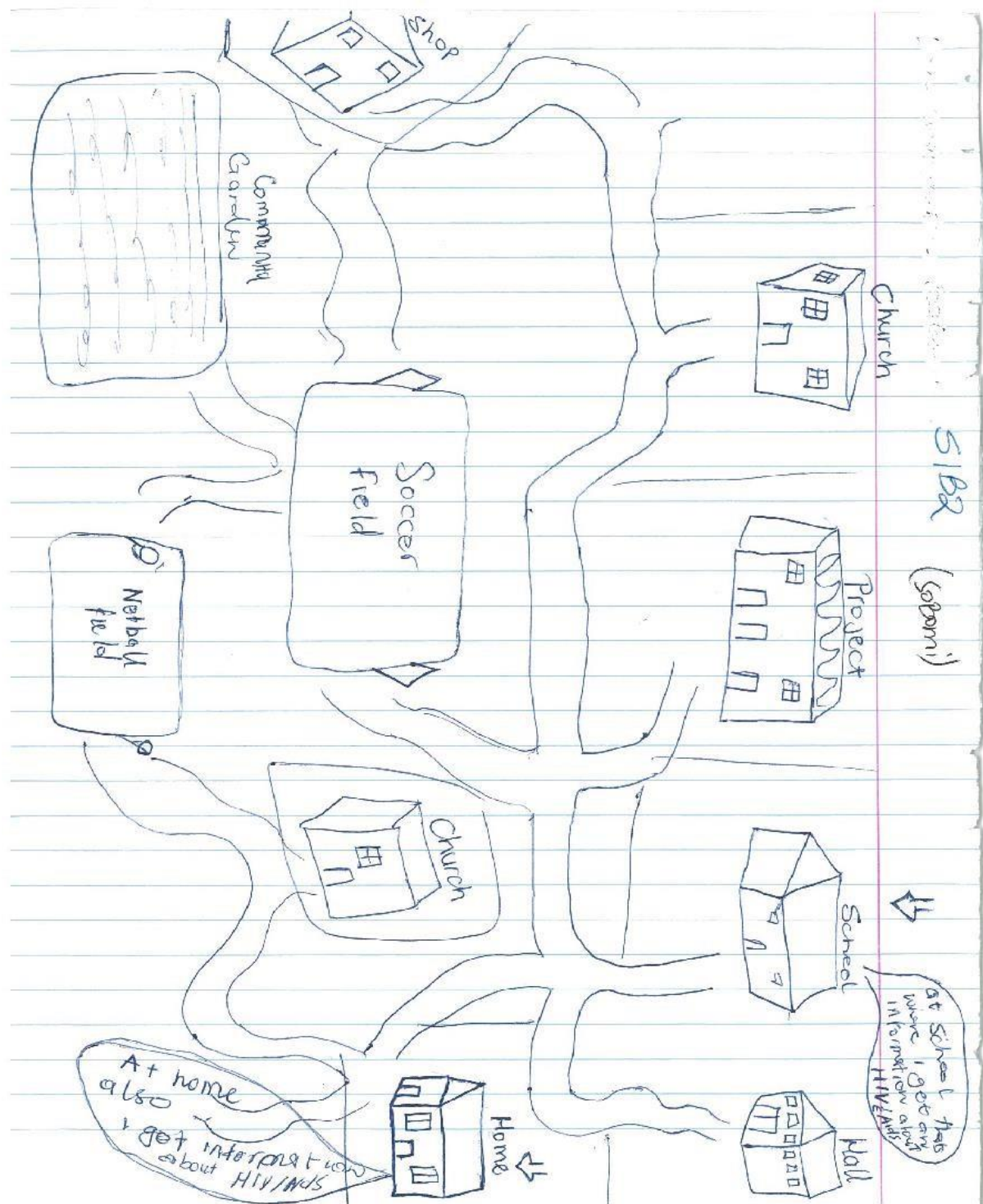


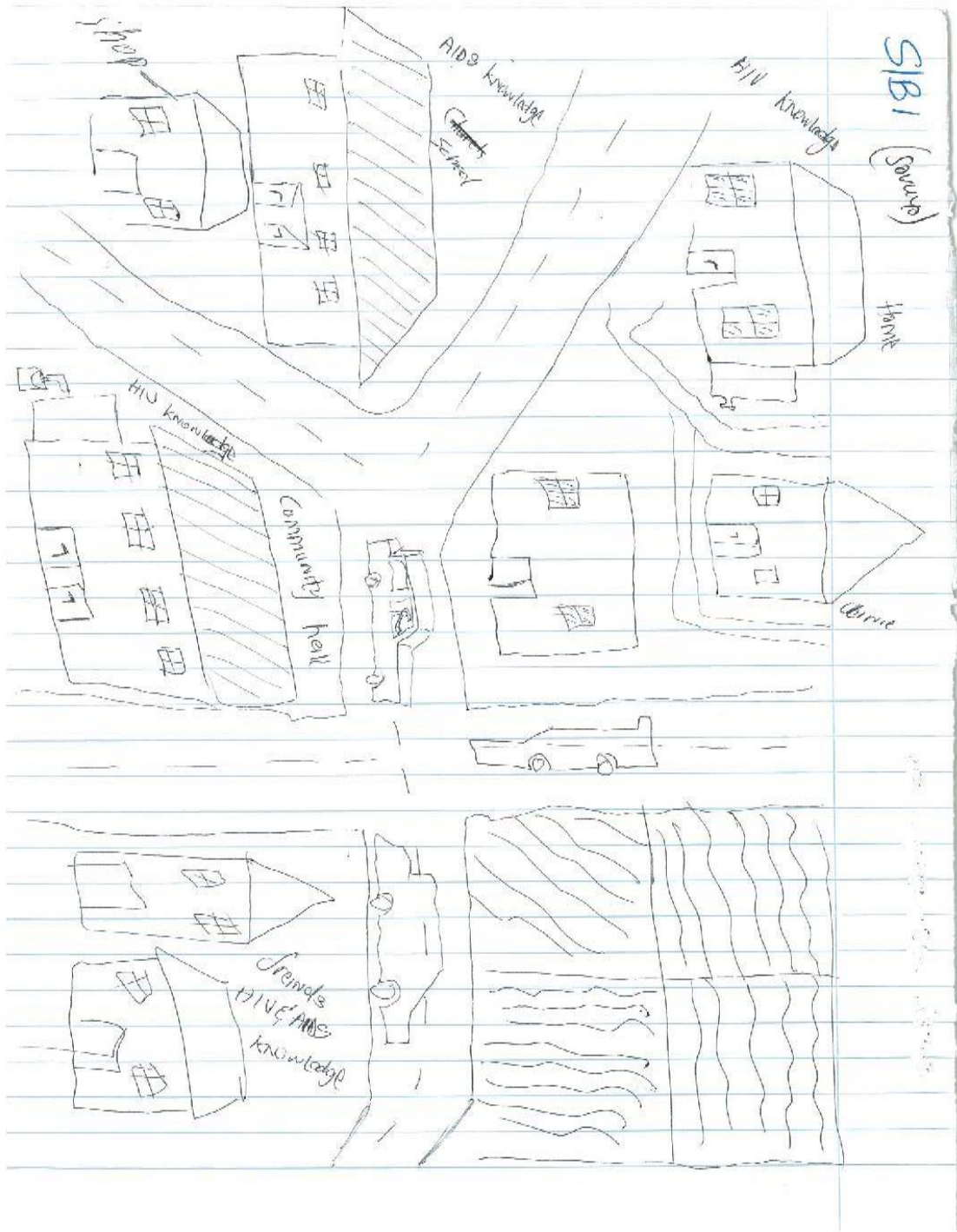
Church

Community Hall

Clinic & learn how to protect yourself

Tarven





APPENDIX 14: EXTRACTS ABOUT SCHOOL

Participant	Sex and age	School	Data Source	Response
Sobomi	Male – 16	Commercial	Semi-structured interview and focus group interview	<i>Teachers from school teach us about HIV and AIDS. From school we are also informed about (how) HIV is transmitted and how people can prevent HIV transmission.</i>
Sim	Female – 16	Commercial	Semi-structured interview	<i>From school in the Life Orientation class, teachers are the ones who teach us about HIV transmission. Teachers even empower us about HIV prevention to make sure that we do not contract the virus.</i>
Sovuyo	Male – 17	Commercial	Semi-structured interview	<i>Teachers are influential people from school as they are the ones that teach us about HIV and AIDS. The knowledge I get from school is very empowering as it prepares me for what to do and what not to do when it comes to HIV and AIDS.</i>
Phiwo	Female – 15	Commercial	Semi-structured interview and focus group interview	<i>The school is the place where teachers teach us about how HIV is transmitted, how one can prevent HIV infection and also how one can live a positive life after diagnosis.</i> <i>I remember in our Life Science class we were taught about the CD4 cells and immune system, and the impact of HIV and AIDS.</i>
Leza	Female –	Commercial	Focus	<i>From school we have regular debates</i>

	16		group	<i>in class facilitated by the teacher about HIV and AIDS. The debates that we have in class are basically about how we can protect ourselves from HIV infection and also living positively with people with HIV without discriminating them. The teachers even inform us about the importance of knowing your HIV status and how to live a healthy life.</i>
Senathi	Female – 17	Commercial	Focus group	<i>From school we learn about HIV and AIDS from our teachers, from our LO class.</i>
Pinkdoll	Female – 17	Commercial	Focus group	<i>From the school we're being prepared and provided with all the information about HIV and AIDS. This also prepares us for what to expect when we are out of school.</i>
Hloza	Male – 16	Commercial	Focus group	<i>From school we often get information about how can we prevent ourselves from contracting HIV.</i>
Enkosi	Male – 16	Commercial	Focus group	<i>School is very informative for me because from home no one talks to me about HIV. The information about HIV I got it from my teachers.</i>

Lunje	Male – 17	Commercial	Focus group	<i>What is good about the school is that all the information you need to know about HIV is readily available. Even if you have learnt something from friends, you can ask your teacher about that without worrying yourself about being reprimanded.</i>
Luphawu	Male – 15	Academy	Semi-Structured interview and focus group interview	<i>School is more educative in equipping us with HIV and AIDS knowledge. From school, Life Orientation and Life Science teachers have influenced my learning of HIV and AIDS. Teachers even encourage us to exercise regularly and eat healthy and balanced diet.</i>
Lubanzi	Male – 17	Academy	Semi-structured interview and focus group interview	<i>School is the best because there are books that are informative and how one can prevent himself from contracting HIV. Another thing is how to live healthy when one is found to be HIV positive. My Life Orientation teacher is also very educative and I have learnt a lot from him.</i>
Zintle	Female – 15	Academy	Semi-structured interview and focus group interview	<i>The teacher at school also teaches us in Life Orientation classes about the prevention and transmission of HIV.</i>
Mhlobo	Male – 15	Academy	Focus group	<i>The information that I get from school through Life Orientation class is always similar to what my father always talks to me about. The teacher informs us about prevention, transmission and how to live a healthy life.</i>

Zizo	Female – 17	Academy	Focus group	<i>The school for me is the site that provides HIV and AIDS information. For example, from our Life Sciences classes we learn about HIV and how it affects the immune system, while from the LO class we learn about the benefits of nutritious foods for our bodies and how to live your life before and after diagnosed with HIV.</i>
Hlombe	Female - 16	Academy	Focus group	<i>From school the teachers are very influential, and they inform us about the ways of contracting HIV. I have also learnt that unprotected sex with the infected person is not the only way of contracting HIV. I have also learnt that some people are born with HIV because of their HIV-positive parents. Another thing that I have learnt from school is that people injecting drugs are also at risk and in instances where unsterilised needles and clippers are used.</i>
Phaphama	Female – 16	Academy	Focus group	<i>The information that we get from school empower us about transmission, prevention and living positively with HIV-positive people without discriminating against them. We get this information through our LO teacher.</i>
Sesona	Female – 16	Academy	Semi-structured interview and focus group interview	<i>In as much as we learn about HIV from school, teachers are not telling us everything as they give us limited information. Even from class you cannot be more engaged in terms of asking and answering questions.</i>

APPENDIX 15: EXTRACTS ABOUT CLINIC

Participant	Sex and age	School	Data Source	Response
Phiwo	Female – 15	Commercial	Semi-structured interview and focus group interview	<i>The nurses are very educational on how best to live your life regardless of your HIV and AIDS status. Nurses also encourage people to test for HIV as soon as they can so that they can be able to live their life following healthy habits.</i>
Lunje	Male – 17	Commercial	Focus group	<i>There is no secret from the clinic. Sometimes I get to be uncomfortable when I have to visit the clinic. I even prefer going to the clinic that is from the other village where the clinic staff will not know me. I'm afraid to go there because whatever you have the whole village will know about it.</i>
Sovuyo	Male – 17	Commercial	Semi-structured interview and focus group interview	<i>For me the thing that I think contributes to the issue of the clinic being an unsafe site for males is the fact that from the nursing staff there are no male nurses. All the nurses are females and they just talk as they wish and often perceive us as their kids.</i>
Senathi	Female – 17	Commercial	Focus group	<i>Even though the clinic provides information about HIV and AIDS, the problem is with the local clinic where clinic staff knows you, your home and even your parents, and the information can be divulged to anyone.</i>

Pinkdoll	Female – 17	Commercial	Focus group	<i>There is a problem with our local clinic. There are home-based healthcare workers who are from the immediate community and they are the ones who contribute to spreading gossip and disclosing patients' information.</i>
Phiwo	Female – 15	Commercial	Semi-structured interview and focus group interview	<i>Ever since I heard that there is no confidentiality from the clinic, I decided to go to the clinic far from where I stay.</i>
Enkosi	Male –16	Commercial	Focus group	<i>You are told about safe sex and even encouraged to know your status and partner's status. Even encouraged to use condom each time we have sex so that we can be safe. The nurses stress the importance of knowing your status.</i>
Leza	Female – 16	Commercial	Focus group	<i>The good thing about the clinic is that you don't know the person that you talk to, so you are free as no one will judge you. You are free to talk and ask about anything that you want to know about HIV and AIDS.</i>

Luphawu	Male – 15	Academy	Semi-structured interview and focus group interview	<p><i>Although clinics can be informative, they do not have a programme that educates about HIV outside the clinic. Nurses from the clinics are influential as they provide us with more information. HIV testing, provision of condoms and how to stay positive when diagnosed are the messages that we often get from the clinic through the nurses.</i></p> <p><i>Nurses at times often talk about people's illnesses. Some people are hesitant to go to the clinic because they know that they will be known by people through the clinic staff.</i></p>
Lubanzi	Male – 17	Academy	Semi-structured interview and focus group interview	<p><i>The nurses are always useful in conveying HIV messages from the clinic. Nurses always make sure that you get the necessary help – even treatment when you visit the clinic. From our clinic people coming for HIV treatment have their separate area. It becomes obvious when some people get to the clinic because they go there. Because of this, other people choose not to go to clinics for their treatment.</i></p>
Mivuyo	Male – 17	Academy	Focus group	<p><i>From the clinic the nurses give out more information about HIV. They are too educative when it comes to information that people need to know about HIV and AIDS in terms of prevention and transmission.</i></p>

Phaphama	Female – 16	Academy	Focus group	<i>The clinic is very educative and the nurses are always willing to assist. Even just by visiting the clinic you will find posters that are more educative in terms of all the infectious diseases, not just HIV and AIDS only.</i>
Sesona	Female – 16	Academy	Semi-structured interview and focus group interview	<i>The clinic is more educative even though we do not often go there unless one is sick. In some instances, we go there when we have school projects that require the services of the clinic. For example, we once had a project about contraceptives, and we went to the clinic for that, and the nurses were very useful, educative, and willing to assist us.</i>
Zintle	Female – 15	Academy	Semi-structured interview and focus group interview	<i>The information that we get from the clinic is very informative. Nurses often encourage us to know our HIV status. We are also informed about treatment for HIV and AIDS.</i>
Luncedo	Male – 16	Academy	Focus group	<i>The problem with the clinic is that the nurses don't have a way of talking to the clients. Sometimes you'll find that you are with the nurse in the consulting room, but she will be shouting and talking so loud about how to live your life such that other people hear what is being discussed in the consultation room. That is very embarrassing.</i>

APPENDIX 16: EXTRACTS ABOUT HOME

Participant	Sex and age	School	Data Source	Response
Sobomi	Male – 16	Commercial	Semi-structured interview and focus group interview	<i>Parents and siblings do talk to me about HIV and AIDS. However, in many instances when they talk to me is when they respond to anything that I have done wrongly. Although at home we do talk about it, the truth of the matter is that I'm not free to talk to them because I'm not used to talk to them. The person who openly talks to me at home is my brother.</i>
Sim	Female – 16	Commercial	Semi-structured interview and focus group interview	<i>My mother is the person who talks to me about HIV and AIDS from home although she does not tell me much about HIV and AIDS. In many instances when she talks to me always encourages that I delay sex up until a stage where I'm old enough. I do not feel too comfortable talking to her about sex. Even though I do talk to my mother, at times I feel like I'm being given limited information even though my mother would be convinced that she has been open to me. When we talk, my mother often stresses the importance of delaying sex until one is ready. One should not rush for sex. Sex is for matured and married people who can be able to plan their</i>

				<i>families wisely.</i>
Sovuyo	Male – 17	Commercial	Semi-structured interview and focus group interview	<i>My parents, especially my dad, talks to me about HIV and AIDS. My dad often encourages me to be open to him. All the information I know about HIV and AIDS I learnt it from him because I can always ask him anything I need to know. My dad even encourages me to use protection when I engage in sex.</i>
Hloza	Male – 16	Commercial	Focus group	<i>From home, my parents are the ones who have influenced what I know about HIV and AIDS. My parents often share their experiences for us at home to be empowered and focused in all what we do.</i>
Lunje	Male – 17	Commercial	Focus group	<i>From home my mom and uncle are people that talk to me about HIV and AIDS. Although my mom makes efforts of talking to me about everything, I do not feel comfortable talking to her. My uncle is the person that I can freely talk to about HIV and AIDS. I do not talk to my dad about HIV and AIDS from home as he does not talk to me either.</i>

Enkosi	Male – 16	Commercial	Focus group	<i>Sometimes parents when you have failed, the only reason that made you to fail is because you have girlfriends and you don't have time for your books. And they begin to lecture you about detention, your phone that will be taken if you are not focused. You are even told about being a teenage daddy and contracting the virus if you don't put your act together.</i>
Senathi	Female – 17	Commercial	Focus group	<i>My mother does not give a chance at all. This is strange because parents act as if they were never this young before.</i>
Leza	Female – 17	Commercial	Focus group	<i>I'm so afraid of my grandmother. She's too spiritual. There's nothing that she talks about other than the wedding ceremonies of her grandchildren.</i>
Phiwo	Female – 15	Commercial	Semi-structured interview and focus group interview	<i>With me it's not easy at all to talk to my parents. My older sister got pregnant while studying and she had to drop out from school to take care of the baby.</i>

Lubanzi	Male – 17	Academy	Semi-structured interview and focus group interview	<p><i>From home, my uncle has influenced my learning about HIV and AIDS. My uncle is very educational because he is the only person at home that talks about HIV. He also encourages me to ask if there is something I need to know about HIV and AIDS.</i></p> <p><i>From home, my parents do talk to me about HIV. Sometimes when parents talk to me about HIV and AIDS, at times they are educative, but there are times when they reprimand me, more especially if I come home late and not do my home chores.</i></p>
Zintle	Female – 15	Academy	Semi-structured interview and focus group interview	<p><i>For me, home is the best site. All I know about HIV and AIDS, I got it from home. My mother is very educational and influential when it comes to HIV and AIDS. She talks a lot about it freely and encourages that I do the same. My mother is educative, and she often encourages us not to discriminate (against) other people. I guess it's because she is a social worker and a single parent, and she often does her best in terms of empowering us about HIV and AIDS.</i></p>

Mhlobo	Male – 15	Academy	Focus group	<i>From home, my father talks about HIV and AIDS and encourages that I use a condom if I have started to be sexually active. My father is very open to me, and he also warns and prepares me for what to expect. He also encourages delayed sex until one is ready.</i>
Luphawu	Male – 15	Academy	Semi-structured interview and focus group interview	<i>My parents talk to me about safe sex. Sometimes my mother is the one who is more open and one that I can talk freely with when it comes to sex.</i>
Mivuyo	Male – 17	Academy	Focus group	<i>My father does not talk to me at all about HIV and AIDS. All the information I have about HIV and AIDS I got from my teacher.</i>
Sesona	Female – 16	Academy	Semi-structured interview and focus group interview	<i>From home my parents still find it difficult to talk about HIV and AIDS. Sometimes I think that to them, if they talk to me about HIV and AIDS, they might be encouraging me to be sexually active. My mother does not talk much to me about HIV, and at home the only person who talks to me is my aunt.</i>
Phaphama	Female – 16	Academy	Focus group	<i>My parents do not talk to me about HIV and AIDS. Sometimes I even ask myself if my parents really understand the importance of bridging the gap between us.</i>

Hlombe	Female – 16	Academy	Focus group	<i>My parents do not talk much with me. What is worse with our parents is that we are not staying with them full time as we are often at school. The little time we spend home either during holidays or weekends our parents do not ask about what we do in school after school and on weekends.</i>
Zizo	Female – 17	Academy	Focus group	<i>My parents do not talk to me at all about HIV and AIDS. As we are boarding learners who are always at school, even when we are with them they still find it difficult to be open to us about HIV and AIDS.</i>

APPENDIX 17: POSITIVE INFLUENCE OF FORMAL CURRRICULUM

Participant	Sex and age	School	Data Source	Response
Sovuyo	Male – 17	Commercial	Semi-structured interview and focus group interview	<i>From school we learn about HIV and AIDS in LO class. We are taught about HIV prevention.</i>
Sobomi	Male – 16	Commercial	Semi-structured interview and focus group interview	<i>From school we are taught about HIV prevention, transmission and living with HIV-positive people.</i>
Hloza	Male - 16	Commercial	Focus group	<i>Teachers educate and empower us in preventing HIV transmission. The information I have about HIV and AIDS, I got it from school because no one talks about it except my teacher at school.</i>
Lunje	Male – 17	Commercial	Focus group	<i>The information we get from school is very informative because teachers prepare us about HIV and AIDS. All the information that I get from school is through our LO class when the teacher teaches us about all that relates to HIV.</i>

Sim	Female – 16	Commercial	Semi-structured interview and focus group interview	<i>At school we learn about HIV transmission, prevention, healthy living and not to discriminate against people living with HIV.</i>
Pinkdoll	Female – 17	Commercial	Focus group	<i>From school teachers teach us about HIV, and we are provided with all the information about HIV and AIDS. This helps us to prepare for what to expect when we are out of school.</i>
Phiwo	Female – 15	Commercial	Semi-structured interview and focus group interview	<i>In our Life Science class, we were taught about the CD4 cells and immune system and the impact of HIV and AIDS in one's body. We are even taught about how it is transmitted, prevented and how one can live healthy while diagnosed with HIV.</i>
Leza	Female – 16	Commercial	Focus group	<i>From school we often have debates in class about HIV and AIDS, and also on how we can prevent ourselves from getting infected. Through the debates we also discuss ways of living with HIV-positive people without discriminating against them. The teachers even inform us about the importance of knowing your HIV status and how to live a healthy life.</i>
Senathi	Female – 17	Commercial	Focus group	<i>From school, teachers teach us about HIV.</i>

Hlombe	Female – 16	Academy	Focus group	<i>From school we are informed about the ways of contracting HIV as unprotected sex with the infected person may subject one to the risk of infection. In addition, I have also learnt the sexual encounter is not the only way of contracting HIV as some are born with HIV (MTCT). People injecting drugs are also at risk of contracting and transmitting HIV.</i>
Phaphama	Female – 16	Academy	Focus group	<i>The information that we get from school is about transmission, prevention and living positively with HIV-positive people without discriminating against them.</i>
Zizo	Female – 17	Academy	Focus group	<i>From Life Sciences classes we learn about HIV and how it affects your immune system. From the LO class we learn about the benefits of nutritious foods for our bodies and healthy living HIV diagnosis.</i>
Zintle	Female – 15	Academy	Semi-structured interview and focus group interview	<i>Our LO teacher teaches us everything about HIV and AIDS. When teaching, our teacher encourages us not to discriminate people because of their HIV status.</i>
Lubanzi	Male – 17	Academy	Semi-structured interview and focus group interview	<i>From school our teacher teaches us about HIV and AIDS transmission and prevention.</i>

Luphawu	Male – 15	Academy	Semi-structured interview and focus group interview	<i>From school we learn about HIV and AIDS in the LO and Life Science classes where we learn about HIV and AIDS and how it is transmitted. At schools we are told about the importance of regular exercise and healthy eating. The availability and use of teaching aids when teacher is teaching contributed to what I know about HIV and AIDS.</i>
Mhlobo	Male – 15	Academy	Focus group	<i>The information that I get from school through LO class prepares me for what to expect, for example, prevention of HIV transmission through condom use.</i>
Mivuyo	Male – 17	Academy	Focus group	<i>From school the teacher teaches about infectious diseases and how to prevent them. Our teacher often encourages us not discriminate people because of their health conditions.</i>
Luncedo	Male – 16	Academy	Focus group	<i>From school we learn about HIV. The school has awareness campaigns by social workers who inform us about HIV and AIDS.</i>

Sesona	Female – 16	Academy	Semi-structured interview and focus group interview	<i>I have learnt about HIV through LO class where the teacher teaches about how it is transmitted and how one can prevent HIV infection.</i>
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APPENDIX 18: NEGATIVE INFLUENCE OF FORMAL CURRICULUM

Participant	Sex and age	School	Data Source	Response
Sovuyo	Male – 17	Commercial	Semi-structured interview and focus group interview	<i>At school they are sending mixed messages, for example, the teacher often talks about 'no sex before marriage', while she also teaches us about sex. Another challenge is as boys we are often seen as having a bad influence on girls. As boys we are not empowered enough to live our productively as compared to girls.</i>
Sobomi	Male – 16	Commercial	Semi-structured interview and focus group interview	<i>The school sometimes confuses us when it comes to HIV and AIDS by contradicting itself.</i>
Hloza	Male – 16	Commercial	Focus group	<i>Teachers often see us as lions who endanger the future of the girls. It seems as if as boys we do not have a future like girls do.</i>
Lunje	Male – 17	Commercial	Focus group	<i>The teachers can be of bad influence to the girls because they always prevent them from the boys who have bad influence. Girls are being more educated than us boys and even told not to have sex, and no one tells us what to do as boys.</i>

Sim	Female – 16	Commercial	Semi-structured interview and focus group interview	<p><i>Our teacher is often uncomfortable in answering our questions when during HIV and AIDS lessons. Sometimes the answers she gives are unsatisfactory. She often stresses that delaying sex until the person is old enough is more important. She believes more in abstinence as she thinks that engaging in sex before marriage is wrong.</i></p> <p><i>Another challenge is being taught by an old person because we are not free during the classroom discussion as compared to boys</i></p>
Phiwo	Female – 15	Commercial	Semi-structured interview and focus group interview	<p><i>As girls it is not easy to be participative in class and we decide to keep quiet because the boys become dominant and we also do not want to be seen as more experienced when it comes to sex.</i></p>
Sesona	Female – 16	Academy	Semi-structured interview and focus group interview	<p><i>I strongly believe that teachers are not telling us everything about HIV and AIDS. They still see us as kids. They give us limited information. Even from class you cannot be more engaged in terms of asking and answering questions because other learners will see you as directly affected. Boys get so excited, and they do not even focus in class, and the class becomes unruly.</i></p>

Zizo	Female – 17	Academy	Focus group	<i>In class we are many, and once you are active in class the boys will think someone from your family is positive, or you are sexually active. This makes some of us not to participate in class.</i>
Zintle	Female – 15	Academy	Semi-structured interview and focus group interview	<i>In class everything is always about the girls –girls being more vulnerable to HIV than boys and the number of girls infected according to the statistics being more than the one for boys. Moreover, girls being vulnerable because of sugar daddy tendencies, while little is said about boys and sugar mamas. Boys are always portrayed as safer than girls in terms of HIV infection.</i>
Hlombe	Female – 16	Academy	Focus group	<i>In class when you ask too much questions learners perceive you as someone who is affected by HIV. As a result you pretend as if you do not know anything about HIV and AIDS.</i>
Phaphama	Female – 16	Academy	Focus group	<i>The challenge in class are classmates who often judge you by the kind of questions you ask. Sometimes I would decide not to ask question to avoid the comments of classmates. This sometimes makes a school not a safe place where one can freely express her comments.</i>

Luncedo	Male – 16	Academy	Focus group	<i>From school, once peers know that you are not sexually active, some might see you as immature, and this instils unnecessary pressure to us as we sometimes start engaging in sex even though we are not ready.</i>
Mhlobo	Male – 15	Academy	Focus group	<i>Teachers do not ensure that the unnecessary pressures do not take place in classes. Learners who decide to delay sex are not protected in classes as at times they are being ridiculed for choosing to be sexually inactive.</i>
Lubanzi	Male – 17	Academy	Focus group	<i>I have noticed that if you are knowledgeable about HIV in terms of answering the questions, other learners perceive you as directly affected.</i>

APPENDIX 19: INFLUENCE OF HIV AND AIDS SOURCES ON LEARNERS

Participant	Sex and age	School	Data Source	Response
Sobomi	Male – 16	Commercial	Semi-structured interview	<i>I'm afraid of contracting HIV. As a result I make sure that I'm always safe. The school is the best in educating me about HIV and AIDS.</i>
Sim	Female – 16	Commercial	Semi-structured interview	<i>The clinic and school always have the same message, and when with friends we are always worried about HIV and AIDS and not want to be infected.</i>
Sovuyo	Male – 17	Commercial	Semi-structured interview	<i>For me, my parents, school and peer facilitators have been influential in what I know about HIV and AIDS. All these people informed me about prevention from infection, and peer educators moved beyond preventing infection to living a healthy and balanced lifestyle.</i>
Phiwo	Female – 15	Commercial	Semi-structured interview	<i>I'm very afraid of contracting HIV. I always avoid risky situations that might affect me to infection. I think this has something to do with how other people interact and act towards people living with HIV.</i>

Luphawu	Male –15	Academy	Semi-structured interview	<i>Our teacher tries to be practical with us. He shows HIV and AIDS-related videos. These videos always make me not to forget what I learnt about HIV and AIDS.</i>
Lubanzi	Male –17	Academy	Semi-structured interview	<i>Some awareness campaigns also make a difference on what we should know about HIV and AIDS.</i>
Zintle	Female – 15	Academy	Semi-structured interview	<i>At home I have an educative and encouraging parent who is open to me about HIV and AIDS.</i>
Sesona	Female – 16	Academy	Semi-structured interview	<i>Peer-facilitated campaigns are empowering because you are encouraged to talk about everything that is related to HIV and AIDS.</i>

APPENDIX 20: THE ROLE OF LEARNERS WHEN LEARNING ABOUT HIV AND AIDS

Participant	Gender	School	Data Source	Response
Sobomi	Male – 16	Commercial	Semi-structured interview	<i>At some point at school we are engaged when asked about our understanding of HIV and AIDS, unlike home where there is no engagement at all.</i>
Sim	Female – 16	Commercial	Semi-structured interview	<i>Some participation in class is there. However, boys are more talkative. We are shy and we don't want to be seen as if we are forward.</i>
Sovuyo	Male – 17	Commercial	Semi-structured interview	<i>The participation in class is allowed. My daddy also allows me to talk and ask questions. With peer-facilitated sessions we engage in discussions about HIV and AIDS.</i>
Phiwo	Female – 15	Commercial	Semi-structured interview	<i>In class, we never participated.</i>
Luphawu	Male – 15	Academy	Semi-structured interview	<i>We are given group tasks to discuss about HIV and AIDS, and we are allowed to ask questions.</i>
Lubanzi	Male – 17	Academy	Semi-structured interview	<i>My uncle from home is the best when it comes to us talking about HIV and AIDS. At school, questions are encouraged when one has something to understand.</i>
Zintle	Female	Academy	Semi-	<i>When with my mother, we talk about</i>

	– 15		structured interview	<i>Everything, and this is the case with our LO teacher who encourages participation in class.</i>
Sesona	Female – 16	Academy	Semi-structured interview	<i>Peer-facilitated sessions encourage maximum engagement as everyone is free to talk and ask questions without fear of being judged.</i>

APPENDIX 21: LEARNERS' FEELINGS WHEN LEARNING ABOUT HIV AND AIDS

Participant	Sex and age	School	Data Source	Response
Sobomi	Male – 16	Commercial	Semi-structured interview	<i>When it comes to HIV and AIDS, I have both negative and positive thoughts. I always associate HIV with dying; while on the other hand HIV-positive people receive treatment and can maintain a healthy lifestyle.</i>
Sim	Female – 16	Commercial	Semi-structured interview	<i>I'm scared of HIV and not sure how would I respond if I'm diagnosed with HIV. It worries me that there is no cure for HIV and AIDS. However, knowing that HIV can be treated and people can live longer is a relief.</i>
Sovuyo	Male –17	Commercial	Semi-structured interview	<i>What worries me the most is the fact that young people are mostly affected with HIV, meaning that I am also the victim. Some people still treat HIV-positive people in a bad way. I cannot deny the fact that HIV is deadly.</i>
Phiwo	Female – 15	Commercial	Semi-structured interview	<i>After people are diagnosed with HIV they become a burden to their family members. Some are bed ridden and depend on other people. Accessibility of HIV and AIDS treatment is the positive thing that brings hope.</i>
Luphawu	Male –15	Academy	Semi-structured interview	<i>My parents are too religious. They do not talk a lot about sex. While in school, teachers talk freely about sex. I don't know how my parents would</i>

				<i>react should they know that teachers are teaching sex.</i>
Lubanzi	Male – 17	Academy	Semi-structured interview	<i>On a positive note, I know that HIV can be treated. This shows that HIV infection is not the end. Through education people are empowered to take care of themselves once diagnosed with HIV. While on the negative side, if one does not take the HIV treatment one might develop AIDS.</i>
Zintle	Female – 15	Academy	Semi-structured interview	<i>At school there are no HIV and AIDS awareness campaigns for learners to be aware. People still believe that sexual intercourse is the only mode of HIV transmission. Some people are not aware of other HIV transmission modes.</i>
Sesona	Female – 16	Academy	Semi-structured interview	<i>Having positive feelings about HIV and AIDS is influenced by what I have learnt about HIV and AIDS, like transmission, prevention and living a healthy life. On the other hand, I cannot stop thinking about how I will live my life should I be diagnosed with HIV, what people will think of me, and even the thoughts of suicide sometimes do come.</i>

APPENDIX 22: THE INFLUENCE OF HIV AND AIDS IN LEARNERS' BEHAVIOUR

Participant	Sex and age	School	Data Source	Response
Sobomi	Male –16	Commercial	Semi-structured interview	<i>I have learnt about HIV and AIDS from school and this has influenced me positively. I know how to prevent HIV infection.</i>
Sim	Female – 16	Commercial	Semi-structured interview	<i>Now I know that HIV and AIDS is an infectious disease. Once infected, that can't be reversed. As a result, now that I know how HIV can be prevented.</i>
Sovuyo	Male – 17	Commercial	Semi-structured interview	<i>Learning about HIV and AIDS has influenced how I do things because I think before I do anything. My decisions are not influenced by friends because I have set goals that I have to accomplish. In addition, I have learnt that living with HIV and AIDS is not the end of the world.</i>
Phiwo	Female – 15	Commercial	Semi-structured interview	<i>I know how I can prevent myself from HIV infection. I have become more empowered in terms of the decisions I make with regards to HIV.</i>

Luphawu	Male – 15	Academy	Semi-structured interview	<i>When I went for the initiation school there was nothing else I was thinking about than getting a girlfriend because I believed I was man enough. However, having learnt about HIV and AIDS, I became more empowered when it comes to preventing HIV infection.</i>
Lubanzi	Male – 17	Academy	Semi-structured interview	<i>The knowledge I have prepared me to protect myself from infection. My uncle taught me the importance of communication when it comes to HIV and AIDS and sex related issues.</i>
Zintle	Female – 15	Academy	Semi-structured interview	<i>My parent and (my) teacher informed me about HIV. I'm now conscious and more cautious of not contracting the virus.</i>
Sesona	Female – 16	Academy	Semi-structured interview	<i>I'm more informed now that there is treatment, and I can always prevent myself from contracting the virus.</i>