

EXPLORING THE USE OF INTERACTIVE TEACHING AND LEARNING STRATEGIES IN HIV AND AIDS EDUCATION

M MAY

2010

EXPLORING THE USE OF INTERACTIVE TEACHING AND LEARNING STRATEGIES IN HIV AND AIDS EDUCATION

By

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Submitted in fulfilment of the requirements for the degree
of Magister Educationis in the Faculty of Education at the
Nelson Mandela Metropolitan University.

December 2010

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DECLARATION BY STUDENT

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ACKNOWLEDGEMENTS

I would like to thank the following people, who were instrumental in the completion of this study:

- My supervisor, Prof. Lesley Wood, for her guidance, support and participation in the developmental workshops provided in this study. Your firmness kept me dedicated and driven!
- The academic and administrative staff members in the Faculty of Education at the Nelson Mandela Metropolitan University. Your advice, encouragement and wisdom were a huge source of strength for me.
- The language editor, Ms Marthie Nel, for improving the quality of this dissertation.
- The participating teachers and school for their hospitality, warm spirit and friendly demeanour. I consider you all to be personal friends; your dedication to the teaching profession is an inspiration!
- My friends and family for their unwavering support and motivation to complete this study; and for providing a shoulder to lean on when I needed it most.
- The Research Capacity Development Department (NMMU) for providing the financial assistance, without which I would not have been able to complete this study.

ABSTRACT OF THE RESEARCH

Schools play a major role in shaping the attitudes, opinions and behaviour of young people and so are ideal environments for teaching the social, as well as biological aspects of HIV and AIDS. However, literature indicates that learners are displaying “AIDS fatigue” and may be resistant to teaching around HIV and AIDS.

In order to enhance learner engagement and learning, there is therefore a need for teachers to employ interactive teaching and learning strategies that are interactive, inexpensive and fun. This dissertation outlines the research design of an investigation into how such strategies can be used in HIV and AIDS prevention education. An action research design was made use of in this study and the manner in which several teachers presented HIV and AIDS education to his/her learners was initially observed. In addition, qualitative interviews were used to determine the teachers’ need for development in this regard. Based on the findings of the problem identification step, teachers were introduced to active teaching and learning strategies and supported to implement them. Evaluation and refinement of the strategies, developmental workshops and training followed, which in turn lead to recommendations and the formulation of guidelines to influence teacher education with regard to HIV and AIDS prevention education.

Key terms

Action Research

AIDS fatigue

HIV and AIDS prevention education

Interactive teaching and learning strategies

Learner engagement

Learners

Schools

Teachers

OPSOMMING VAN NAVORSING

Skole speel 'n groot rol in die vorming van die houding, menings en gedrag van jong mense en is dus die ideale omgewing vir die onderwys van die sosiale asook die biologiese aspekte van HIV en VIGS. Nietemin, letterkunde wys daarop dat leerlinge 'n moegheid vertoon vir die onderwerp van HIV en VIGS en mag dalk weerstand vertoon teenoor hierdie onderwerp.

Om leerling deelname te verbeter, is daar 'n behoefde aan onderwysers om van interaktiewe onderwys en leer strategieë wat goedkoop en pret is, gebruik te maak. Hierdie verhandeling beskryf die navorsingsontwerp van 'n ondersoek na hoe sulke strategieë gebruik kan word in die opvoeding van voorkoming van HIV en VIGS. 'n Aksie-navorsing ontwerp was gebruik in hierdie ondersoek en die manier waarop baie onderwysers HIV en VIGS opvoeding oordra aan hul leerlinge was aanvanklik waargeneem. Kwalitatiewe onderhoude was ook gebruik om die onderwysers se behoefde aan ontwikkeling in hierdie opsig te bepaal. Gebaseer op die bevindinge van die probleem identifikasie stap was onderwysers voorgestel aan interaktiewe onderwys en leer strategieë en was ondersteun in die implementasie daarvan. Evaluasie en verfyning van die strategieë, asook ontwikkelings werkwinkels en opleiding het gevolg. Hierdie het gelei tot die aanbevelings en die formulering van riglyne om onderrig aan die onderwysers te be-invloed, met betrekking tot HIV en VIGS voorkoming onderwys.

Hoof terme

Aksie-navorsing

HIV en VIGS voorkoming onderwys

Interaktiewe onderwys en leer strategieë

Leerling betrokkenheid

Leerlinge

Onderwysers

Skole

VIGS moegheid

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CHAPTER 1

OVERVIEW OF INTENDED RESEARCH

1.1 INTRODUCTION

This chapter is aimed at creating an awareness of the focus of my research. In providing a rationale for the study, I will include background information relating to the HIV and AIDS pandemic: its impact on South Africa's youth and by default, its education system; its role and/or impact in the classroom; and the perceptions of educators and how they are responding to the disease. In addition, I intend to formulate the research problem and clarify the aims of my research, the research methodology and ethical considerations that guided my research.

1.2 BACKGROUND AND RATIONALE FOR STUDY

The HIV and AIDS pandemic has substantially influenced the way in which *all* South Africans live. According to the South African National HIV Survey, conducted in 2008, 10.8% of all South Africans over 2 years of age were living with HIV in that year. Among those between 15 and 49 years old, the estimated HIV prevalence was 16.9% (Department of Health, 2008).

Of particular interest to me, is the way in which these large numbers of infected and affected children are dealt with in South African schools. A recorded 28% of all pregnant women in South Africa today are living with HIV and AIDS (Department of Health, 2008). The children of these women may themselves be infected or will definitely be affected, due to the positive serostatus of their mother. Indeed, the number of HIV and AIDS affected individuals is inestimable; however, as of 2008, a reported 2.5% of children aged 2 to 14 years were HIV infected. Although down from 5.6% in 2002 (Department of Health, 2008), the statistics remain alarming and demand the attention of educators who see and care for these children for the most part of the day. The HIV and AIDS pandemic has posed new challenges to educators, who are struggling to cope with the many manifestations of the pandemic. The pandemic has imposed the need to alter their teaching and, according to educators, this is a "traumatic journey". They state that this "heavy load" is taxing (Bhana, Morrell, Epstein & Moletsane, 2006:6). Educators are severely challenged

by the need to provide care and support, as orphans and vulnerable children have additional needs, over and above the need to be educated (Coombe, 2003; Hall, Altman, Nkomo, Peltzer & Zuma, 2005; Bhana *et al*, 2006). It is my intention to conduct research into active learning strategies that will meet the needs of both educators and learners in this regard as well as address the need to *educate* learners about HIV and AIDS, in an interactive and fun way.

Over recent decades, a transformation of sorts has taken place in the education system worldwide: a move from the more traditional, lecture-oriented, instructional paradigm to a new learning paradigm: a holistic, student-centred approach designed to produce learning, develop critical thinking skills (stipulated as one of the critical and developmental outcomes in South Africa's National Curriculum Statement) and elicit discovery and the construction of knowledge (Barr and Tagg, 1995 in Boehrer, Kuzma & Lantis, 2000:1). While this approach creates powerful and effective learning environments and is both appropriate and necessary, it has not yet been actualised fully in South Africa.

The adoption of the Constitution of the Republic of South Africa (Act 108 of 1996) provided a basis for curriculum transformation and development in South Africa. The purpose of transformation was outlined in the National Curriculum Statement (NCS), which encompassed several major principles, namely social transformation; outcomes-based education (OBE); high knowledge and high skills; integration and applied competence; progression; articulation and portability; human rights, inclusivity, environmental and social justice; indigenous knowledge systems; and credibility, quality and efficiency (Department of Education, 2006:4). In South Africa, the provision of HIV education, under the banner of Life Orientation, has been mandated in all public schools. The new revised curriculum aims to equip learners with skills in order to live meaningful lives in a transforming society.

According to Fiske and Ladd (2000:5), educators are still faced with the legacy of apartheid, and racial disparities are still found within the education sector. The quality of education varies, with black learners generally exposed to poorly resourced schools and unqualified educators. The medium of instruction remains primarily didactical teaching and rote learning (Hoffmann, 2009:1). During the apartheid era (1948 to 1994), the education system was bent to the ruling ideology of that era. One

of the major disadvantages foisted upon those whose appearance and descent disqualified them from membership of the legally defined category "white" or "European" (the latter in respect of persons whose ancestors may have lived in Europe some generations previously, but who generally had not themselves ventured beyond the borders of the country) was that they were subject to an inferior education system aimed at preparing them for a life as "hewers of wood and drawers of water", in the words of the architect of apartheid, Hendrick Verwoerd. The race debate has persisted, largely because the new South African education authorities have not done enough to eradicate the inequalities and disadvantages that existed prior to the dawning of democracy. Instead of concentrating on the upgrading of the qualifications of educators so that they would have the capacity to prepare their learners for more than the life envisaged by Verwoerd, teacher training colleges were closed, and generally little has been done to improve the skills of under-qualified teachers inherited from the imperfect past (Hoffmann, 2009:1) .

Attempts were made to address these inequalities through a government policy document called "Curriculum 2005" (Department of Education, 2001:4), which focuses on inclusivity, learner participation, activity-based education, and critical thinking. The teacher is now required to guide and the learner to fully engage in the learning and teaching process. The learners are assessed in each subject throughout the year and a percentage of this continuous assessment is added to their final-year mark, which determines a pass or failure. The adoption of Outcomes-based Education in the mid-nineties recognised the considerable popularity that this system was enjoying in countries such as Australia, New Zealand and America, according to Fiske and Ladd (2000). The South African Department of Education was particularly influenced by William Spady, an American proponent of the method, who visited South Africa as a consultant in 1995. Spady later reportedly distanced himself from the South African version of OBE, describing it as "a professional embarrassment" (Barbeau, 2008:4).

Fiske and Ladd (2000:5) state that education in South Africa pre 1994 was the antithesis of "race blind" (meaning that no one should be treated differently simply because of his or her race). There were fifteen distinct departments of education, each serving different racially defined groups of students. Separate departments

operated schools for each of the four main racial groups living in urban areas, while additional departments operated schools for Africans in each of the ten homelands. The fifteenth department was a national department that oversaw this complex system, but operated no schools. For most of the apartheid era, students in each of the four socially constructed racial groups were restricted to attending schools operated by the relevant department of education. The Department of Education itself has now acknowledged that “there is considerable evidence that quality of education in South African schools is worryingly low relative to what South Africa spends on schooling” (Department of Education, 2002:101). Here, it is important to distinguish between urban and rural areas and, within them, between formal and informal areas. Schools in informal settlements within urban and rural areas – the former homelands – remain marked by poor quality. While racial differences are no longer as stark as they were ten years ago, and many poor schools are performing better than better resourced schools, the contours of quality differences by and large continue to reflect historical legacies and differences (Chisholm, 2004:5).

The reality we face today is that most educators are challenged with embracing a more facilitative approach to teaching and having to place more emphasis on both Critical and Developmental Outcomes being achieved through their teaching. Curriculum 2005 emphasised the importance of all school work being “learner paced and learner based” (Department of Education, 2002:4). Critical Outcomes place emphasis on learners being able to identify and solve problems using critical and creative thinking; work effectively with others as members of a team; organise and manage themselves and their activities responsibly and effectively; collect, analyse, organise and critically evaluate information; communicate effectively using visual, symbolic and/or language skills in various modes; use science and technology effectively; and demonstrate an understanding of the world as a set of related systems by recognising that problem-solving contexts do not exist in isolation. In addition to these, educators are faced with the task of having to implement Developmental Outcomes as part of their assessment of learners. These include learners who are able to reflect on and explore a variety of strategies to learn more effectively; participate as responsible citizens in the life of local, national and global communities; be culturally and aesthetically sensitive across a range of social

contexts; explore education and career opportunities; and develop entrepreneurial opportunities.

Despite changes in government policy, little has changed in Black schools since the apartheid era (Ahmed, Flisher, Jansen, Mathews & Mukoma, 2009:37). Teaching in Black schools has remained teacher centred and context-based, with the focus on rote learning – a teaching mechanism initially introduced during the apartheid regime that left a legacy of an educational system shaped by divisive and dehumanising imperialistic policies (Dunn, 2003:1). Rote learning is a learning technique that avoids understanding of a subject and instead focuses on memorisation. In this technique, repetition features prominently – the idea that one will be able to recall the meaning of the material more quickly the more one repeats it (Kreitman, 2009).

Obviously, this kind of teaching and learning is especially inappropriate for educating around HIV and AIDS, which involves the discussion of sensitive subjects related to sexuality. Bhana (2007:431) states that the relationship of many teachers to the subject of HIV and AIDS is inscribed within regulatory forces based on the notion of childhood sexual innocence that uphold and construct a particular version of childhood that is racialised, 'classed' and gendered. Despite the urgency of addressing young children's right to HIV and AIDS education, teaching discourses mobilise a notion of innocence that culminates in fear and anxiety around the expression of sexuality in early childhood. Research on life skills and HIV and AIDS education indicates that many teachers are not sure of what to teach and how to teach it (Pattman & Chege, 2003). HIV and AIDS interventions in schools appear to be missing the message, ignoring boys and girls' different responses to knowledge about HIV and AIDS and are blind to the construction of gendered and sexual identities (Epstein, Moletsane, Morrell & Unterhalter, 2001:90). Teachers and learners find it difficult to communicate about sexuality and gender and this limits the possibility of addressing important issues relevant to HIV and AIDS. In addition, little research has been undertaken on HIV and AIDS prevention education in the early years of schooling; this is perhaps because sexual activity among young children is not considered appropriate. HIV and AIDS education calls for teaching around sexuality in a *holistic* manner. I believe that it is through the way in which educators interact with the learner on an emotional level and via interactive teaching and learning strategies that we may better transmit information, skills and values and

develop learner knowledge of the virus and equip learners with the tools and skills needed to fully understand it, prevent transmission and avoid potentially dangerous situations. The focus of my research into active learning strategies will therefore be not only on how they can be used in prevention education, but how they can be used to promote social values and development. Johnson (2002:1) implies that active learning can result in a heightened awareness and understanding of those around us, as the instructional use of the small groups associated with active learning encourages students to work together to maximise their own and others' learning. In addition, the positive interdependence promoted in active learning could result in each individual learner depending on and being accountable to others – a built-in incentive to help, accept help and root for others.

Because many South African teachers are struggling to deal with HIV and AIDS in a learner-centred manner, I believe that it is important to investigate some of the methods/strategies educators could use to teach HIV and AIDS related topics in a manner that is comfortable for both them and the learner – where the learner is actively engaging in the learning process and provided with a platform to both internalise and personalise the information as well as express him- or herself in an environment that fosters support and care.

Active learning strategies can be used to achieve this. Bonwell and Eison (1991:1-2) have conducted extensive research into this model of instruction. They state that active learning could best be described as a situation where the responsibility for learning rests with the learners. Students must do more than just listen: they must read, write, discuss or be engaged in solving problems. Most important, to be actively involved, students must engage in such higher-order thinking tasks as analysis, synthesis and evaluation. Within this context, it is proposed that strategies promoting active learning be defined as instructional activities involving students in doing things and thinking about what they are doing (Chickering & Gamson, 1987).

Malaguzzi (1993:5) emphasises the importance of active learning:

“Learning and teaching should not stand on opposite banks and just watch the river flow by; instead, they should embark together on a journey down the water. Through an active, reciprocal exchange, teaching can strengthen learning how to learn.”

Often, educators overlook the various psychological and emotional consequences being affected and/or infected by HIV and AIDS for the learners: the *physical risk* is mostly the focal point or cause for concern, and with reason. Despite the obvious transmission concern, HIV infected children often exhibit a multitude of worrying symptoms, which can severely affect their academic performance and overall well-being. An awareness and understanding of this is crucial for the educator; however, educating the *affected* learner is also of vital importance: transmitting knowledge about not only the virus, but the need for stigma reduction, the promotion of a caring climate and gender equality, and the encouragement of a change in attitude regarding the illness are paramount in prevention education as a whole.

One of the most effective ways in which educators can gauge learner awareness of the illness and practise a more holistic, interactive teaching style is via the usage of various games and fun activities in the classroom. In *my* experience as a student teacher in Grades 0-3, the teaching of HIV and AIDS was often limited to the Life Skills lesson of the day. The subject was usually confronted in a sterile manner. By making use of active learning strategies, such as games and sports that are learner-centered and gender and age appropriate, educators can make the learning process more fun, whilst encouraging a team dynamic and critical thinking skills. The experiential learning approach outlines the notion that knowledge absorption and retention is far greater when the learner is learning in a context where he/she gets to interact with his/her peers and share information. In his book on experiential learning, David Kolb (an American educational theorist) states that knowledge is continuously gained through both personal and environmental experiences (Kolb, 1984). The author states that in order to gain genuine knowledge from an experience, certain abilities are required: the learner must be willing to be actively involved in the experience; the learner must be able to reflect on the experience; the learner must possess and use analytical skills to conceptualise the experience; and the learner must possess decision-making and problem-solving skills in order to use the new ideas gained from the experience (Baumgartner, Caffarella & Merriam, 2007).

Simply put, experiential learning can be described as the way in which learners learn via their experiences of the world around them. However, as mentioned previously,

these experiences are rarely made available to the South African learner, due to the teacher-centered method of teaching followed in most South African schools. Student reflection on experience is deeply embedded within experiential education paradigms, but incongruence exists between what experiential education claims to value and what it *is* in practice. According to the Association for Experiential Education (n.d.:2), certain key principles that should be kept in mind when considering how the educator can support student-centred learning are that: throughout the experiential learning process, the learner must be actively engaged in posing questions; investigating; experimenting; being curious; solving problems; assuming responsibility; being creative and constructing meaning. All of these hold a very noticeable resemblance to the Critical and Developmental Outcomes as mentioned previously – by making use of this approach to learning, these outcomes can more easily be achieved by the learner and integrated into HIV and AIDS education.

According to Bundy, Fawzi, Jukes and Simmons (2008:4), people who have received education are more likely to understand transmission methods and to take protective action in response to public health information. However, the relationship is bi-directional, as HIV also influences education levels. The pandemic reduces children's access to education on a number of micro and macro levels, impacting on family incomes as well as national education budgets. While HIV specific education programmes receive much attention, increasing the ability of countries to provide high-quality general education to all children may be a more efficient way to reduce the impact of HIV and AIDS on this generation.

In conclusion, it is becoming increasingly important to provide adequate HIV and AIDS education, particularly in schools battling with poor socio-economic circumstances. However, due to the severe lack of funding in these areas, innovative and inexpensive teaching aids are a necessity. The role of education in HIV and AIDS awareness may not be overlooked: it is at schools where learners are provided with a platform for information-sharing and receiving as well as care and support. It is indeed at school and via effective teaching strategies that behavioural change in learners can be promoted, and I consider this a fundamental and desired outcome in my motivation for using active learning strategies in the classroom.

1.3 PROBLEM STATEMENT

The need for HIV and AIDS education in South Africa cannot be denied; yet research indicates that educators on the whole lack expertise in this area. Poorly resourced schools are doubly disadvantaged when it comes to implementing interactive, participatory teaching strategies. Active learning strategies have proven to be a vital component of effective HIV and AIDS prevention education and in helping learners to translate knowledge into practice. Interactive and engaging teaching strategies are necessary to combat “AIDS fatigue” – many young people in South Africa, as Mitchell and Smith (2001) discovered in their fieldwork at several secondary schools and informally amongst young adults in the community, are ‘sick of AIDS.’ They are tired of hearing about AIDS. This is *internalised* AIDS fatigue on the part of those most affected (at least potentially) by the epidemic. A shift from a philosophy that focuses mainly on the transmission of information to one based on the learners actively constructing their *own* knowledge needs to take place. This can be promoted by the use of active learning strategies.

1.3.1 Formulation of research question

Based on the above rationale and problem statement, the following research questions were formulated to guide the study:

1.3.1.1 Primary research question

How can active learning strategies be used to promote effective HIV and AIDS prevention education?

1.3.1.2 Secondary research questions

How can teachers be assisted in approaching HIV prevention education in a more learner-centred way?

What recommendations can be made to promote the use of active learning strategies in HIV and AIDS education?

1.4 PURPOSE/GOALS OF RESEARCH

Based on the above-mentioned problem formulation, the primary goal of my research is:

To conduct a purposeful investigation into how educators are using active learning strategies.

The secondary goals are:

To determine how active learning strategies can encourage the engagement of both educators and learners in HIV and AIDS education.

To make recommendations, based on the findings, regarding the use of active learning strategies in HIV and AIDS education.

1.5 CLARIFICATION OF CONCEPTS

1.5.1 AIDS

AIDS is short for Acquired Immune Deficiency Syndrome. This disease is said to be acquired, because it is not a disease that is inherited. It is caused by a virus (the Human Immunodeficiency Virus, or HIV) that enters the body from outside. Although we use the term 'disease' when we talk about it, AIDS is not a specific illness. It is really a collection of many different conditions that manifest in the body (or specific parts of the body), because the HI virus has so weakened the body's immune system that it can no longer fight the disease-causing agents that are constantly attacking it. It is therefore more accurate to define AIDS as a syndrome of opportunistic diseases, infections and certain cancers – each or all with the ability to kill the infected person in the final stages of the disease. HIV infection is transmitted primarily by sexual intercourse, by HIV-infected blood passing directly into the body of another person, and by a mother to her baby during pregnancy or childbirth, or as a result of breastfeeding (Van Dyk, 2005:3-4, 23).

1.5.2 HIV AND AIDS

Please note that for the purpose of this study, the term “HIV and AIDS” will be used, versus the term HIV/AIDS. The reasoning for this is that according to research and the personal preferences and feelings of HIV infected persons, HIV/AIDS implies that there is no distinction between the HI virus and AIDS. Many individuals continue to live a healthy life with the HI virus – people who are infected with HIV can enjoy prolonged periods of relatively good health, whereas AIDS is a stage of progression of the HIV disease. Even though the term HIV/AIDS is widely used and accepted, recent United Nations (UN) AIDS guidelines promote the use of HIV, where appropriate, and AIDS, where appropriate. HIV and AIDS are two different issues and often the term ‘HIV/AIDS’ (meaning ‘HIV and/or AIDS’) is unnecessarily used when either ‘HIV’ or ‘AIDS’ is relevant (depending on the exact text) and not both. The terms HIV and AIDS should be used only when both HIV and AIDS are relevant (United Nations Educational, Scientific and Cultural Organisation [UNESCO], 2006:7).

1.5.3 ACTIVE LEARNING STRATEGIES

I have briefly discussed and defined these strategies in the rationale for my study, but would like to add that it is important to note that the definition of these strategies may include games (i.e. competitive activities involving a level of skill, endurance or chance) and physical games (i.e. including an element of sport), as well as more contemporary games, such as electronic gaming and role-playing, which can be presented in the classroom. Wilkinson (2004:122) states that these types of strategies are responsible for promoting the long-term retention of information; motivating students towards further learning; assisting in developing students’ higher order thinking skills (to analyse, synthesise and evaluate information); and requiring students to assess their own degree of understanding of and skill at handling concepts or problems in a particular subject. In Chapter 2, these will be explained and discussed in more detail.

1.5.4 HIV PREVENTION EDUCATION

Effective HIV and AIDS education can help prevent new infections by providing people with information about how it is passed on, and in so doing equipping individuals with the knowledge to protect themselves from becoming infected with the virus. HIV and AIDS education also plays a vital role in reducing stigma and discrimination. The most common place for people to learn about HIV and AIDS is at school. Schools play a major role in shaping the attitudes, opinions and behaviour of young people and are therefore ideal environments for teaching the social as well as the biological aspects of HIV and AIDS (World Health Organisation, 2008:3).

1.5.5 POORLY RESOURCED SCHOOLS

For the purpose of my study, poorly resourced schools will include those found in primarily disadvantaged communities where resources and teaching aids are scarce and underfunded. In addition, the definition will include areas where teacher training and development has been neglected (for a variety of reasons, such as a lack of financial support, accessibility and so forth). Hendricks (2006:5) states that three quarters of schools nationally do not even have access to a library.

The provision by the Eastern Cape Education Department (ECED) of adequate up-to-date textbooks, especially in poor schools, has to be regarded as an absolute imperative for children's literacy and broader cognitive development. In fact, it is the minimum for adequate, let alone equitable, resource provision. Yet, schools routinely report difficulties in obtaining textbooks from the ECED (Lemon, 2004:285). Besides the shortage of textbooks, there has been little if any provision of readers, making it difficult for learners to develop age appropriate literacy in their home language or English, the language of learning and teaching from Grade 4. In addition, structural concerns are also prevalent in most Eastern Cape schools: a classroom is the most fundamental teaching resource, yet there is a shortage. In March 2002, 13 874 classrooms were needed in the Eastern Cape, the biggest shortfall in the country (Bot, 2005:6). Overcrowded classrooms are the obvious result.

1.6 RESEARCH DESIGN

The research design is the foundation of valid research. It is the plan that governs what will be done (i.e. treatment definition), to whom (i.e. sample selection), what will be measured (i.e. definition of constructs), how and when data will be collected, and how the results will be interpreted (Hanley-Maxwell & Skivington, 2007:1). Furthermore, the research paradigm will determine the approach that I take. The choice of research design must be based on a consideration of the problem of interest. The action research design chosen for this study will be discussed in more detail in Chapter 3, and is merely outlined here.

1.6.1 Paradigm informing research

My study will be underpinned by an interpretive paradigm. This approach to HIV and AIDS prevention education seeks understanding and meaning. The interpretive tradition treats the social world as subject, encouraging it to speak for itself. Denzin and Lincoln (2005:15) state that the open-ended nature of any qualitative research project leads to a perpetual resistance against attempts to impose a single, umbrella-like paradigm over the entire project. It also holds that human actions and social constructs (such as education) cannot be treated by researchers in the same way as natural objects. The research design related to this paradigm includes methods that range from the more structured qualitative techniques of focus groups and participant observation, through narrative accounts and case studies. I have decided to use an action research design for this study, as I want the teachers I am working with to foster reflective analysis and exert their own influence on the process (O'Brien, 1998:10). Due to the interpretive paradigm adopted, I am using a qualitative approach to my study.

1.6.2 Qualitative research approach

For the purposes of efficiently conducting and appropriately capturing the essence and aim of my intended research, I have chosen to make use of a qualitative (naturalistic) empirical study. Qualitative research is an “umbrella phase” covering an array of interpretive techniques that seek to describe, decode, translate and otherwise come to terms with the meaning of naturally occurring phenomena in the

social world. Therefore, the qualitative approach is also fundamentally a descriptive form of research (Kruger, Mitchell & Welman, 2005:188). Qualitative research combines reality with that of the researcher's, in that his/her own beliefs and value systems are integrated into the research.

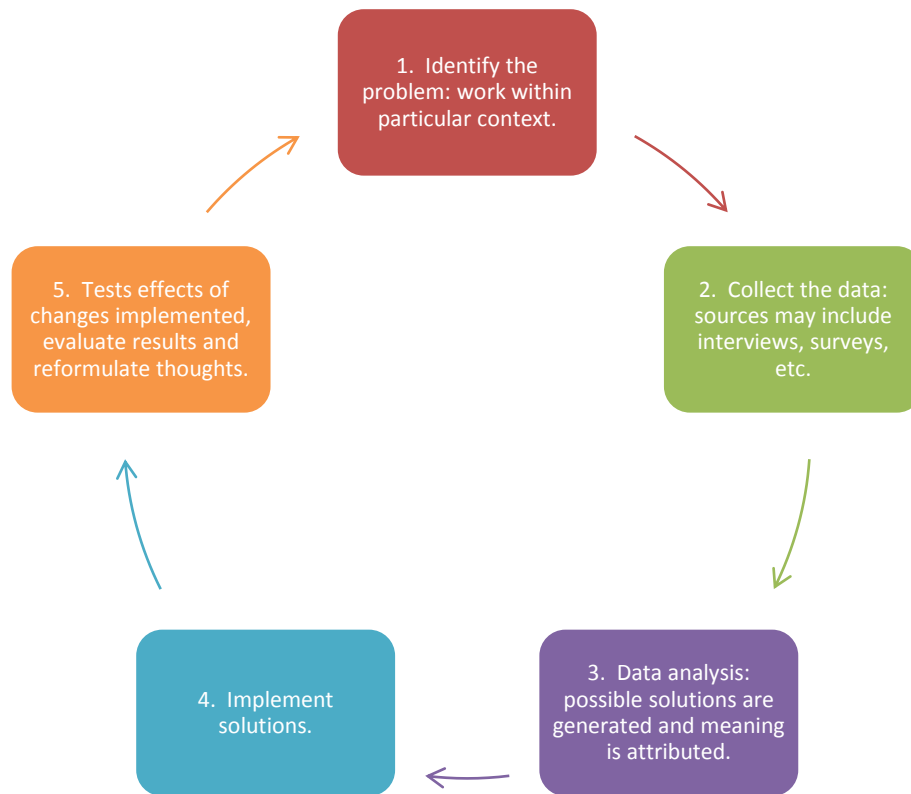
Mouton (2009:150) states that qualitative researchers focus more on developing their own theories and patterns for understanding and on a process of discovery, description, understanding and shared interpretation. The basic elements of analysis are indeed words and ideas. The reasoning used in this research approach is dialectic and inductive: the researcher will consider the topic at hand and what its component parts are or other areas of focus therein; connecting all data together, i.e. beginning with an observation rather than a hypothesis. Research questions may include "*Why?*" and "*What?*" – thus striving for uniqueness in data to be collected. I feel that this approach to my study is suitable, as the data that can be collected, includes a certain level of richness; rich data are a leading hallmark of qualitative research. The term *rich* is used to convey a distinctive characteristic, one that is either absent or scarcely evident in other empirical studies (Brekhus, Galliher & Gubrium, 2005:11). Rich is a reference to value, as much as a mark of distinction. Whether I apply interview methods, engage in participant observation, use documentary evidence, such as diaries or letters, or a combination thereof, I will be able to place myself in a position to celebrate experientially multiperspectival and highly nuanced data whose features signal richness. Working within the qualitative approach, I have chosen an Action Research (AR) design, which I will briefly elaborate upon below (more detail will be provided in Chapter 3).

1.6.3 Action Research design

In action research (AR), researchers are expected to abandon their role as 'experts' and adopt the role of change agents, facilitators, consultants, co-investigators, or partners (Elden & Chisholm, 1993). As AR diverges from the power-control model; the research is instead tentative, evolving and cyclical in nature. The core issue is that AR goes beyond the discovery of knowledge and is change oriented. In other words, AR is reciprocal in nature, as it can improve the quality of life or change a surrounding environment for the better (Detardo-Bora, 2004:241-242). Below is a

summary of the research process in diagram format (Dickens & Watkins, 1999:132-133).

FIGURE 1.1: Action Research Process



Action researchers may differ in what they choose to emphasise in the action research cycle. Some emphasise experimentation, while others show more concern for feedback, planning, learning and theory building (Cunningham, 1993). Further, researchers may vary the duration of each cycle, depending on their specific purposes. This process will be elaborated upon in Chapter 3.

1.7 RESEARCH METHODOLOGY

Research methodology refers to the sampling, data collection and data analysis strategies used in research. Creswell (2003:5) states that research methodology also refers to the strategy or plan of action to be used by the researcher in linking the methods deployed to envisaged outcomes. He further states that the choice of methods by a researcher turns on whether the intent is to specify the type of

information to be collected in advance of the study or to allow it to emerge from the participants in the project.

1.7.1 Sampling/Scope of project

For the purpose of the sampling process, I selected one primary school in Port Elizabeth, situated in the Gqebera Township. Many children who attend this school come from a poor socio-economic and previously disadvantaged background/community. The prevalence of HIV and AIDS in the area is high, often leaving children to head households and provide an income, or live with other family members, due to the passing of a parent to an AIDS related illness. This particular school was severely under-funded and poorly resourced; the teachers had few or no teaching materials or resources, but still displayed a love for the teaching profession. Their passion and dedication motivated me to conduct my study at that school, as I felt that it was that calibre of teacher I desired to assist.

In addition, I also believed that the learners at that school could benefit greatly from the strategies I would be training them to implement. A total of ten teachers (six teachers participated in the strategy demonstrations) from this school were *purposively* selected to participate in my study, with a broad range of ages and of both sexes. Purposive sampling is a form of non-probability sampling (Polit & Hunglar, 1999:284). In purposive sampling, the sample is hand-picked for the research and the researcher already knows something about the specific people or events; in effect, the participants are selected with a specific purpose in mind. In this study, that purpose reflects the particular qualities of the teachers chosen and their relevance to the topic of investigation.

The only criterion that was applied in the selection of these teachers was their availability to participate; as a result, a range of grades was incorporated into my study. Teachers were subdivided into pairs according to the grade they taught, so as to create a network of support in the implementation of the strategies to be introduced to them. The strategies themselves fell into three main categories, namely concrete (i.e. a board game); semi-concrete (i.e. a sporting activity); and abstract (i.e. role-playing).

1.7.2 Data Collection

Just as you would use a barometer to measure air pressure or a stop-watch to measure time, so researchers need some instrument to measure whatever it is about people they are studying. The most common instruments they use for this purpose are tests, interviews and questionnaires (Goddard & Melville, 2001:46).

In line with the qualitative approach, group in-depth interviews (i.e. focus groups) were conducted in this study so as to draw all the educators together to elicit their opinions on a specific set of open questions. The researcher directs the interaction and inquiry either in a structured or unstructured manner, depending on the aim of the investigation. For the purpose of my study, unstructured interviews were used, due to the nature of the process. Unstructured interviews are entirely informal and are not controlled by a specific set of detailed questions. Rather, the interviewer is guided by a pre-defined list of issues. These interviews amount to informal conversations about the subject (Dillon, Firtle & Madden, 1994:124-125).

Focus groups can also serve to elicit responses between the members of the groups. Blumer in Kruger *et al* (2005:202) note that a small number of such individuals brought together as a discussion and resource group is more valuable many times over than any representative group. The main question I posed to the focus group was:

- *What have been your experiences in teaching issues relating to HIV and AIDS in respect to the grade you teach?*

The active learning strategies (pre-selected and researched by myself prior to the time) and their usage were explained in full and in a simple, yet practical manner, after which the educators piloted their usage in the classroom – one strategy per pair of teachers. I compiled meaningful field notes to substantiate the interviews: observations were made and then recorded in writing, the participation of interviewees was planned, and questions were asked. These field notes were acquired during the time I spent in the educators' classrooms, observing the manner in which they taught HIV and AIDS prevention. My reasoning for doing so was to motivate the need for knowledge of active learning strategies in this regard.

Data collection took place in two distinct stages/phases:

- **Stage 1: Collection of data about the problem.** What do teachers know about HIV and AIDS prevention, and how were they currently teaching it? This data was gathered through observation and a focus group interview with the ten teachers.
- **Stage 2: Evaluation of the impact of the intervention.** A video camera (with permission) was used to document the usage of the strategies, as well as a self-developed checklist and field notes. Another focus group interview was held post-intervention, during which the teachers were asked to comment on their experiences and opinions regarding the intervention. This session was also used to gauge whether or not further and future training was required.

1.7.3 Data Analysis

“Open coding” was performed during the analysis of my data. These units of analysis were subcategorised into what Tesch (1990) calls “text segments”, which will now be discussed (Dick & Rouse, 1994:50-62):

- The process of open coding, which involved an examination of the data and the assignment of codes to the concepts discovered, was the first step of my data analysis. As the process continued, I compared the concepts examined with those that had already been coded. At that stage, I was simply labelling phenomena as they were discovered.
- The next step in open coding was to provisionally group the concepts into related categories or themes. These categories reduced the number of concepts to be handled and lent a stronger conceptual basis to the themes discovered. Glaser and Strauss (1967) describe this review process as “constant comparison”.

Glaser and Strauss (1967) have coined the concept of a “theoretical memo” – this was also made use of whilst analysing the data. This memo records the ideas and thoughts of the researcher as he/she proceeds through the research. Memo writing

enables the researcher to maintain an internal dialogue that aids the development of theoretical ideas and their linkages.

1.7.4 Literature Control

A literature study was conducted to form a firm theoretical framework for the study, to substantiate the orientation and the rationale for the study, to justify the research design and methodology, and to compare and support the research results of this study to previous studies in the field (Creswell, 2005:79, 80).

1.7.5 Measures to Ensure Trustworthiness

Lincoln and Guba's model was applied to the research findings to ensure trustworthiness and authenticity (Lincoln & Guba, 1985:219; Creswell, 2005:252). Trustworthiness is synonymous with the following criteria: credibility (to ensure the value of the findings); transferability (to ensure the applicability of the finding); and confirmability (to ensure the criterion of neutrality).

The following techniques were adopted in this research to ensure trustworthiness (Lincoln & Guba, 1985:219; Leedy & Ormrod, 2001:106):

- The research took place in the natural setting of the participants.
- Tape recordings were made of interviews.
- Various data collection procedures were followed.
- A literature control was performed.
- Independent coding and re-coding were undertaken.
- A rich description was used to portray the situation so that the readers would be able to draw their own conclusions.
- A detailed description of the research methodology was provided.
- Consistency was ensured by preserving raw material and by applying the same procedure throughout the study.
- I also ensured that I could properly account for each step in my analysis. From this requirement, it follows that from the design stage, I set up processes through which I could log each significant decision and the interpretation of each discovery (Richards, 2005:81).

1.8 ETHICAL MEASURES

Ethical measures relating to the field of research are concerned with what is right and wrong. Because research is a form of human conduct, it follows that such conduct has to conform to generally accepted norms and values. As in any sphere of human life, certain kinds of conduct are morally acceptable, whereas others are not (Mouton, 2009:238).

For the purpose of my research, the following ethical measures were put into place: confidentiality; informed consent; and voluntary participation. All participants' interviews were for my own reference; they were kept private and were not made available to external sources; participants were made aware that they were being interviewed and had provided their consent beforehand; and all participants did so on a voluntary basis.

1.9 OUTLINE OF CHAPTERS

My study will be organised as follows:

CHAPTER ONE: Overview of intended research

This chapter introduces the reader to the focus of my research. It also provides some background information relating to the HIV and AIDS pandemic; the impact of the disease on learners and educators, and how educators perceive and respond to the disease. In addition, the chapter formulates and states the research problem, provides a rationale for the study, clarifies the aims of my research, and introduces the research methodology to be used.

CHAPTER TWO: Literature review

This chapter serves the purpose of reviewing literature related to the topic of active learning strategies and HIV and AIDS education.

CHAPTER THREE: Research design and method

This chapter contains a theoretical exposition of the research design, methodology and procedures used in my research. In addition, issues relating to the means of promoting trustworthiness as well as ethical considerations are explained.

CHAPTER FOUR: Action, data collection, data analysis and validation of results

In this chapter, I present a narrative account of the data collection strategies used to identify the problem and to collect evidence of the impact of the actions. I explain my choice of interventions and the process of working with the teachers to collect data to evaluate the impact of the interventions. Selected data is also presented as evidence to validate my claims of having improved the situation. Furthermore, I outline my validation strategies to ensure that the findings are trustworthy.

CHAPTER FIVE: Conclusions, recommendations and limitations of study

This chapter serves as an overview of the findings and presents the conclusions that may be drawn when consulting these findings. Recommendations are made after the findings have been adequately reflected upon and studied. These recommendations are related to how active learning strategies can be successfully implemented in HIV and AIDS prevention education. Any emerging limitations of this study are discussed and the need for further research is motivated.

1.10 CONCLUSION

This chapter has detailed the background and rationale for the study; statement of the problem; formulation of the research questions; explanation of the purpose of my study; clarification of the various concepts used in the study; the design of my research; the ethical measures put in place whilst conducting my research, and an outline of the chapters in the study. The chapter to follow will include a review of literature relating to the concept of active learning strategies as an effective and practical tool for educators in HIV and AIDS prevention education.

CHAPTER TWO

REVIEW OF LITERATURE AND DISCUSSION OF THEORETICAL FRAMEWORK

For the purpose of providing a clear, concise and accurate account and review of appropriate literature on the research topic and to provide a theoretical framework for the study, this chapter will cover the following: an explanation of the experiential theories of learning and constructivism in learning; further insights in active learning strategies; an interrogation of interactive learning environments and their benefits for both teachers and learners; and a focus on the guidelines provided by the Department of Education (DoE) for South African educators in respect of HIV and AIDS education and whether these guidelines are sufficient for these educators and their understanding of how and what needs to be taught. A review of teacher needs in this regard will also be included.

2.1 EXPERIENTIAL THEORIES OF LEARNING

Experiential learning involves the act of learning from experiences. Learning from experience by yourself may be called “nature’s way of learning” (Neill, 2005:1). It is education that occurs as a direct participation in the events of life (Houle in Smith, 2003). It includes learning that flows from reflection on everyday experiences. Experiential learning by oneself is also known as informal education and often includes learning that is organised by learners themselves.

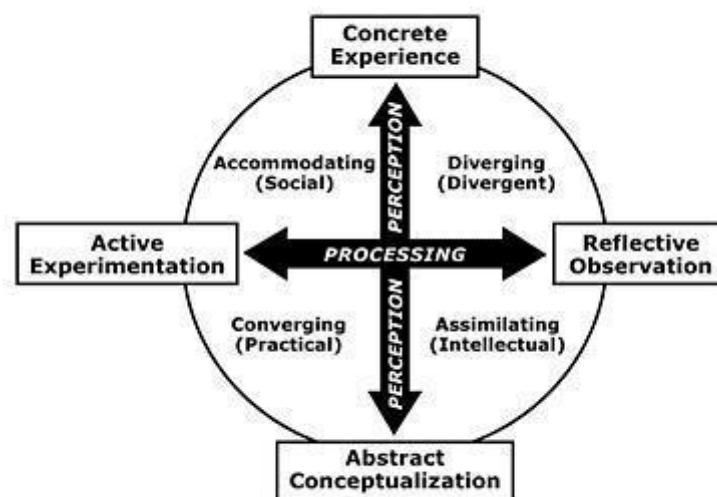
According to Smith (1996:1), two types of experiential learning exist – the first involves a direct encounter with the phenomena being studied rather than merely thinking about the encounter, or only considering the possibility of doing something about it. The second type is education that occurs from direct participation in the events of life. Here, learning is not sponsored by some formal educational institution, but by people themselves. It is learning that is achieved through reflection on everyday experiences and is the way that most of us do our learning.

Jarvis (1995:75) comments that experiential learning is actually learning from primary experience through one’s senses. He continues, “Unfortunately it has

tended to exclude the idea of secondary experience entirely.” Much of the literature on experiential learning emphasises the importance of concrete experiences; for example, Weil and McGill’s (1989:3) categorisation of experiential learning into four ‘villages’ (learning from life and work experience; experiential learning as a basis for bringing change in educational structures; experiential learning as a basis for group consciousness; and primary, secondary and indirect experiences occurring through linguistic communication.) The work performed by Kolb and Fry (1975), however, still provides the central point for discussions on experiential learning and has spurred a growth in literature on the topic.

Kolb (1999) (with the assistance of his associate, Roger Fry) created a model for experiential learning featuring four elements: concrete experience; observation and reflection; the formation of abstract concepts; and testing in new situations.

FIGURE 2.1: Kolb’s Model for Experiential Learning



Kolb, 1999.

Kolb and Fry (1975:34) argue that the learning cycle could begin at any one of the four points and that it should really be approached as a continuous spiral. However, it is suggested that the learning process often begins when a person carries out a

particular action and then sees the effect of the action in this situation. Following this, the second step is to understand these effects in a particular instance, so that if the same action was taken in the same circumstances, it would be possible to anticipate what would follow from the action. In this pattern, the third step would be to understand the general principle under which the particular instance falls. Within the model, Kolb and Fry identify four learning styles, which place people on a line between concrete experience and abstract conceptualization; and active experimentation and reflective observation. The learning styles include (Tennant, 1997): **convergers**, who are strong in the practical application of ideas, are unemotional and have narrow interests; **divergers**, who are strong in their imaginative ability, are interested in people and have broad cultural interests; **assimilators**, who have the ability to create theoretical models and are concerned with abstract concepts rather than people; and lastly, the **accommodators**, whose greatest strength is in *doing* things: they perform well when required to react to immediate circumstances and solve problems intuitively.

Using Kolb's model, I applied the four steps to HIV and AIDS education and the usage of active learning strategies. The educator will need to consider the different learning styles of the learners in the classroom and be sure to accommodate their different interests and strengths into each lesson. This is also in the best interests of ensuring the practice of Inclusive Education: Inclusive Education is defined as a learning environment that promotes the full personal, academic and professional development of all learners, irrespective of race, class, gender, disability, religion, culture, sexual preference, learning styles and language (NCESS, 1998). Teacher awareness of this is not only essential in ensuring the success of these strategies, but has also been outlined in the Education White Paper 6 on Special Needs Education: Building an Inclusive Education and Training System (Department of Education, 2001) as a guideline for teaching in this country. For the purpose of this scenario, I used a topic relating to stigma reduction and positive behaviour development:

STEP 1: Concrete Experience

Role-playing exercise – “HIV and AIDS and my community”

Learners chose the behaviour they wanted to exhibit towards an HIV and AIDS infected individual in their community:

- a) Empathetic
- b) Discriminatory
- c) Apathetic
- d) Ignore him/her

STEP 2: Reflective Observation

The educator prompted the learners (via leading questions) to consider the possible outcomes of this behaviour: If we acted this way in our *real* community, what might happen?

STEP 3: Abstract Conceptualisation

The following sort of question could be posed to the class, “If all the people in my community chose the same behaviour, what do you think the outcome may be?” Here, a positive behaviour was agreed upon and future implications were considered.

STEP 4: Active Experimentation

Learners were encouraged (as a group/individual task or assignment) to practise this behaviour in their community and document their experiences, as well as the responses and reactions of the individual. These can be placed in a journal in which learners can record their feelings with regard to something school-related or other.

Critique of Kolb’s model of experiential learning include noteworthy issues. According to Smith (1996:5), “it pays insufficient attention to the process of reflection. The claims made for the four different learning styles are “extravagant.” Tennant (1997:91) comments that even though the four learning styles neatly dovetail with the different dimensions of the experiential learning model, this does not necessarily

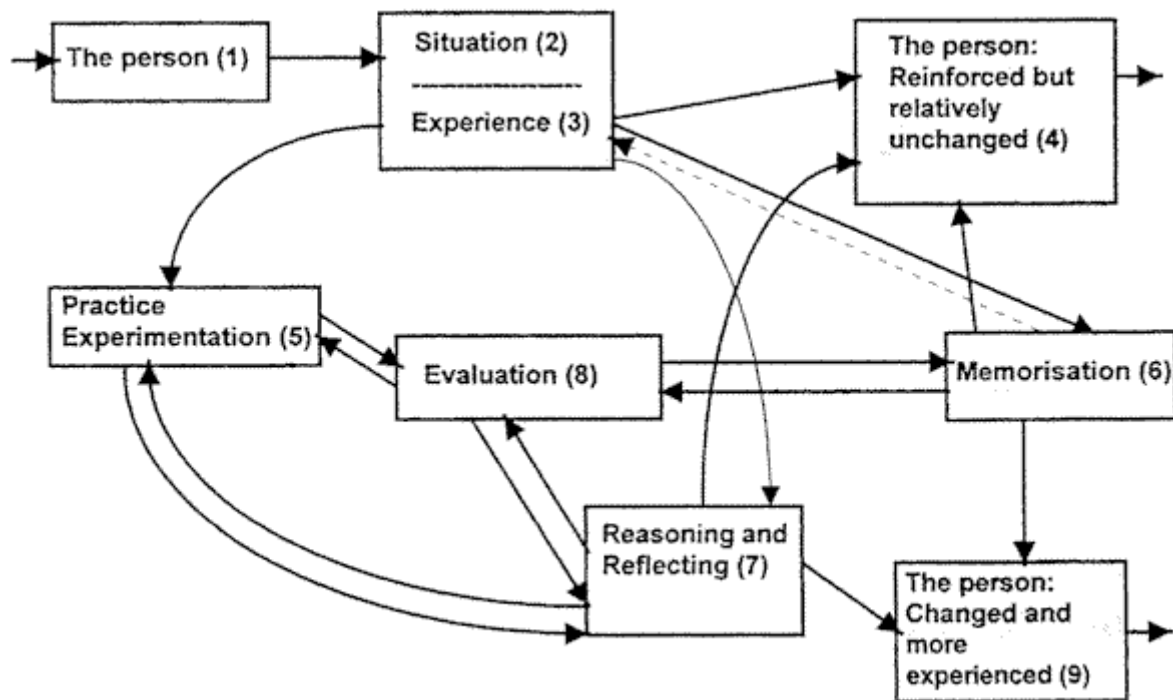
validate them; Kolb is putting forward a particular learning style that does not feature some of the alternatives, such as information assimilation and memorisation.

The model takes very little account of different cultural experiences/conditions: Anderson in Smith (1996:5) highlights the need to take account of differences in cognitive and communication styles that are culturally based: “We need to attend to different models of ‘selfhood’ ... The idea of stages or steps does not sit well with the reality of thinking – a number of processes can occur at once ...”

Jarvis (1995) developed his own theory on experiential learning, based on Kolb’s work. He set out to show that there were a number of responses to any potential learning situation. He used Kolb’s model among a number of different adult groups and asked them to explore it, based on their own learning experience. He was then able to develop a model that allowed different routes, including non-learning, non-reflective learning and some reflective learning.

In this study, I included Jarvis’ model, despite the fact that it centered primarily on the responses of adults. Jarvis identified several flaws in Kolb’s work and addressed them in a new and more holistic model by including elements relating to the memorisation of new knowledge; and contemplation. All of these are important aspects in the internalization of new information and developing an understanding thereof, which are critical in the success of the active learning strategies to be discussed later in this chapter.

FIGURE 2.2: Jarvis on Experiential Learning



Jarvis, 1995.

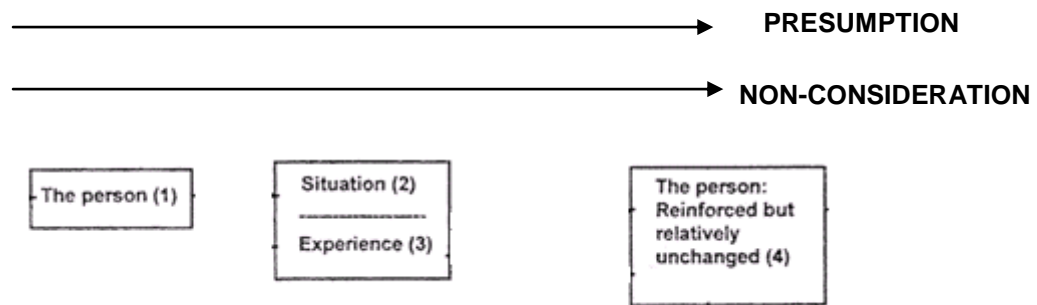
I will now discuss the model under the headings of non-learning, non-reflective and reflective learning (these take place in a step-by-step manner, moving between different “boxes” or types of experiences as identified in the diagram):

- **Non-learning**

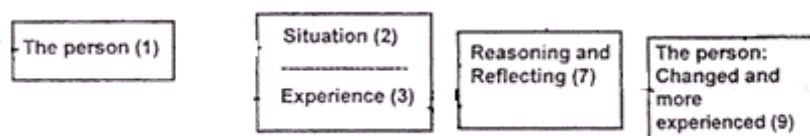
Non-learning can occur in the following three ways:

Presumption: This occurs from and between the Boxes 1 (“the person”) and 4 (“the person: reinforced, but relatively unchanged”). This is where people interact through patterned behaviour – saying “hello”, etc.

Non-consideration: Boxes 1 through 4. Here the person does not respond to a potential learning situation.



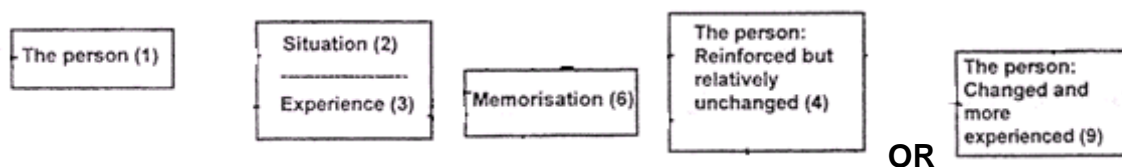
Rejection: This occurs from and between the Boxes 1 and 3 (“experience”), then progresses to Box 7 (“reasoning and reflecting”) and lastly 9 (“the person changed and more experienced”). With the last step in this process, i.e. Box 9, it is important to note that the experience referred to here would be derived from the individual realising that nothing was learnt from that particular learning situation and that, as a result, no change can/has occur(ed).



- **Non-reflective**

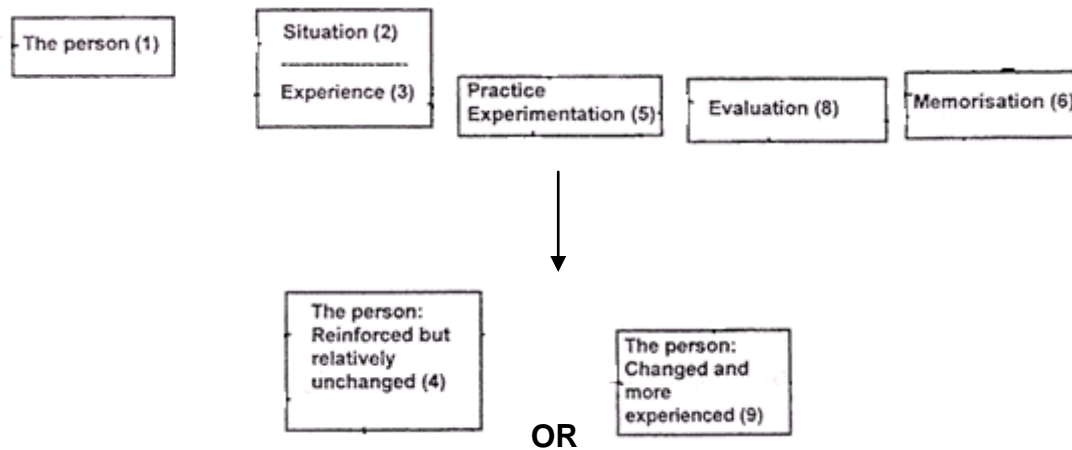
Non-reflective learning can occur in the following three ways:

Pre-conscious: This occurs from and between Boxes 1 and 3 and then progresses to Box 6 (“memorization”) and then lastly to *either* Box 4 or 9. This occurs in every person as a result of having experiences in daily living that are not really thought about – skimming across the surface.

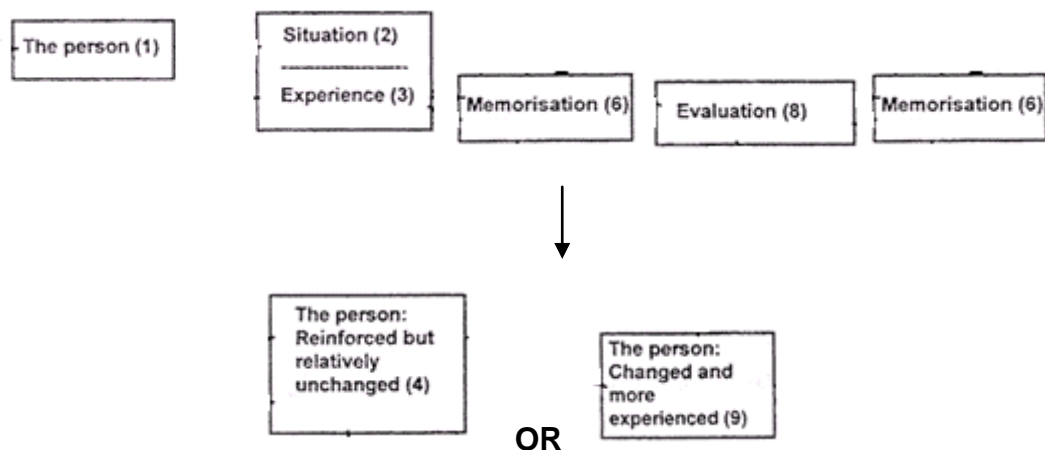


Practice: This occurs from and between Boxes 1 to 3, moving to Box 5 (“practice and experimentation”), and then to Box 8 (“evaluation”). Lastly, the individual will experience Box 6, and then *either* Box 4 or 9.

Traditionally this has been restricted to things like training for a manual occupation or acquiring particular physical skills. It may also refer to the acquisition of language itself.



Memorisation: Occurs from and between Boxes 1 to 3 to Box 6 and then possibly Box 8 and 6 and then *either* Box 4 or 9.



- **Reflective learning**

Reflective learning (a favourable outcome) can be achieved in the following three ways (I will be making use of the Box names versus numbers for a better understanding of the process involved):

Contemplation:

The person → presented with a learning situation → acquires an experience from that situation → reasons with and reflects on it → evaluates what he/she has learnt from it → memorizes important information and → the person him-/herself become changed and more experienced as a result.

Here the person considers it and makes an intellectual decision about it.

Reflective practice:

The person → presented with a learning situation → acquires an experience from that situation → reasons and reflects on it → receives an opportunity to practise what he/she has learnt and experiments with it → reasons with and reflects on his/her practice → practises it and experiments again → evaluates what he/she has learnt → memorises this new information → and, lastly, the person becomes changed and more experienced as a result.

This is best described as reflection in action.

Experiential learning:

The person → presented with a learning situation → acquires an experience from that situation → reasons and reflects on it → evaluates what he/she has learnt → memorises this new information → and changes and becomes more experienced as a result.

This is the way in which pragmatic knowledge may be acquired.

In order for active learning strategies to be rendered successful, they must present a balance between the two models: the learning styles of the learners must be considered; their own experiences in issues pertaining to HIV and AIDS must be encompassed within the lesson itself; they must be afforded the opportunity to reflect on not only their feelings, but what they have learnt; and are able to put into practice this new information/knowledge. As a result of these aspects being valued in the learning process, the step of memorisation can be achieved; the strategies themselves could be deemed futile if the learners are not able to recall what they have learnt in a situation that requires them to make the right decision regarding issues of staying safe; treating infected individuals with respect and warmth; and so forth.

According to Luckner and Nadler (1997), there are eleven reasons why experiential learning is effective:

- Equality exists in learning – all learners receive the same opportunities to participate and learn.
- The learners quickly develop relationships with one another and the educator.
- Disequilibrium occurs – an imbalance to the routine way of doing things is good for creative thinking.
- A projective technique is used – learners are afforded opportunities to openly (and without criticism) discuss their thoughts and opinions in a supportive environment.
- A decrease in the time cycle occurs – lessons become more efficient and less time-consuming.
- Meta learning takes place – learners take more control of their own learning.
- A kinesthetic imprint is made on the learner – due to the more participatory nature of their involvement in the lesson, the learner develops small and fine motor muscles.
- A common language/common mythology is used – the educator is more of a facilitator using prompts that require more gesture than language.
- It encourages risk-taking – this improves both the educator's own practice and reflection thereon, as well as the learner's confidence.

- There is a diversity of strengths that are pooled together in the classroom, instead of focusing on one child to complete a task on his/her own.
- An element of fun exists.

In closing, experiential learning is instrumental in promoting personal change and growth. Rogers (1994:1-2) states that all human beings have a natural propensity to learn and that the role of the teacher is to facilitate such learning.

2.1.1 CONSTRUCTIVIST THEORY

Lara (2007:1) asserts that constructivism in the context of learning acknowledges outside influences and stimuli, while emphasising the individual formation and interpretation of knowledge. She also reiterates the cyclical nature of knowledge construction by quoting well-known theorist Piaget:

“Humans are in a process of continuous self-construction ... we create knowledge in our heads and that created knowledge may be interpreted differently by each of us.” (Piaget, 1968).

As a philosophy, constructivism suggests that, while there is a real world out there, there is no meaning inherent in it. Meaning is imposed by people and cultures. As a set of instructional practices, constructivism favours processes over end products; guided discovery over expository learning; authentic, embedded learning situations over abstracted, artificial ones; and portfolio assessments over multiple-choice exams (Driscoll, 2009:1). Constructivism is related to a number of other ideas from education, psychology and other disciplines. These include:

Qualitative/Naturalistic paradigms: Finding meaning in particulars rather than generalities. Increasing interest in these forms of research supports the constructivist notion that what is unique (in people, events and institutions) is at least as important as what one can generalise about them. This notion acknowledges the social construction of knowledge. Constructivist researchers, with their roots in symbolic interactionism, are more interested in the co-construction of knowledge between researcher and researched (Clark & Elen, 2006:3).

Situated cognition/learning: Learning in a natural setting is quite different from learning in school. Lave (1991), Brown (1991), Resnick (1991) and other psychologists have written extensively about the ways in which typical school learning tasks seem to be remote from the kind of learning we do outside of formal instructional settings. Educators have consequently sought ways to make school learning more authentic.

Cognitive and intellectual development theorists: Vygotsky, Bruner (to be elaborated upon), Piaget, Perry and Belenky – they all have something to say about the ways in which children or young adults construct their understanding of the world at various stages.

The educational reforms that have been evolving in South Africa since 1996 incorporate the principles of Outcomes-Based Education (Grosser & De Waal, 2008:41).

One of the ideals of Outcomes-Based Education, indicated in the National Curriculum Statement (NCS), is to instill thinking abilities among all learners (Department of Education, 2002:12). An implication is that teachers have to base their teaching on, among others, constructivist principles, which will provide learners with the opportunity to develop as thinkers. Unlike teaching and learning taking place through transmission and reception, a mediational approach to teaching and learning aims at helping learners to construct their own knowledge, solve problems on their own, and understand their own thinking processes (Fraser, 2006:13,21). This approach corroborates the vision of the NCS for learners and teachers, namely that learners should become independent and responsible lifelong learners and teachers should become mediators of learning (Department of Education, 2002:8,9). Because of the proven ineffectiveness of traditional teaching practices, which promote rote learning, the teachers of today have to accept a new role, that of mediators of learning (Fraser, 2006:1).

Constructivist theory acknowledges that the teacher is not a transmitter of knowledge, but rather a facilitator and provider of experiences from which learners may learn (Aldridge, Fraser & Sebela, 2004:1). Similarly, pupils are not simply passive absorbers of knowledge, but active participants in constructing their own

meaning, based on strongly held preconceptions. According to the constructivist theory, then, knowledge is a social construct (Taylor, Fraser & Fisher, 1997). Curriculum 2005 advocates the use of constructivist teaching methods to ensure a more learner-centered classroom (Department of Education, 2006). One cannot comment on the benefits of the usage of the constructivist theory in schools without mentioning the work and research of Bruner. A major theme in the theoretical framework of Bruner is that learning is an active process in which learners construct new ideas or concepts, based on their current/past knowledge. The learner selects and transforms information, constructs hypotheses and makes decisions, relying on a cognitive structure to do so (Bruner, 1960). A cognitive structure (i.e. schema, mental models) provides meaning and organization to experiences and allows the individual to "go beyond the information given".

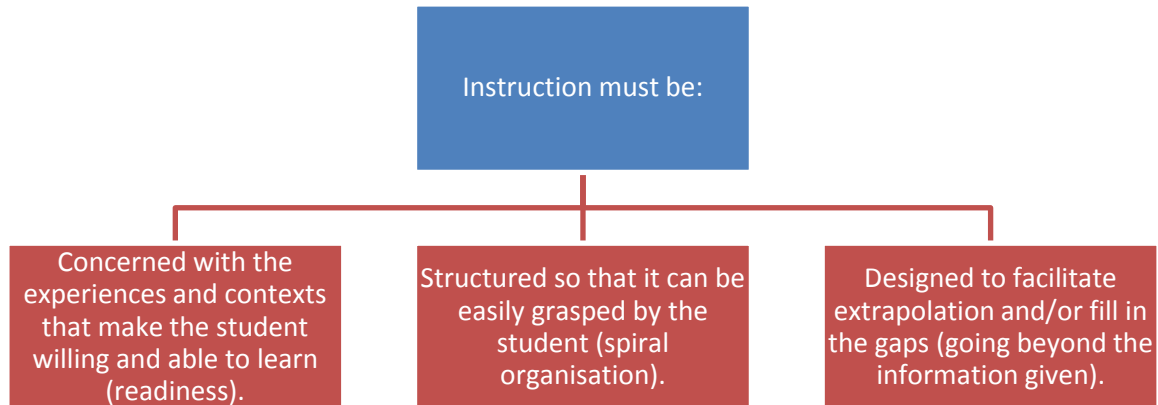
As far as instruction is concerned, the instructor should try and encourage students to discover principles by themselves. The instructor and student should engage in an active dialogue (i.e. Socratic learning¹). The task of the instructor is to translate the information to be learned into a format appropriate to the learner's current state of understanding. The curriculum should be organised in a spiral manner so that the student continually builds upon what he/she has already learned.

Bruner (1960) states that a theory of instruction should address four major aspects: (1) predisposition towards learning; (2) the ways in which a body of knowledge can be structured so that it can be most readily grasped by the learner; (3) the most effective sequences in which to present material; and (4) the nature and pacing of rewards and punishments. Good methods for structuring knowledge should result in simplifying, generating new propositions, and increasing the manipulation of information.

The following diagram depicts the relationships between the three basic principles of Bruner's constructivist theory and how they communicate the manner in which instruction should be structured in the classroom so as to elicit effective learning:

¹The method of instruction by question and answer used by Socrates in order to elicit from his pupils truths he considered to be implicitly known by all rational beings (accessed online 19 February 2010: <http://encyclopedia2.thefreedictionary.com/Socratic+learning>).

FIGURE 2.3: Bruner's Constructivist Theory



Constructivism should be incorporated within the areas curriculum, instruction and assessment (On Purpose Associates, 2008:1):

- *Curriculum:* Constructivism calls for the elimination of a standardised curriculum (such as the one currently being used in South Africa). Instead, it advocates the use of curricula customised to students' prior knowledge. Also, it emphasises hands-on problem solving.
- *Instruction:* In terms of the theory of constructivism, educators focus on helping learners to make connections between facts and fostering new understanding in students. Instructors tailor their teaching strategies to students' responses and encourage students to analyse, interpret and predict information. Teachers also rely heavily on open-ended questions and promote extensive dialogue among students.
- *Assessment:* Constructivism calls for the elimination of grades and standardised testing. Instead, assessment becomes part of the learning process so that students play a larger role in judging their own progress.

In order for the active learning strategies and their implementation to be successful, it is important for the educators (participants) to be aware of the fact that knowledge

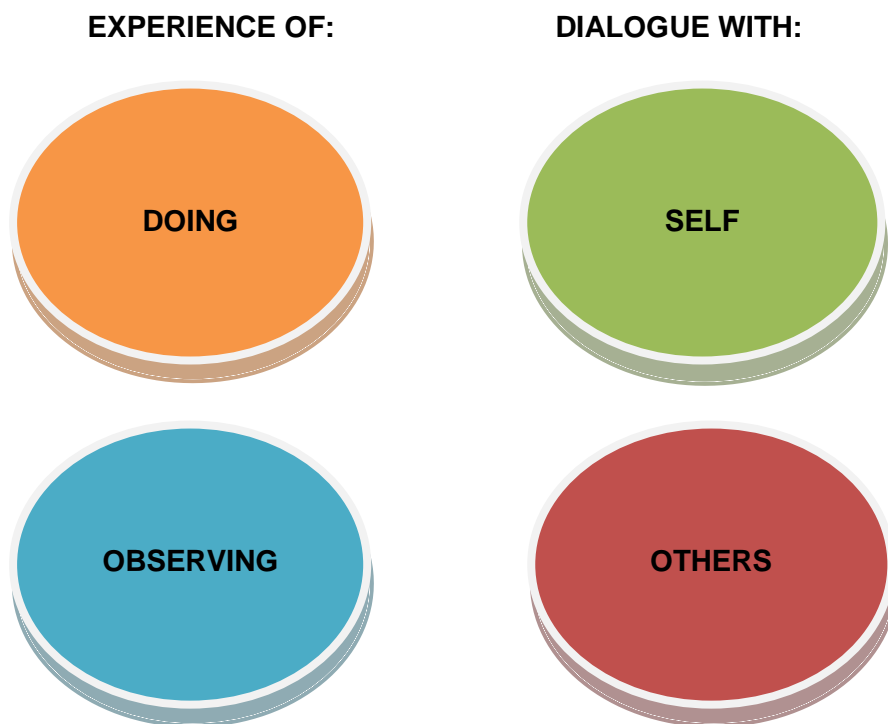
is actively constructed by the learner, not passively received from the environment. In addition, that “coming to know” (Jaworski, 1996) is a process of adaptation based on and constantly modified by a learner's experience of the world. It does not discover an independent, pre-existing world outside the mind of the knower.

2.2 ACTIVE LEARNING

Many teachers today want to move past passive learning to active learning, to find better ways of engaging learners in the learning process. But many also feel the need for help in imagining what to do, in or out of class, that would constitute a meaningful set of active learning activities (Fink, 1999:1).

The model below offers a way of conceptualising the learning process in a way that may assist teachers in identifying meaningful forms of active learning. It suggests that all learning activities involve some kind of experience or dialogue. The two main kinds of dialogue that learners can make use of during the active learning process are with one's self and with others. The two main kinds of experience that can be had by learners during this process are observing and doing.

FIGURE 2.4: Model of Active Learning



Fink (1999:1)

- **Dialogue with Self:**

This is what happens when learners think reflectively about a topic, i.e. they ask themselves what they think or should think, what they feel about the topic, etc. This is ‘thinking about my own thinking’ (Fink, 1999:1), but it also addresses a broader array of questions than just cognitive concerns. On a small scale, a teacher may request students to keep a journal for a course or, on a larger scale, to develop a learning portfolio. In either case, students could write about what they are learning, how they are learning, what role this knowledge or learning plays in their own life and how this makes them feel.

- **Dialogue with Others:**

This can and does come in many forms. In traditional teaching, when learners read a textbook or listen during teaching time, they are listening to another person. This can perhaps be viewed as ‘partial dialogue’ (Fink, 1999:2), but it is limited because

there is no back-and-forth exchange. A much more dynamic and active form of dialogue occurs when a teacher creates an intense small group discussion on a topic. Sometimes, teachers also find creative ways to involve learners in dialogue situations with people other than learners (such as experts on HIV and AIDS prevention and care), either in or outside of class. Whoever the dialogue is with, it may be done in a variety of ways, such as live in class, in writing or even via e-mail.

- **Observing:**

This occurs whenever learners watch or listen to someone else doing something that is related to what they are learning about. Examples may include observing a teacher do something (for example: “This is how I would practise sensitivity to an HIV and AIDS infected individual”), listening to other professionals perform (for example: speakers) or observing the phenomena being studied (natural, social or cultural). The act of observing may be direct or vicarious; a direct observation means that the learner is observing the real action, directly; a vicarious observation is observing a simulation of the real action. For example, a direct observation of the physical and emotional impact of HIV and AIDS may include, if age appropriate, the learners volunteering at community hospitals to help infected and affected individuals. A vicarious or indirect observation of the same topic may include the learners watching a video depicting the true life stories of people who have encountered HIV and AIDS.

- **Doing:**

This refers to any learning activity where the learner actually does something: designing experiments, critiquing an argument, investigating local historical resources, making an oral presentation, etc. Again, doing may be direct or vicarious – case studies, role-playing and simulation activities offer ways of vicariously engaging learners in this process (this will be elaborated upon further in this chapter.)

For the active learning strategies that I implemented and in which I trained the participants to be deemed useful and effective, it was imperative that all teachers understood this process of active learning and envisaged outcomes for their lessons on HIV and AIDS prevention. The teachers needed to decide what kinds of

experiences in the classroom they wished to promote, as well as what form of dialogue.

For the active learning strategies to be utilised in such a way that experiential learning can take place, the teachers would need to ensure that they set a positive climate for learning; clarify the purpose to the learner; organize and make learning resources available; balance intellectual and emotional components of learning; and share feelings and thoughts with the learners without dominating.

For the purpose of my study, three different active learning strategies were used in the training of the participants; these encompassed three different areas of teaching in which these strategies could prove beneficial, namely role-playing, sport and board games. I will discuss these strategies and how they were used in more detail in Chapter 4.

2.3 INTERACTIVE TEACHING AND LEARNING

Children are not atoms, nor are they puppets whose movements are totally determined by someone manipulating the strings. But children and atoms have one thing in common: just as the atom has a nucleus containing, relatively speaking, a fantastic bottled-up reservoir of energy, so does the young child. For all practical purposes, even today the relationship between individuality and learning is honoured in rhetoric and ignored in the classroom (Sarason, 2004:6).

Interactive learning environments can assist teachers in steering away from this mundane, rote-learning style of teaching and moving towards creating and promoting a sense of individualism and creativity in classrooms, so that learners will begin to think critically about the lesson at hand and where the classroom is enriched with discussions. In these circumstances, the learners are more likely to exhibit the confidence required to share thoughts and express ideas openly. Golub (2000:1) identifies the type of learning that educators should be cognisant of and steer away from: that is measured by a standardised, multiple-choice test kind of learning that occurs on a Monday but is gone by Friday; that an educator has to 'cover' in order to get the learners from one grade to the next. He suggests that conscious learning

needs to take place, the kind of learning that enables learners to assess the current level and quality of their performance and then work to improve that performance deliberately, enthusiastically and with commitment. Such learning cuts across all grade levels and all disciplines.

Abrahamson (n.d.:1) has identified three distinct reasons for making use of interactive teaching in a classroom environment. Firstly, it is an attempt to see what actually exists in the brains of one's learners. This is the "summative" aspect. The second reason is "formative", where the teacher aims through the assigned task to direct students' mental processing along an appropriate path in "concept-space". The intent is that, as students think through the issues necessary in traversing the path, the resulting mental construction that is developed in their heads will possess those properties that the teacher is trying to teach. As Socrates discovered, a good question can accomplish this result better than just telling the answer (please refer to the Socratic learning definition on page 35).

The third reason may be termed "motivational". Learning is hard work, and an injection of motivation at the right moment can make all the difference. One motivating factor provided by the interactive teacher is the requirement of a response to a live classroom task. This serves to jolt the student into action, to get his brain off the couch, so to speak. Additional more subtle and pleasant events follow immediately, capitalising on the momentum created by this initial burst. One of these is a result of our human social tendencies. When teachers ask learners to work together in small groups to solve a problem, a discussion ensues that not only serves in itself to build more robust knowledge structures, but also to motivate. The anticipation of immediate feedback in the form of reaction from peers, or from the teacher, is a very strong motivator. If it is not embarrassing or threatening, learners want to know desperately whether their understanding is progressing or just drifting aimlessly in concept space. Knowing that they are not allowed to drift too far off track provides tremendous energy to continue (Abrahamson, n.d.:2).

It is important to note that interactive teaching is not reliant upon the presence of technology and many teaching aids. Interactive teaching is more of a skill; it should not result in a workload increase – quite the contrary. Learning is and should be done primarily by the learner him-/herself, with the teacher serving as a guide in this

process. One key aspect related to interactive teaching and learning is the role of reflection by the learner, which I will now discuss.

The capacity to reflect about and make sense of experience and processes has become an important part of learning. Structured occasions for reflection allow learners to build and develop new understandings and foster a positive set of skills: self-assessment, goal-setting and planning. Facing the constant changes in modern society and the need for "life-long learning", reflection is something that needs to be cultivated over time and throughout one's life (Education and Culture Lifelong Learning Programme COMENIUS, 2006:1). Golub (2000:7) describes this process as stepping back and looking hard at the activities just completed and mining them for whatever insights and other evidence of learning that may be detected. In terms of this study, reflection is a process in which learners make the "invisible learning" that has just occurred visible to themselves. It is not enough that the learners may have performed well in a previous activity; they must *know* that they did well and that they learned from the experience. Golub further asserts that for all purposes, teachers should want learners to know that they know, and to know how they came to know it.

Forshaw (2009:23) answers the question of exactly how this form of teaching can be implemented, by identifying the need for it to progress from grassroots level upwards. According to her, there is little doubt that inadequate teaching is a particular problem for vulnerable children who may find it difficult to engage with lessons and need teachers who inspire and motivate them. The problem is that it takes time to influence teachers who may have been used to doing things in a certain way for many years. Poor leadership and a lack of training opportunities in cash-strapped schools can leave staff with the feeling that barriers are preventing them from taking action to address shortcomings and deficiencies. She identifies two main aspects within in the school/classroom that could promote positive change in this regard:

- *Creative space*: Boredom will not be reduced through a clampdown or national strategy. Instead, the answer lies in giving teachers the space to be creative and accepting that not all lessons will proceed according to a plan.

Teachers need to be given the freedom to try different methods and to adopt a more flexible approach to teaching.

- *More realism*: Perhaps we just need to be a little more realistic. Teachers cannot always expect technically sound and traditional lessons if they want learners (and their teachers) to be engaged, passionate and innovative. In practice, this means encouraging teachers to be more flexible with their teaching methods, but also letting them off the hook if occasionally they get it wrong — and accepting that teaching is not an exact science.

Interactive teaching and learning also encompasses the notion of student-centered learning by focusing on planning, teaching and assessment of the needs and abilities of students. This concept of student-centered learning encompasses the idea of a learner's own *choice* in his/her education; it also includes the notion that the learner is *doing* more than his/her teacher (active versus passive learning), and a shift in the power relationship between learner and teacher (O'Neill & McMahon, n.d.:3). The teacher shares control of the classroom, and learners are allowed to explore, experiment and discover on their own. This does not mean that learners are in control of the classroom, but rather that they have some influence in the decisions that are being made about their learning. Learners are given choices and are included in the decision-making processes of the classroom and are actively connected to the creation and comprehension of knowledge. Ultimately, the learners are treated as co-creators within the learning process and as individuals that have relevant ideas about how learning takes place (Brown, 2008:30).

The concept of student-centered learning was an important element in the success of the active learning strategies used in my study, as in student-centered classrooms, learners are involved in creating strategies that teachers can use – a reciprocal relationship between educator and learner. In fact, some of the best teaching strategies emanate from learners, because they are the ones that are being taught. Often no one knows better how learners learn, than the learners themselves. Student-centered teachers encourage them to come up with new ways of doing things. This can be done through a written reflection done in or outside of class time, or by simply engaging in dialogue in or out of the classroom environment (Brown, 2008:31).

Black (2007:272) states that interactive whole-class teaching should consist of the following key aspects:

- *Directing and telling*: Sharing teaching objectives with the class to ensure that learners know what to do, pointing out aspects over which they should take extra care.
- *Demonstrating and modelling*: Providing clear, well-structured demonstrations and modelling using appropriate resources and visual displays.
- *Explaining and illustrating*: Giving accurate, well-paced explanations and references to previous work or methods.
- *Questioning and discussing*: Matching the direction and pace of the lesson to ensure that all learners take part. This includes the use of open and closed questions that should be adjusted and targeted at learners according to their ability, so that all learners can contribute.
- *Exploring and investigating*: Asking learners to pose problems or suggest a line of enquiry.
- *Consolidating and embedding*: Providing varied opportunities to practise and develop newly learned skills. Encouraging group work in which learners reflect on and talk through a process, inviting them to expand on ideas and reasoning or to compare and refine their methods.
- *Reflecting and evaluating*: Identifying learners' errors and using them as positive teaching points. Discussing learners' justifications of the methods they have chosen.
- *Summarising and reminding*: Reviewing what has been taught and what had been learned, making links to other work and giving learners insight into the next stage.

A common aim underpinning this emerging emphasis on classroom discourse is that teachers should transform classrooms into dialogic, learning environments in which learners are active participants – challenged and supported as they progress.

2.4 HIV AND AIDS EDUCATION: THE DoE AND TEACHERS' NEEDS

Much debate centres on the exact role of the educator in facilitating effective learning in the classroom. Freire (2003) comments on how shallow and emotionless teaching, in many instances, has become; teachers talk about reality as if it were motionless, static, compartmentalised, and predictable. Or else they expound on topics completely alien to the existential experience of their students. They "fill" the students with the contents of their narration contents, detached from reality and disconnected from the totality that engendered them and could give them significance. Words are emptied of their content and become hollow and alienated. It is essential for the accurate and effective dissemination of information relating to HIV and AIDS that educators take on a more interactive and facilitative approach. According to Schenker and Nyirenda (n.d.:9), the following are the characteristics of effective HIV and AIDS educators: a good rapport and communication with pupils; an ability to conduct open, frank discussions; an ability to identify with students and show sensitivity; having respect for students and showing confidence in them; an awareness of one's own sexuality and that of others; a wealth of knowledge on HIV and AIDS; openness; sincerity; and a sense of humour.

However, and more important, particularly in the case of HIV and AIDS education, educators must translate their knowledge into culturally and developmentally competent curricula and instructional practices to ensure better outcomes for all learners (Sileo, 2005:177). Understanding the bio-medical facts of the virus, as well as having a deeper understanding of the cultural, economic and social causes and the consequences of the pandemic and how these factors are interwoven, is crucial for educators (Chege, 2006). Such an understanding is a necessary foundation to enable them to integrate effective HIV and AIDS education into their teaching and to facilitate them to intervene to ensure that the basic physiological and psychosocial needs of learners are met (Wood, 2009:2).

Teachers play an important and vital role in HIV and AIDS prevention and therefore need resources that are transparent and understandable and that reflect realistic depictions of the HIV and AIDS pandemic in South Africa. However, many

resources that have been provided by the DoE contain conflicting information, which could create confusion among educators about their individual role in HIV prevention and how they should carry out their duties in this regard. Guidelines provided for educators include the following in a teacher's manual (Department of Education, 2000:5), which reflects the kind of information that could prove confusing for the teachers reading it:

- *Educators must set an example of responsible sexual behaviour. In so doing, they will protect their families, colleagues, learners and themselves.* The Department of Education suggests that educators should exhibit 'responsible sexual behaviour', which seems an odd proposal considering that the teachers' own sexual behaviour and activity should be kept an entirely private affair. This ambiguous guideline needs to be redefined and its exact message made clear.
- *Because educators are well educated, they can grasp the facts about HIV and AIDS and help spread correct information about the disease and its effects.* Many educators are *not* well educated – teacher education has not equipped educators to develop the skills, knowledge, attitudes and values required to design and implement teaching methods and HIV and AIDS prevention/education initiatives that can help schools respond to the pandemic – at least not until recently, given that HIV and AIDS is a relatively new phenomenon in the education system (Wood, 2009:83).
- *Almost every young person attends school, so educators have a great opportunity to discuss the disease and help the young to protect themselves from becoming infected, getting sick and dying.* This statement ignores the key issue of truancy at local schools. The South Africa's National Children and Violence Trust (n.d.) provides an explanation for the high truancy levels in South African schools, stating that given the high crime and violence statistics in South Africa, children are constantly in harm's way and at risk of traumatic situations, whether at home or out in their surrounding communities. When consulting statistics, it is important to consider them in the context of the environment in which most South Africa children live: one of poverty, social inequalities, corruption, gender discrimination, cheap labour practices, and poor educational opportunities. The causes of sexual abuse and HIV and AIDS are embedded in these factors (Higson-Smith & Richter,

2004:143). The suggestion by the Department of Education that ‘almost every young person attends school’ and is therefore receiving information about the illness, seems contrived and highly unlikely, given the afore-mentioned context in which most learners live.

A Symposium Report by UNAIDS (2009:5) states that according to research conducted among teachers and on HIV and AIDS, the following areas have lacked due attention:

- Gender continues to be unrepresented in much of the work, yet it is central to addressing the HIV and AIDS pandemic.
- Adolescent perspectives on sexuality need to get much more attention. Research has shown that children and young people know much more than teachers realise and that the education provided to them, leaves them with many unfulfilled needs. This means that adolescents must be much more involved in curriculum design and delivery.
- Teachers’ own attitudes and insights are often ignored or sidelined in the process; yet they are central to how and which issues are addressed in schools.
- Content mastery is critical; yet there is relatively little reflection on what ‘mastering’ the HIV curriculum really means. HIV education has been overly oriented to the virus and health issues.
- Teachers are often being set up for failure by being asked to do what they have not been trained to do. Short-term training is still the norm (i.e. three to four days maximum) and pre-service education has been largely ignored by those working on HIV integration in curricula.
- There has been relatively little research on how teachers are responding to the HIV and AIDS pandemic; and much more “thick description” analysis is required to ensure that the design of interventions draws on the important lessons that can be learnt from those “heroes” who have been facing up to this challenge.
- Life skills are essential, yet it is clear that this requires a paradigm change in education to make teaching participatory. Much more needs to be done to make sure that training is adequate and management is sound.

- Most interventions continue to ignore the fact that teachers are operating in a highly complex environment; this complexity cannot be ignored.

AVERT (2010) states that HIV and AIDS education requires detailed discussions on subjects such as sex, death, illness and drug use. Teachers are unlikely to have had the experience of dealing with these issues in class, therefore require specialised training so they will become comfortable discussing these without letting personal values conflict with the health needs of the learners. Teacher training is fundamental to the successful delivery of HIV and AIDS education in schools, and yet efforts to train teachers are often inadequate, if in place at all. This 'doom and gloom' state of current affairs regarding teacher awareness and practice of HIV and AIDS education begs a change and reassertion of our own Department of Education regarding the needs of educators. It is crucial that teachers are liberated and empowered to identify new and creative ways of educating learners about HIV and AIDS and of improving their own classroom teaching practices.

UNESCO (2008:10) summarises the needs of educators in relation to HIV and AIDS education and the types of realistic guidelines that *should be* used in supporting them. I have subdivided these suggestions, using appropriate headings and substantiating with relevant literature:

2.4.1 Raising awareness: Promote educator awareness of the needs of learners and their environments. Ensure that educators are aware and informed of HIV risk behaviour among learners both in and out of school, and are able to identify learners who are particularly vulnerable. In addition, promote educator awareness of the impact of HIV and AIDS on learners, and provide guidance on the care and support for infected and affected learners. Teachers' responses to this promotion of awareness may be in direct relation to their attitude function², which the Department of Education would need to be made aware of. Visser (2006:1) states that teachers

² Functional theory seeks to distinguish between the different motivations that underlie the attitudes that individuals hold. One approach to this theory (the diversified approach) acknowledges the existence of a larger set of attitude functions, including utilitarian, social-adjustive, value-expressive, ego-defensive and knowledge attitude functions (Visser, 2006:6).

holding weak or moderate value expressive attitude functions are more than twice as likely to have talked about HIV and AIDS in their school and in their community and intend to do so in the future. This is in contrast to those holding strong value expressive attitude functions. Therefore, the Department of Education must promote teacher awareness of HIV and AIDS by first ascertaining the values of the teachers being utilised and to select HIV and AIDS educators on the basis of personal qualities: not all educators are suited to or interested in teaching about health, sexuality, relationships and HIV and AIDS. Educators who are willing and interested in becoming trained HIV and AIDS and life skills teachers should and could be purposively selected.

2.4.2 Improve training of educators: Integrate HIV and AIDS into pre-service and in-service formal training. Training itself should be done in a holistic way and teachers must receive the opportunity to practise and acquire skills for prevention. Furthermore, the use of participatory learning experiences is recognised as one of the most effective ways to help people acquire skills (WHO, n.d.:3). Teacher education programmes equip educators with the skills and resources to provide effective HIV and AIDS education. They support educators to gain confidence in discussing sensitive issues; establish conducive learning environments; develop interactive and participatory learning materials; encourage colleagues to incorporate HIV and AIDS issues into teaching; advocate for workplace policies and guidelines on HIV and AIDS education; and strengthen parental and community support for HIV and AIDS education (UNESCO, 2008:11).

2.4.3 Provide educators with ongoing support and information. Provide suitable curricula and supporting materials and establish a supportive environment for educators to do their work. Examples of resources that could prove useful in providing such support to teachers are Teacher's Exercise Books on HIV Prevention (WHO, n.d.:3). Activities in these books were developed by teachers, working in collaboration with health and training experts to ensure that the activities are teacher-friendly and suited to helping young people acquire skills for HIV prevention. Once-off training is not enough; educators need ongoing reinforcement, support and information updates. One approach to providing ongoing support and information is to institutionalise continuous professional development, to include an accredited HIV

and AIDS component. Another method is to provide distance-learning materials, such as training manuals, video's and interactive learning modules, to support in-service training and continuing education. Other approaches to help educators keep up to date include the use of ICT and the radio (UNESCO, 2008:14).

2.4.4 Develop and implement policies that support educators to address HIV and AIDS. National and school policies are essential to help teachers to address challenges in HIV and AIDS education, including dealing with community objections to teaching about sexuality and giving young people access to information and services. It is also essential that, where policies exist, they are well communicated and enforced by ministries and schools. Without clear policies or the implementation of such policies, educators may ignore sensitive topics, such as practising safer sex and using condoms (UNESCO, 2008:15).

2.4.5 Create supportive networks: Without the support of principals and administrators, educators may be limited in what they can do and teach about HIV and AIDS. Educators also need to be confident that parents support school-based HIV and AIDS education. While many parents would like their children to be taught about these issues at school, there are some who are strongly opposed to sex and HIV and AIDS education. It is therefore also important to educate parents, as well as community and religious leaders, about such issues and to involve them in the process of introducing, developing or revising school curricula. This requires strengthening school-community links so that teachers can establish contact with a wide range of parents (UNESCO, 2008:16-17).

The way in which these recommendations can best be actualised and put into practice may be by making use of the Health Promoting Schools (HPS) approach³. Wood (2009:19) states that this approach should be integrated across all areas of the school – all teachers should be infiltrating HIV and AIDS education into their lessons and shifting their focus to include not only the bio-medical facts relating to the illness, but also aspects pertaining to the learners' mental and environmental

³ A health promoting school is "one that constantly strengthens its capacity as a healthy setting for living, learning and working" (World Health Organisation, 2007:1).

wellbeing as well as their emotional, social and psychological health. The Department of Health (2007-2008) agrees with this notion, stating that most schools experience a wide range of health problems. Some of these problems lie within the school itself; others lie in the surrounding community, and impact on the school environment and on the health of learners and staff. Efforts to address these problems often fail and result in discouragement.

The HPS concept provides the basis for the spreading of health ideas and practices from the school to the community. A Health Promoting School networks and links up with other schools and may become a role model for other schools. A sense of ownership of self and the school is established, and self respect is reinforced. In addition, the health status of the learners, educators, community and the environment is enhanced. The HPS approach could address the needs of teachers in HIV and AIDS prevention education, as mentioned above, by encompassing the following five components: having contact with and networking with all appropriate services and resources; developing simple healthy policies that guide and direct activities; creating a safe and healthy environment for living, learning and working; building the necessary skills of all members of the school and community; and strengthening interaction between the school and the surrounding community (Department of Education, 2001:1).

2.5 CONCLUSION

In this chapter, I reviewed literature that focuses on issues that are mostly interrelated and interwoven with the notion of active learning by referring to experiential learning and constructivism in learning; interactive learning and teaching environments and their benefits; as well as critically evaluating the effectiveness of the South African Department of Education and the provisions made for teachers with regard to HIV and AIDS and how can these be adapted and made better, more understandable and more appropriate to identified educator needs.

The next chapter (Chapter 3) will present my research design and methodology, the paradigm used in my study, the process of action research, sampling, data collection, data analysis, literature control and measures of trustworthiness used and, lastly, the ethical issues pertaining to my study.

CHAPTER 3

EXPOSITION OF CHOSEN RESEARCH DESIGN AND METHODOLOGY

In this chapter, I will provide a theoretical discussion of the research design and methodology used in my study. I intend to justify what I did by drawing on and referring to relevant literature in this regard. Included in this chapter will be details of the interpretive paradigm and qualitative approach; action research design and methodology used with reference to sampling techniques, data collection and analysis, literature control, measures of trustworthiness, and ethical considerations.

3.1 PROBLEM STATEMENT

3.1.1 Orientation and problem formulation

The role of South African educators has been affected in a variety of ways by the HIV and AIDS pandemic. In the first instance, educators are struggling to cope with the multifaceted nature of the HIV and AIDS pandemic. The pandemic has altered their teaching and, according to educators, it has been a “traumatic journey”. They state that this “heavy load” is taxing (Bhana *et al*, 2006:6). Educators are severely challenged by the need to provide care and support, as orphans and vulnerable children have additional needs, over and above the need to be educated in specific learning material (Coombe, 2003; Hall *et al*, 2005; Bhana *et al*, 2006).

A transformation of sorts has taken place in the education system worldwide: a move from the more traditional, lecture-oriented, instructional paradigm to a new learning paradigm. This learning paradigm is a holistic, student-centred approach designed to produce learning, develop critical thinking skills (as stipulated as one of the critical and developmental outcomes in South Africa’s National Curriculum Statement), elicit discovery, and construct knowledge (Barr & Tagg, 1995 in Boehrer *et al*, 2000:1). Research on life skills and HIV and AIDS education indicates that many teachers are not sure of what to teach, or how to teach it (Pattman & Chege, 2003). HIV and AIDS interventions in schools appear to be missing the target, ignoring boys and girls’ different responses to knowledge about HIV and AIDS and are blind to the construction of gendered and sexual identities (Epstein, Moletsane, Morrell &

Unterhalter, 2001:90). Teachers and learners find it difficult to communicate openly about sexuality and gender, which limits the possibility of addressing important issues relevant to HIV and AIDS.

Johnson (2002:1) postulates that active learning can indeed result in heightened awareness and understanding of those around us, as the instructional use of the small groups associated with active learning encourages students to work together to maximise their own and each other's learning. It is becoming increasingly important to provide adequate HIV and AIDS education, particularly in schools located in communities with poor socio-economic circumstances. However, due to the severe lack of funding in these areas, the implementation of innovative and inexpensive teaching aids is a necessity. The role of education in HIV and AIDS awareness and prevention should not to be underestimated: it is at schools, where learners are provided a platform for information sharing and receiving, as well as care and support. It is indeed through school education and via effective teaching strategies that behavioural change in learners can be promoted and I consider this a fundamental and desired outcome in my motivation for using active learning strategies in the classroom.

The primary research question is:

How can active learning strategies be used to promote effective HIV and AIDS prevention education?

The secondary research questions are:

How can teachers be assisted in approaching HIV prevention education in a more learner-centred way?

What recommendations can be made to promote the use of active learning strategies in HIV and AIDS education?

3.2 PURPOSE OF STUDY

Creswell (2005:9) states that the reason for conducting any research project involves recognising and identifying the key aim for a study and narrowing it down to a specific research problem.

The purpose of this research study has been developed from the research problem; it aims to:

- establish how teachers in a poorly resourced Port Elizabeth school teach aspects relating to HIV and AIDS;
- establish how these teachers can be better facilitated, via the usage of active learning strategies, to provide HIV and AIDS education; and
- formulate recommendations that can be used to promote the use of active learning strategies in HIV and AIDS education.

3.3 RESEARCH DESIGN

Haritharan (2009:1) states that a research design can be considered to be a detailed blueprint used to guide a research study toward its stated objectives. In addition, a research design provides a framework as a guide in both collecting and analysing the data collected throughout the study. Kombrabail (2009:1) states that a plan, structure and strategy are important terms when considering any research design. He further asserts that the plan serves as an outline of the scheme to be used in the researcher's work. The structure referred to is a more specific scheme to be used, while the strategy expands on what methods will be used for aspects such as data collection and analysis. The research design adopted for this study will be explained below, starting with the paradigm that informed the choice, detailing the design and approach, and explaining the methodology.

3.3.1 Interpretive paradigm

Over the last fifty years, a new research paradigm has emerged in the social sciences, breaking the constraints imposed by positivism. With its emphasis on the

relationship between socially-engendered concept formation and language, it can be referred to as the interpretive paradigm (O'Brien, 1998:1). Containing such qualitative methodological approaches as phenomenology, ethnography and hermeneutics, it is characterised by a belief in a socially constructed, subjectively based reality, one that is influenced by and cannot be separated from culture and history. O'Brien (1998:1) further asserts that this type of research paradigm still pursues the ideals of researcher objectivity and the researcher as a passive collector and expert interpreter of data.

According to Gephart (1999:1), interpretive research is fundamentally orientated around providing meaning and seeks to understand a participant's *own* definition of a situation. Neill (2005:2) states that, with reference to interpretivism, there are multiple rather than singular realities relating to the phenomena being observed, and that these realities may differ across time and place. Interpretivism often addresses the essential features of shared meaning and understanding. Krauss (2005:762) defines this concept of meaning-sharing by claiming that meanings are in fact linguistic categories that make up a participant's view of reality and define his/her own actions. Furthermore, he states that humans are by their very nature inclined to create meaning and try to understand their lives and experiences.

Interpretive research builds on the assumption that humans like being actively involved in a process of change. Schwandt (1994:118) summarises this idea by stating that an interpretive approach provides meaningful insight into "the complex world of lived experience from the point of view of those who live it". Given the concern with understanding different individuals' own meanings, interpretive researchers have often preferred meaning (versus measurement) oriented methods. Data collection and representation can be successfully achieved using informant or person-centred interviewing (Levy & Hollan, 1998), ethnography, or the 'thick description' of cultures based on intimate knowledge and participation (Van Manen, 2002). Even ethnographically linked textual analyses (Gephart, 1999), which use transcripts of meetings with the participants as data, can be used in such research. Verbal or conversational data are collected to represent interactions in important, naturally occurring social settings. The conversations that take place between

researcher and participant are seen to represent important interactions in, and features of, such settings. It is because the researcher interacted with the participating teachers over a period of time, spoke with them all informally and during training, observed them both prior to and after the intervention and interviewed them, that this paradigm suited the type of research conducted in my study. There was also a process of continuous interpretation of this interaction, which lead to further changes being implemented to the intervention introduced.

According to Gephart (1999), the main focus area of an interpretive paradigm is a continual search for patterns of meaning, and to describe these patterns. In addition, it seeks to understand participants' own definitions of the situation, which are produced in natural contexts. These particular features effectively collaborate with the main aims of action research (AR). AR aims to create a shared meaning on behalf of the participants in the study; the participants undergo a series of observations in their natural setting (classrooms); and aspects such as conversational analysis is used, versus more quantitative research techniques. In order to produce authentic data, the participants in this study had to be observed in their every-day form, and continuous reflection (both on the part of the researcher and the participants themselves) was encouraged and used.

3.3.2 Qualitative Approach

Creswell (2005) states that a qualitative study is defined as an inquiry process of understanding a social or human problem, based on building a complex, holistic picture, formed with words, reporting detailed views of informants, and conducted in a natural setting. According to Key (1997:1), qualitative research emphasises the importance of looking at variables in the natural setting in which they are found. Interaction between these variables is considered very important in the process. Key (1997:2) provides a useful summary of some of the main characteristics of such research as presented in the table below:

TABLE 3.1:**CHARACTERISTICS OF QUALITATIVE RESEARCH**

	A QUALITATIVE APPROACH
Purpose	Understanding – seeks to understand people's interpretations.
Reality	Is dynamic – reality changes along with changes in people's perceptions.
Viewpoint	Insider – reality is regarded as what people perceive it to be.
Values	Value bound – values will have an impact on the research, should be understood and taken into account when conducting and reporting on research.
Focus	Holistic – a total or complete picture is sought.
Orientation	Discovery – theories and hypotheses evolve as data is collected.
Data	Is subjective – data represents the perceptions of people in the environment.
Instrumentation	Humans – the human person is the primary instrument in data collection.
Conditions	Naturalistic – all investigations are conducted under natural conditions.
Results	The focus is on design and procedures to gain "real," "rich" and "deep" data.

Adapted from Key (1997:2-3)

I used Denzin and Lincoln's (2005) and Creswell's (2005) definitions of qualitative research to inform my study; it is a form of research that is used in investigating a social or human problem and in which multiple methods of investigation can be used. Empirical materials such as case studies, personal experiences, interviews and observation are mostly used by qualitative researchers in collecting their data/information. The key feature of this form of data collection is that interaction with participants is vital and considered highly valuable to the researcher – it is in this way that meaning can be attributed. Qualitative researchers interpret phenomena in

accordance with the meaning attached to them (on behalf of the participants used in the study). For this to be successful, introspection is encouraged in both the researcher and the participants and the collection of this data needs to be conducted in the participants' natural environment so as to produce transparent results, as well as to contextualise the study.

Qualitative research is therefore interpretive, descriptive and naturalistic in its approach. It also focuses primarily on developing a holistic picture of the phenomena being studied. In addition to the above, the following can be regarded as main features of qualitative research:

- *Emergence*: This refers to the process of each step in the research study flowing from the previous one (Bailey, 1997:135; Silverman, 2000:2). For this to be possible, the research design needs to be 'soft' and 'flexible' so that any potential changes in the process can be made as soon as new information emerges and a difference in perspectives develops. In this study, the action research approach was chosen, because it allows for continuous reflection and changes in action.
- *Inductive approach*: Specific information is gathered, from which themes and concepts are developed (Field & Morse, 1985:11; Creswell, 1994:145; Rossman & Rallis, 1998:10). In quantitative research, the aim is to move from a general idea to a more specific one so that a pre-determined hypothesis can be tested. Conversely, the qualitative researcher does not begin his/her study with any pre-existing ideas or theories; rather, theory is constructed as the research progresses (Creswell, 1994:145).
- Individuals are studied in their *natural setting* (Creswell, 2005). This involved going out to the setting or field of study, gaining access, and gathering material. If participants are removed from their setting, it leads to contrived findings that are out of context. As *primary investigator* in this study, I also ensured that I had *sufficient time and resources* (Creswell, 2005) to spend on *extensive data collection* in the field and detailed data analysis of "text" information. In addition, I was cognisant of the fact that audiences are receptive to qualitative research, as well as that this type of research would emphasise my role as an active learner who could tell the story from the

participants' view, rather than as an "expert" who passed judgment on participants. However, it is crucial in a qualitative approach (as indicated previously) that the researcher be an expert interpreter of the data obtained and be able to attribute meaning to it.

3.3.2.1 Roles of researcher

According to Byrne (2001:2), qualitative research assumes that the researcher is an integral part of the research process. When beginning a study, a qualitative researcher should provide an overview of his or her personal and professional perspectives and assumptions. At the very least, it is important for the reviewer of the research to know the gender, class and ethnicity of the researcher. Byrne (2001:3) further states that factors such as these play a part in the qualitative researcher's individual approach to a study topic. Upon my initial undertaking of this study, all participants, observers and individuals directly involved in/with the study were informed of the fact that an interpretive design would be used in the collection and analysis of the data. In addition, they were also informed of what my intentions and/or visions were for the study, as well as my understanding of HIV and AIDS prevention education (via my feedback during and after the focus group session).

3.3.3 Action Research (AR) Design

O'Brien (1998:1-2) states that action research (AR) is "learning by doing" – a group of people work together in identifying a problem, do something to resolve it, see how successful their efforts were and, if not satisfied, try again. Furthermore, what separates this type of research from other professional practices is its emphasis on scientific study: the researcher studies the problem *systematically* and ensures that the intervention is informed and guided by theoretical considerations.

According to the North Central Regional Educational Laboratory (2004:1), a leading authority in applied research and evaluation:

"AR ... generates genuine and sustained improvements. It gives educators opportunities to reflect on and assess teaching, effectiveness of approaches and make decisions about new ones; explore and test new ideas, methods, and materials; and share feedback with team members."

As such, it is eminently suitable to meet the aims of this study. Seymour-Rolls and Hughes (2000:1) assert that AR is a method of research in which creating positive social change is the predominant driving force. It can be argued (Carr & Kemmis, 2004:165) that three conditions are individually necessary and jointly sufficient for action research to be said to exist: firstly, a project takes as its subject matter a social practice, regarding it as a form of strategic action susceptible to improvement; secondly, the project proceeds through a spiral of cycles of planning, acting, observing and reflecting, with each of these activities being systematically and self-critically implemented and interrelated; thirdly, the project involves those responsible for the practice in each of the moments of the activity, gradually widening participation in the project to include others affected by the practice, and maintaining collaborative control of the process.

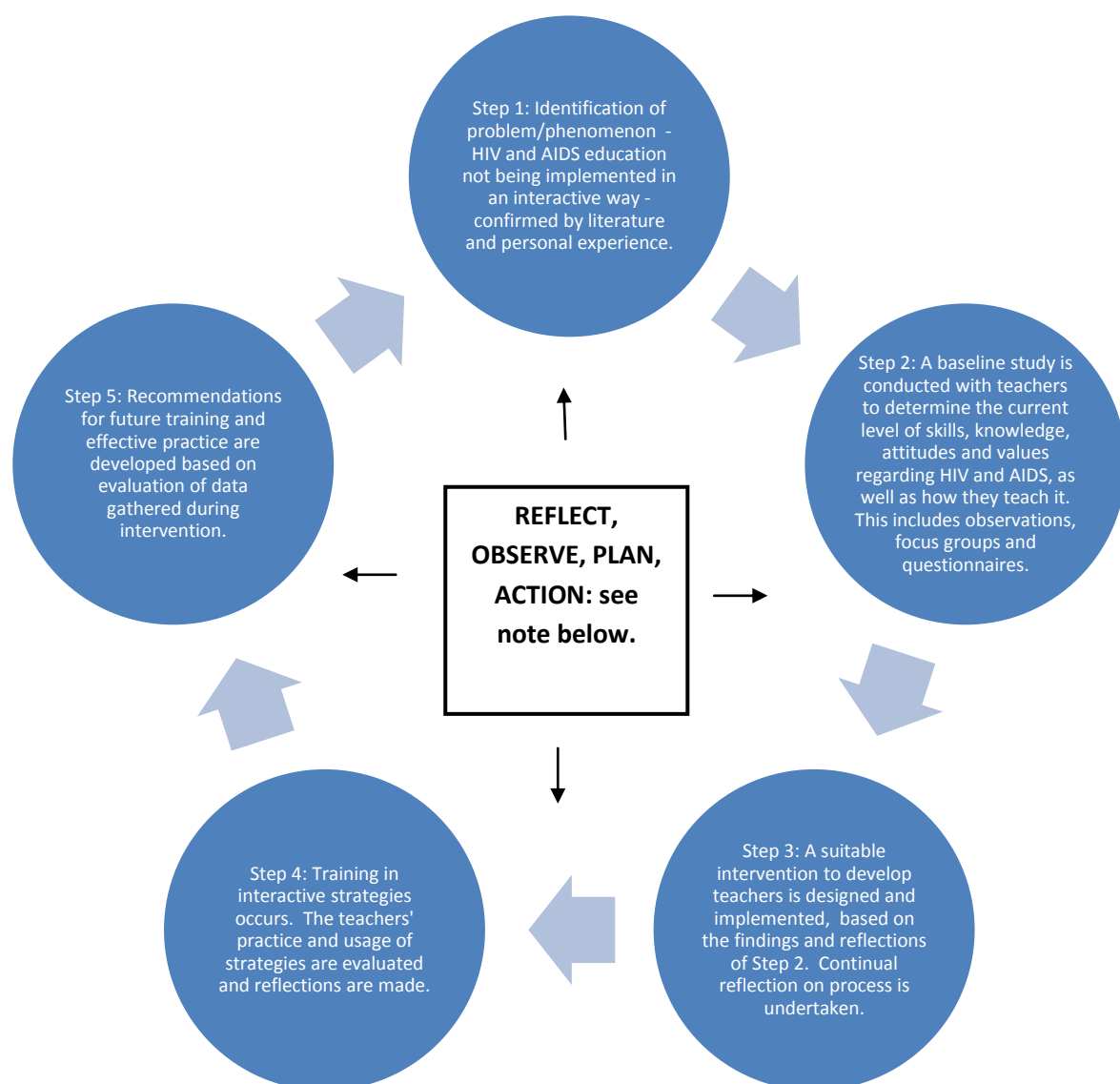
McIntyre (2008:1) states that within the field of AR, there are specific characteristics that render it unique compared to more traditional approaches to social science research. Some of these characteristics include:

- AR makes provision for opportunities for co-developing processes *with* people rather than *for* people. My study involved constant collaboration with the participants and opportunities for dialogue and discussion.
- There is emphasis on people's lived experiences and the co-construction of knowledge. The intervention used in my study focused primarily on the experiences the teachers had had in teaching about HIV and AIDS prevention and how certain barriers in this regard could be overcome.
- A collective commitment exists to investigate an issue or problem. All participants in this study were active role-players in implementing change within their classrooms and school as a whole. They also all shared a common goal, namely the improvement of their teaching practices.
- A desire to engage in self- and collective reflection in order to gain insight and clarity about the issue being investigated propels AR. In this study, the teachers used self-reflection to investigate the leading causes for ineffective HIV and AIDS prevention education, using this as a stepping-stone to build upon their existing knowledge and challenge prejudices.

- A joint decision takes place to engage in individual and/or collective action that could lead to useful solutions that benefit the individuals involved in the study. In this study, the teachers worked together as a group on the different interactive strategies presented to them, to develop and understanding of them and how they could be used in their own classrooms. In this group, they discussed challenges in implementation as well as their own capabilities, learning from one another in the process.
- Alliances are built between researchers and participants in the planning, implementation and dissemination of the research process. As referred to above, working with the participants was a team effort: my role was not only that of researcher, but also of a member of the group; in which learning and insights were shared.

AR proceeds through cycles, 'starting' with reflection on action, and proceeding to new action, which is then further researched. The new actions differ from the old actions, as depicted in the figure to follow.

FIGURE 3.1: CYCLICAL RESEARCH PROCESS AS APPLIED TO THIS STUDY



Adapted from The Center for Technology in Education:

http://www.sitesupport.org/actionresearch/ses3_act1_pag1.shtml and Seymour-Rolls & Hughes (2000:4).

Note: The nature of AR resulted in data collection, reflection, observation and action continuously taking place between Steps 1 to 5. The data collected during and after each step and reflection thereon, resulted in changes being made during the intervention.

Kemmis and McTaggart (2000:22) believe that the approach used, can be described as action research only when it is collaborative and that it is important to note that the action research of a group can be achieved only through a critical examination of

each action of the individual group members. In this study, throughout the AR process, all participants were actively involved in the execution of each step, as described in Figure 3.1. Participants made use of self-reflection (where they described challenges and what they had learnt or still needed to learn) during the developmental workshops, and the intervention was based on the needs expressed. Feedback and conversations between researcher and participants were encouraged throughout the AR cycle.

Reflection in AR (indicated in the middle of Figure 3.1) is that moment when the research participants examine and construct, then evaluate and reconstruct their concerns (Grundy, 2002:145). Reflection includes pre-emptive discussions by participants, during which they identify a shared concern or problem. Kemmis and McTaggart (2000:23) explain that planning in AR is constructive and arises during discussions among the participants. The plan must involve a critical examination of each action of all participants and include the evaluation of the change. Action happens when the plan is put into place and the hoped-for improvement in the social situation takes place. This action will be deliberate and strategic (Grundy, 2002:147). It is here that AR differs from other research methods: the action or change happens in reality, not as an experiment 'just to see if it works'. Observation in AR is its 'research' portion; the changes as outlined in the plan are observed and the effects and context of the situation are considered (Kemmis & McTaggart, 2000:28). During observation, research tools, such as questionnaires, can be utilised to ensure that proper scientific methods are followed and that results have meaning. Observation and action often occur simultaneously.

Seymour-Rolls and Hughes (2000:2) and O'Brien (1998:3) indicate the importance of *theory, practice and transformation* in the AR process in that they reflect on the transformative cycle that shifts continuously between theory and practice (as indicated in the note on Figure 3.1). AR researchers acknowledge that any form of theoretical knowledge can be enhanced by every observable result obtained in the study and that the participants' actions represent an amalgamation of their own assumptions, theories and hypotheses. Winter (1989) asserts that theory and practice are aspects that are intertwined and part of one, singular process of change.

3.4 METHODOLOGY

According to Creswell (2005), research methodology is a description of a process or a collection of theories, concepts or ideas as they relate to a particular discipline or field of inquiry. Methodology may refer to a simple set of methods or procedures, rationale and/or philosophical assumptions that underlie a particular study relative to a particular scientific method. In simple terms, it refers to the “how” part of the researcher’s study, i.e. how the study will be formed, guided and investigated.

3.4.1 Sampling

Glaser in Richards (2005:75-76) states that the *scope* of the sample to be used in the study and the selection of the setting are guided by two principles. The first one is that this setting and sample must be selected in a purposive manner. In addition, this selection may include choosing the most appealing example of the phenomenon to be observed (in this case, the phenomenon is HIV and AIDS prevention education) and the setting in which the researcher is most likely to observe what is deemed as of interest to the study. This principle may involve the selection of a setting based on the fact that it allows the researcher to obtain examples of a variety of experiences.

The second principle of sampling is that once the researcher has begun to understand exactly what it is that he/she is studying, strategies for sampling can be extended through *theoretical sampling*. The author adds that the scope of a study does not necessarily revolve around the question of *How many*, but will always include questions relating to *Who*, *Where* and *Which* settings will be observed/studied, as well as questions such as *In what manner?*, *Who will do it?*, *How long will this phenomenon be studied?* *What will be asked by the researcher and answered by the participant?* The repetition of these questions takes place cyclically and as the study progresses.

For the purpose of this study, my sample was purposively selected from a poorly resourced primary school located in the Gqebera Township in Port Elizabeth. I specifically chose this school based on logistical considerations (it was located not too far from the researcher’s base and could be accessed by road), as well as the high HIV and AIDS prevalence in Port Elizabeth township areas. The school itself

was co-educational, and accommodated approximately 1 200 learners, mostly from the surrounding community. The grades offered, ranged from Grade R (pre-primary) to Grade 7, with four classes for each grade, except the Pre-primary grade, which had one class only and was not situated on the school premises. The school staff comprised a total of 27 female teachers and three male teachers.

Gqebera is the oldest township in Port Elizabeth and the only one that successfully resisted the Group Areas Act (Nelson Mandela Metropolitan University, 2010:1). It is situated in a previously “white” upper class residential area, which starkly contrasts with the extreme poverty of the township. Since 2000, the population has grown to nearly 60 000 in an area less than four square kilometers. Gqebera is an IsiXhosa name for the area now known as Walmer. People in Gqebera live mainly in informal shacks (though this is changing, thanks to current government housing schemes). The unemployment rate is up to 80%, with the associated problems of youth gangs, crime, and alcohol and drug abuse (Nelson Mandela Metropolitan University, 2010:2). Shebeens (bars) are where most young people spend their social time. These have been centres of violence where many residents have been killed, incapacitated or scarred for life. At the time of this study, the township had three schools (two primary schools and one high school), with between 1 200 and 1 600 learners at each school. Even though Gqebera is the oldest township in Port Elizabeth, it was the last one in which a high school was established.

According to the teachers interviewed in the area, other issues that faced the Gqebera community included teenage pregnancy, HIV and AIDS, TB, street children, orphans, poor education, and inadequate access to basic amenities. To aid and improve a community faced with problems of this nature is therefore both necessary and ambitious. The interviewees stated that many residents spent their lives focusing on day-to-day survival, with no room or time for hopes and dreams. It is due to this context that I purposefully selected the main primary school in this community, namely the Walmer Primary School.

The educators at this school had little or no resources with which to teach and, by admission of the principal of the School, the relationship with the local Department of Education was strained. The need for training, staff and skills development was prevalent at the school, with many teachers required to teach more than their

specified grade every day. I felt that active learning strategies could prove most effective in this type of teaching and learning context, as they do not require funding and in-school training in the strategies can take place effectively; they are also flexible, can be applied to a variety of different teaching and learning contexts, and are inexpensive to use. For the purpose of my study, a total of six participants (teachers) were selected, ranging in grade taught (1 – 7), based on their availability and willingness to participate. The teachers volunteered their participation, and comprised five female and one male teacher.

TABLE 3.2: BIOGRAPHICAL DATA OF PARTICIPANTS

Participants	Method of selection	Age	Gender	Qualification	Grade
Participant 1	Voluntary	46	F	B. Ed. (Hons), PTD	2
Participant 2	Voluntary	58	F	B. Prim. Ed.	7
Participant 3	Voluntary	51	M	B. Prim. Ed.	6
Participant 4	Voluntary	52	F	B. Prim. Ed.	1
Participant 5	Voluntary	43	F	B. Ed. (Hons), PTD	5
Participant 6	Voluntary	38	F	B. Ed. (Hons)	6

3.4.2 Data Collection

During the data collection process, data was gathered at two main points, according to the AR design used. Phase 1 included baseline data collection to identify the problem, decide on the needs that had to be addressed, and develop interventions to improve the situation. In Phase 2, data collection was used to evaluate the impact of the intervention on the teaching of HIV and AIDS education.

According to Polkinghorne (2005:138), the process of collecting data in qualitative research involves providing evidence for the experience the researcher is investigating; further this data then serves as the grounding on which all findings are based. He further asserts that this data can take a variety of forms; in qualitative

research, it is primarily gained via written texts, gathered from documents and data originally in oral form (e.g. interviews and focus groups), which is then transcribed. In other words, data collection refers to a process of preparing and collecting data. Its purpose is to obtain information to keep on record, to make decisions about important issues, and to pass information on to others.

3.4.2.1 PHASE 1: Baseline Data Collection

According to SIL International (1999), baseline data is basic information gathered before a project begins. It is then used to provide a comparison for assessing programme impact. For my study, I made use of the baseline data collection tool of an unstructured focus group, a short questionnaire and observations. Although the questionnaire could be described as a quantitative measure, it was necessary to determine the knowledge level of the participants regarding the facts around HIV and AIDS.

- **Focus Group**

Morgan (1997:3) states that focus groups serve the primary means of collecting qualitative data and that using these groups requires a careful matching of the goals of the research with the data that the focus groups can produce to meet these goals. There are a variety of different types of focus groups, including the exploratory focus group, all of which are used to increase understanding of an issue. In addition, they assist in generating hypotheses, in concept development, and in pilot testing. Phenomenological focus groups are used in an attempt to understand the experiences and outlook of respondents/participants. Lastly, clinical focus groups are used to examine the unconscious mechanisms operating within people that impact on their behaviour or predispositions to behaviour, i.e. mood (Health Communication Unit at the Centre for Health Promotion [University of Toronto], 2002:5). For the purpose of my study, an unstructured, phenomenological focus group was used. Implementing the focus group session in an unstructured way assists in letting the conversation flow more naturally and making sure that key questions are covered (New York State Teacher Center, 2010:1).

Using unstructured focus groups has both its advantages and disadvantages. Fern (2001:45) states that advantages can include the following:

- *The authority role of the moderator:* The face-to-face involvement of a qualified moderator can help to ensure that the conversation remains on track and encourage participants' engagement without one individual dominating the meeting.
- *The ability of group participants to interact with each other:* When participants are stimulated to discuss, the group dynamics could generate new thinking about a topic, which could result in a more in-depth discussion.
- *The dynamic nature of the methodology:* Due to the dynamic environment, the moderator can modify the topics, which are prepared before the session, to make the topic more suitable for the purpose.
- *The capability to utilise non-verbal behaviour as a research input:* The expression, the attitude of individuals, and the intensity of the conversation can be perceived by the researcher, which could modify the moderator's decision and could also be included in the research result.

The disadvantages of conducting focus group sessions, however, may include (Krueger & Casey, 2000) that focus groups tend to be influenced by one or two dominant members in the session, thus making the output biased; that focus groups are not as effective in dealing with sensitive topics; that focus group output cannot be generalised; and that focus groups are a very artificial environment, which can influence the responses that are generated.

Focus group sessions were conducted with all six participants and their responses were recorded using a voice recorder. Please refer to Appendix 1 for a transcription of the participant's responses.

- **Questionnaires**

Woods (2006:5) asserts that questionnaires can be used as a means to collect information from a wider sample than can be reached through personal interviews. The author also states that, when considering the questions to be included in the questionnaire, issues pertaining to access should be considered; the researcher needs to know that all participants are interpreting the questions on the questionnaire in the same way and on the same 'level'.

In this study, after the focus group session, the teachers received a short, informal quiz: although usually used in quantitative research, the questionnaire was useful in testing the teachers' current attitudes, values and knowledge regarding HIV and AIDS. Their answers remained anonymous, so as to avoid embarrassment or hesitation in providing feedback. The quiz itself comprised approximately ten 'true or false' type questions (please refer to Appendix 2 for a copy of the questionnaire).

According to Hayden (2006:17), some of the advantages of using self-administered questionnaires are that all participants receive the same questions; a "no response effect" – participants are less likely to want to impress the interviewer and, if needed, the researcher can ask more complex questions. The disadvantages (Hayden, 2006:18) include that the researcher has no control over participants' interpretation of the questions; such questionnaires are ineffective if being used with illiterate or hard-to-teach populations; and there may be uncertainty about who actually completed the questionnaire. However, in this study, the teachers completed the questionnaires together in one venue and the researcher was able to clarify meaning, when asked.

- **Observations**

According to Trochim (2006:1), direct observation is a useful tool in qualitative research. A direct observer does not try to become a participant in the context in which the participants are being observed. However, the direct observer should strive to be as unobtrusive as possible so as not to bias the observations. The author further states that direct observation suggests a more detached perspective. The researcher is watching rather than taking part and is focused on what the

participants are (or, in some cases, are *not*) doing. The researcher is observing certain sampled situations or people, rather than trying to become immersed in the entire context.

The only clear distinctions between the different types of observation include non-participant versus participant observation and structured versus unstructured observation (Creswell, 2003; Denzin & Lincoln, 2005). Non-participant observation requires the observer to become more of an “eavesdropper” rather than becoming actively involved, which occurs during participant observations. In addition, non-participant observation often takes place without the participants being aware that they are, in fact, being observed. A distinction must be made between participant observation and direct observation: the latter was used in my study. Participant observation requires that the observer becomes part of the participants’ community as a whole and observes for extended periods of time. My observations were relatively brief and I did not become actively involved in the observed lesson, as my intention was to observe the teachers in their natural setting, with no interference.

- **Phase 1: Prior to Intervention**

After the focus group session took place, I spent two days in observation in each participant’s classroom. It was important for me to convey to them that it was not my intention to evaluate them, but merely to gauge whether or not HIV and AIDS was integrated into their curriculum and to establish what, if any, teaching style was employed. The observation period did not exceed thirty minutes, after which I moved on to the next classroom. A template (observation sheet) was used to document responses to questions such as: Was the lesson teacher/learner-centred? What was the classroom climate like – relaxed, strained? Was discussion between teacher and learner and learner and learner encouraged? Was HIV and AIDS mentioned in the lesson, and how was this approached/handled? According to Creswell (2003:186) and Leedy and Ormrod (2001:145), some of the advantages of making use of observations include that the researcher gathers first-hand experience of the participants in the study; that he/she can also record any information that may have unknowingly become routine to the participants; that data can be recorded as it becomes learnt/known; that, as participants feel uncomfortable about discussing

specific topics – through observations, such topics can be explored; and behavioural patterns that are observed can later be referred to when creating a reference point for discussion in interviews. The authors also state that it is imperative that the researcher remains unintrusive throughout the observation process and practises and learns new observational skills so as to be a good, competent observer (please refer to Appendix 3 for a copy of the observation sheet that I used while observing the participants).

3.4.2.2 PHASE 2: Evaluation of Intervention (Step 2 of Data Collection)

- **Observation continued - Phase 2: During and Post-intervention**

My observations also included the teachers' responses in the workshops. Field notes were taken to document what the needs of the teachers were, the feelings expressed, reactions and so forth. This was done so as to assert myself to the way in which the intervention could be tailored to suit the identified needs. In addition, observation also took place of the implementation of the teaching strategies in which the participating teachers had been trained. This included the usage of a video camera as an evaluative tool. During the process of the reviewing of the material, the teachers were asked to reflect on any challenges they may have experienced; and whether or not they felt they knew more about HIV and AIDS prevention education and how to teach it. For this purpose, a teacher questionnaire was completed by the researcher, based on the feedback provided by the teachers. This time with the teachers also granted me an opportunity to let them view the video-tape recording of them making use of the strategy and provide feedback whilst viewing it. Capturing their teaching in this way provided a developmental tool for the participants, from which they could learn. This will be discussed in more detail in Chapter 4 (please refer to Appendix 4 for a copy of the teacher questionnaire used).

- **Individual Interviews**

The interview is one of the major sources of data collection in qualitative research; it is also one of the most difficult ones to get right. According to Valenzuela and Shrivastava (2006:3), interviews are useful for obtaining the story behind participants' experiences. The interviewer/researcher can pursue in-depth information around the topic being investigated. Interviews can also be useful as follow-up to and to further explore certain responses to questionnaires.

In this study, I used individual, phenomenological interviews to gain in-depth understanding of how the teachers had experienced the workshops/training and how this intervention had impacted on their teaching of HIV and AIDS. Van Manen (2002:1) states that this interview process needs to be disciplined by the fundamental question that prompted the need for the interview in the first place. In addition, he asserts that the researcher needs to carefully consider which interests the interview is to serve. Upon reflection, the researcher decided that the interviews needed to serve the interest of HIV and AIDS education; opening up the participants' feelings about and experiences of it. Cope (2003:9) elaborates on the aim of the phenomenological interview, stating that it is to understand the subjective nature of "lived experience" from the perspective of those who, in fact, experience it. Furthermore, he explains that this can be accomplished by exploring the subjective meanings and explanations that individuals attribute to their experiences.

Due to the nature of this type of interviewing, only one primary, open-ended question was used, together with probes (as detailed below). A dictaphone was used to record the participants' responses, and these were then transcribed (please refer to Appendix 5 for transcriptions of the teacher interviews).

The primary question used, was:

"How do you feel about interactive teaching regarding HIV and AIDS education?"

Secondary questions were used for the purpose of prompting (probing) participants who were reluctant to provide feedback. These combined open-ended and yes/no questions and required the participants to elaborate on their responses. One of the key techniques in good interviewing is the use of probes. Patton (1990) identifies three types of probes:

- 1) detail-oriented probes
- 2) elaboration probes,
- 3) clarification probes.

During the interviewing process, the researcher made use of both detail-oriented and elaboration probes, in the following ways:

1. *Detail-oriented probes.* In our natural conversations, we ask each other questions to get more detail. These types of follow-up questions are designed to fill out the picture of whatever it is we are trying to understand. We easily ask the following when we are genuinely curious:

- Why do you say that?
- Do you have any other comments?

2. *Elaboration probes.* The elaboration probe is designed to encourage the interviewee to tell us more. We indicate our desire to know more by such things as gently nodding our head as the person talks, softly voicing 'un-huh' every so often, and sometimes by just remaining silent but attentive. We can also ask the interviewee to simply continue talking. The following elaboration questions may be asked:

- In what way?
- How did you find that kind of strategy/lesson?
- How do you find speaking about HIV and AIDS in your classroom now?
- What does interactive teaching mean for you?

- **Reflective Journals**

Both the participants and I kept reflective journals throughout the process of the workshops that were presented. I frequently checked that the participants were indeed writing in them and encouraged them to use them as regularly as possible. The participants were handed notebooks in which to record aspects pertaining to their experience of the workshops. Aspects included were: *What I did; What I learnt; What I feel about what I have experienced; What I need to change*, and so forth. In my own journal, I noted down my observations during the workshops: whether the participants reacted; whether a progression in knowledge had occurred; whether any biases/prejudices were noticeable; what adjustments can be made, etc.

The reflective journals and observations during the intervention served to guide the intervention used, strengthen the baseline data collected, pinpoint any further needs of the participants, and identify shifts in their thinking.

During the course of the developmental workshops, the teachers participated in an activity where they were requested to draw a picture or symbol that described how they felt about teaching HIV and AIDS in an interactive way. They were also encouraged to write something down which described the picture, and then feedback was given by each participant. With regard to the usage of drawings as a research method, Guillemin (2004:4) states that, methodologically, drawings are visual products and, at the same time, produce their own meanings. She also asserts that through the process of producing a drawing, the drawer is simultaneously constructing knowledge about the drawing itself.

“Drawings are about how people see the world in both its simplicities and complexities ... they are intricately bound with power relations and social experiences ...” (Guillemin, 2004:5).

It became evident that every teacher had his or her own, unique interpretation of how interactive teaching strategies could be used in with HIV and AIDS education. More detail will be provided in Chapter 4 (please refer to Appendix 6 for an example of one of the drawings produced).

3.4.3 Data Analysis

According to Mouton (1998:161), the term analysis means the resolution of a complex whole into its parts. The data analysed, originated from transcribed individual and focus group interviews, drawings, reflective journals and field notes. Omery (1983:61) states that this data must be reported in the natural language of the event, if the information is obtained from a natural setting. Data from these various sources were analysed by using Tesch's descriptive open coding method (Cresswell, 1994:154-156) to identify emerging themes.

According to Babbie (2001:359), qualitative analysis refers to methods for examining social research data without converting it into a numerical format. It is the non-numerical assessment of observations made through participant observation, content analysis, in-depth interviews and other qualitative research techniques. Bless and Higson-Smith (2000:137) define the data analysis process as allowing the researcher to generalise the findings from the sample used in the research to the larger population in which the research is interested. According to Miles and Huberman (1994:432), data analysis is a continuous process that cannot be demarcated into interim, later and/or final analysis. In my study, this cyclical, continuous process required me to collect data at a baseline level, but also *during* the intervention that was introduced.

3.4.3.1 Method of data analysis

The data collected from the focus group, observations, reflective journals, drawings, notes from the workshops and individual interviews was analysed using Tesch's (Cresswell, 1994:155) method of data analysis. After all the interviews were transcribed, a sense of the whole was obtained by reading all the transcripts. Each transcript was taken and I, as primary investigator, questioned the underlying meaning and carefully jotted down ideas as they came to mind. This process was completed in respect of all the transcripts. These were then grouped together in columns of major categories and subcategories, according to similarities. Transcripts are to be read and topics coded into segments of text to see if any categories and codes emerge. Grouping topics that relate together, reduces the list of topics. A final decision was made on the abbreviation of each category, and I

then alphabetically arranged them into codes. The data was assembled for preliminary analysis. The filed notes were read in view of the data important for integration with the results obtained from the transcripts. Raw data was sent to an independent coder experienced in qualitative research, to perform open coding. A protocol describing the method of data analysis was provided to this independent coder. After the interviews were analysed, the coder and I discussed the themes and categories that were identified independently. The themes that emerged in the interviews, observations of participants, and responses in the reflective journals were discussed with the participants to ensure that all information obtained was representative of what the participants meant. In terms of the drawing activity, data was in the form of the drawings themselves and a discussion was held with each participant about the meaning of his/her drawing and what it was that he/she wished it to convey to the rest of the group.

3.5 LITERATURE CONTROL

According to Merriam (1991:61), the aim of literature control is to interpret and synthesise research that has been conducted in the same field. This also means that it is conducted to compare the obtained results with the results of other research projects, to identify similarities, differences and the unique contribution of the research (Poggenpoel, 1993:3). This will also help the researcher determine the universal implications of the research findings. This referential check enhances the scientific trustworthiness of the research. In this study, I consulted various other documents, articles, websites and books on HIV and AIDS education and the teaching of Life Skills in schools, to establish a possible gap in the information provided on the topic. I also used literature to control the findings of my study and relate to other projects undertaken in a similar field.

3.6 MEASURES TO ENSURE TRUSTWORTHINESS

Guba's (in Krefting, 1991:215) model was used to ensure trustworthiness in this study. The model includes four aspects, namely truth value, applicability, consistency and neutrality. These aspects will now be discussed, together with appropriate control measures for their execution.

3.6.1 Truth value ensured by the strategy of credibility

According to Krefting (1991:214-215), truth value is ensured by making use of the strategy of credibility. Truth is the first criterion used to establish trustworthiness. A truth value asks whether the researcher established confidence in the truth of the findings for the participants (interviewees) and the context in which the study was undertaken (Lincoln & Guba, 1985:215). The control measure for truth value is credibility. This was achieved through the following techniques:

- Triangulation

Krefting (1991:219) states that credibility can be enhanced through triangulation. This means that a number of methodological strategies, such as focus group interviews, observation and field notes, will be required to ensure the strong credibility of the study. In my study, all these three strategies were employed, as well as individual interviews, reflective journals and self-reflections, on behalf of the participants.

- Observation

The researcher must ensure the credibility of the study by watching both verbal and non-verbal cues, to better understand the information and its implications. For example, in my study I made note of how the teachers used body language in their lessons and how the learners reacted to it (e.g. how they stood, made use of arm movements, etc); what sort of language was used (e.g. code-switching, colloquial use of home language, etc); what sort of teaching style was used (e.g. repetition, rote-learning, etc); and what kind of teaching and learning ethos was present (e.g. strict, casual, disorderly, etc).

- Reflexivity

Hammersley and Atkinson (1995:295) assert that consideration of the process of research and its possible implications for the validity of the main claims and conclusions of a study is a core part of what is referred to as reflexivity. Reflexivity is therefore a process through which the researcher explores personal feelings and integrates this understanding into the research/study. Krefting (1991:218) defines

reflexivity as an assessment of the influence of the investigator's own background, perceptions and interests on the qualitative process. I facilitated this process in my study by using a tape and video recorder, as well as detailed field notes.

- Peer examination

This process involves a discussion on the research process and its findings between the researcher and an impartial colleague. It would be important for the colleague to have experience in qualitative methods. For the purpose of my study, an observer (an experienced HIV and AIDS researcher and my supervisor) was present during the execution of the interviews and the discussions held thereafter regarding aspects relating to the participants' body language, whether or not important information may have been glazed over, and so forth.

3.6.2 Applicability ensured by strategy of transferability

Applicability is the degree to which the results of this study can be applied in similar contexts, on different participants (Lincoln & Guba, 1985:290). This is also referred to as transferability. Transferability is the strategy employed to attain applicability.

To enhance transferability, the researcher applied the following techniques:

- Interviews were conducted in the participants' natural setting (at the school).
- The researcher made sure that there was a full description of the perceptions of the participants.
- Each group was investigated and described in detail. The data collected was described as accurately as possible.
- Any relevant information from literature related to the themes identified was given. According to Krefting (1991:220), this makes transferability possible and genuine.

3.6.3 Consistency ensured by strategy of dependability

Krefting (1991:216) refers to consistency as dependability. Furthermore, dependability refers to the extent to which the findings would be consistent if the enquiry were replicated with the same participants or in a similar context.

The following techniques were used to ensure dependability:

- A detailed description of the research methods used was provided.
- Stepwise replication (Krefting, 1991:220) was used to ensure dependability. This means that in each interview, the same steps were followed.

3.6.4 Neutrality ensured by strategy of confirmability

This refers to the exclusion of the researcher's own prejudices from the research procedure and results (Lincoln & Guba, 1985:300). It follows that the researcher's preconceived ideas and biases must not influence the results (Krefting, 1991:316). Neutrality is therefore the degree to which the research findings are the actual product of the participants.

Two measures were used to ensure confirmability, which is the control measure of neutrality:

- *Reflexive analysis*: The researcher kept a journal in order to reflect on information about herself and the methods she used. An observer was also present during the interviewing process.
- *Triangulation*: This refers to the use of different methods in order to test the reliability of the data. In this study, data resources used, included audio recordings, field notes and a field journal.

3.7 ETHICAL MEASURES

According to Du Toit (2006:2), there are different stances regarding ethical issues in qualitative research. These include the absolutist stance, relativist stance, contextualist stance, and deception model. The particular stance used in my study was the absolutist stance, as it focuses primarily on the following aspects: protection of participants from harm (physical and psychological); prevention of deception; protection of privacy; and informed consent. The absolutist stance emphasises the point that social scientists have no right to invade the privacy of others. These aspects will now be discussed separately.

3.7.1 Protection from harm

Strydom (2005:58) emphasises the importance of avoiding harm to any of the participants, whether physically and/or psychologically. At no point in my study was any participant harmed in any way or forced to participate against his/her will. In most cases, the participants were enthusiastic, keen and eager to be involved in the study.

3.7.2 Prevention of deception

According to Strydom (2005:60), deception refers to the deliberate misrepresentation of facts so that another individual might believe what is not true, thus violating the respect to which he or she is entitled. This form of deception can occur when the researcher sets about to mislead the participants via written or verbal instructions, the actions of other people or aspects relating to the setting in which the study is conducted.

Throughout the interviews, an observer was present who also provided feedback after the session had ended. I asked questions relating to the delivery of the session; what had been done well; and what could possibly be improved upon. I incorporated this feedback in the structuring of my workshops, held two months later. Prior to the filming of the strategies being used (done with the consent of the participants), each participant was provided with a copy of the lesson plan, both in their home language and in English, and granted an opportunity to voice any concerns they had or potential challenges they envisaged as a result of its implementation. Participants were therefore provided with time to make their own adjustments to the lesson plan, rehearse and engage with one another and ask questions throughout the investigation. The participants were also informed of the overall purpose and objectives of the study during my first focus group session with them (this can be verified in the transcription of the session in Chapter 4).

3.7.3 Protection of privacy

The right to privacy refers to an individual's right to decide when, where, to whom and to what extent his/her attitudes, beliefs and behaviour may be documented (Strydom, 2005:61).

Throughout any documentation of responses and feedback from participants, no real name was used. In the transcription of the focus group sessions, all participants were allocated a number for reference purposes; the questionnaires were completed anonymously; and the observation sheets were not shared with or shown to any other person. In the data analysis stage of my research, I also did not use the participants' names; in addition, upon the filming of the strategies, only the teacher filmed on that particular day was allowed to view him-/herself, and in private.

3.7.4 Informed consent

Informed consent implies that any information on the goal of the study, the procedures used throughout the study, any foreseeable advantages or disadvantages as well as dangers to which the participants may be exposed and the credibility of the researcher have to be made apparent to the participants prior to the commencement of the study (Strydom, 2005:59).

On my first day at the school and prior to the commencement of my focus group session, each participant signed a consent form that detailed the purpose of the study, his or her involvement, the contact details of the primary investigator, both during and after office hours, as well as a timeline for the study itself and how my time as primary investigator would be spent in the school.

3.8 CONCLUSION

In this chapter, detailed information was provided regarding the problem statement and purpose of this study; the research design, with emphasis on the process of participatory action research, the paradigm and approach used; the research methodology, including sampling, data collection and analysis; literature control; measures to ensure trustworthiness; and a brief description of the ethical measures used in this study. In Chapter 4, I will elaborate on the findings of my baseline data

collection, what intervention was introduced and why, as well as what the evaluation of my intervention showed.

CHAPTER 4

DISCUSSION OF ACTION RESEARCH PROCESS AND FINDINGS

4.1 INTRODUCTION

In Chapter 3, the research design and methodology for this study were discussed. This chapter presents an analysis and interpretation of the data collected. The results of this interpretation will be presented as themes, categories and sub-categories, supplemented by a literature control to verify the results. In addition, the action research (AR) process will be explained in a step-by-step manner (see Figure 4.1), after which the findings of each step will be provided, with an explanation of how these findings informed the next step/stage of my research.

4.2 DISCUSSION OF ACTION RESEARCH PROCESS

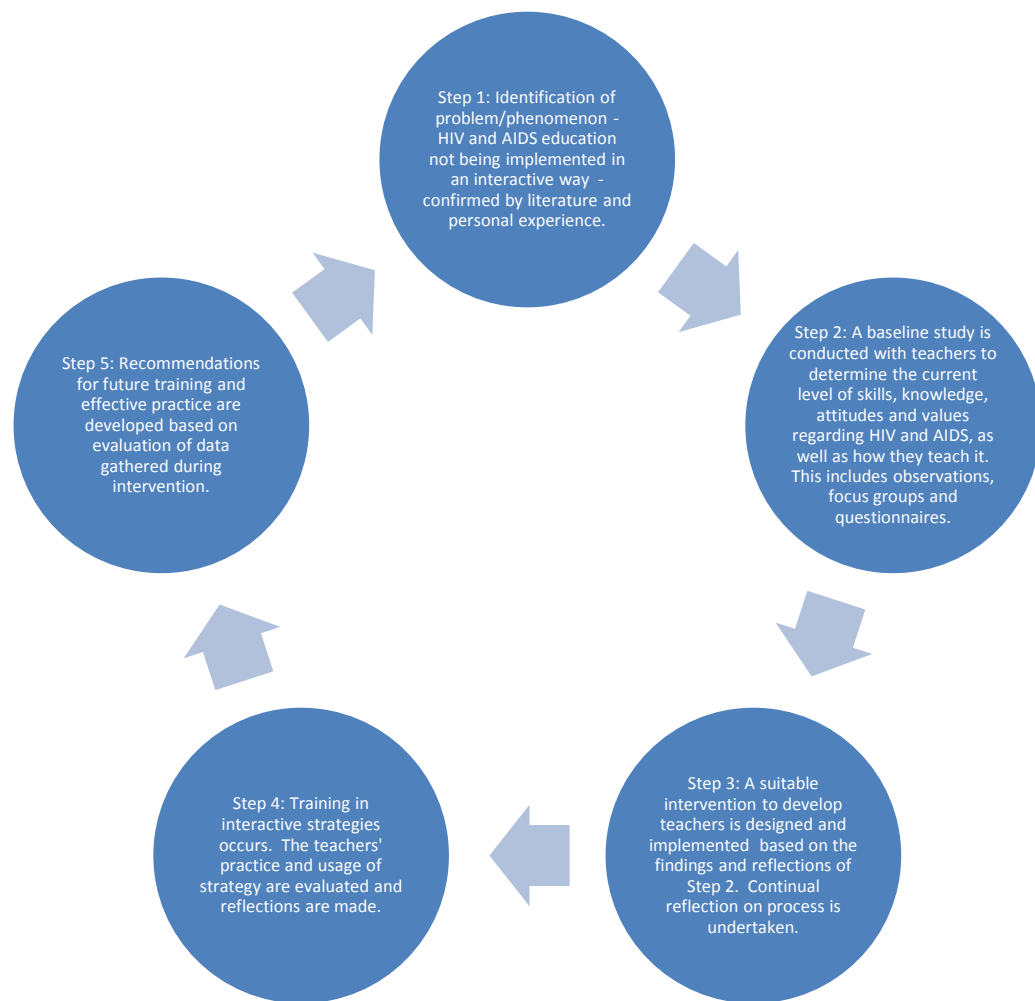
The purpose of this study was to conduct a purposeful investigation into how educators were using active learning strategies, in order to determine how active learning strategies could encourage the engagement of both educators and learners in HIV and AIDS education. The secondary purpose was to make recommendations, based on the research findings, regarding the use of active learning strategies in HIV and AIDS education.

To do this, an AR design was used (please refer to Chapter 3, paragraph 3.3.3).

Data collected were indexed into specific categories, which Seidel (1998:3) refers to as the sorting component of data analysis; the putting together of the “pieces of a puzzle”. Following this, the researcher reorganised the data under different themes. Once categorisation was complete, the researcher examined the categories to understand the data and relevant categories and themes.

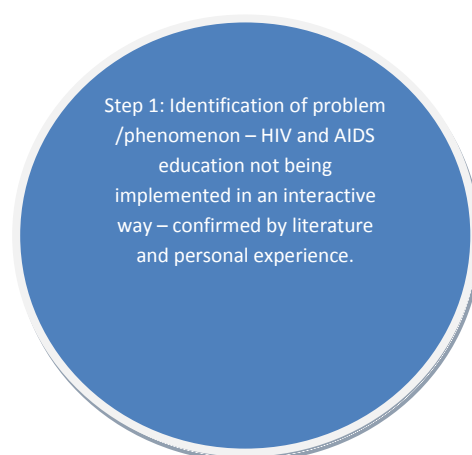
Various themes and categories emerged. The different segments of data were placed in a tabulated format; Kantner, Sova & Anschuetz (2005:5) state that data tables are optimal for studies with fewer than twelve participants and are also best suited to studies that investigate high-level questions or perceptions. Representing data in this way also avoids a biased selection of data.

FIGURE 4.1: ACTION RESEARCH PROCESS

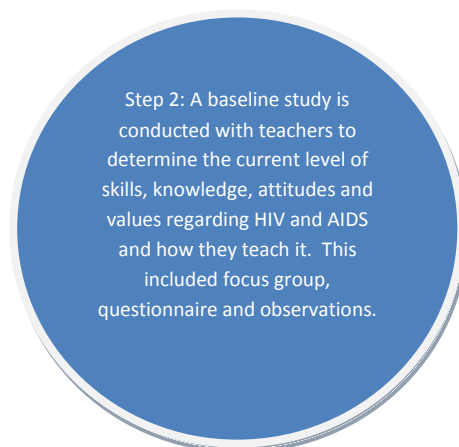


4.3 Discussion of findings from baseline data

4.3.1 STEP 1: Identification of problem/phenomenon – HIV and AIDS education not being implemented in an interactive way – confirmed by literature and personal experience.



4.3.2 STEP 2: A baseline study is conducted with teachers to determine the current level of skills, knowledge, attitudes and values regarding HIV and AIDS and how they teach it. This included focus groups, questionnaires and observations.



The presentation of the themes and categories is in accordance with the AR steps used in Figure 4.1 to indicate the exact process of AR undertaken, as well as to illustrate how the data collected in one step influenced the delivery of the next step.

To gather baseline data and to define the problem from the perspective of the participants, a focus group, questionnaires and observations (as described in Chapter 3, paragraph 3.4.2.1) were implemented. The table below outlines the

themes that emerged from an analysis of this data. The findings of each lead to the implementation of the data collection tool used next.

TABLE 4.1: OVERVIEW OF THEMES AND CATEGORIES EMERGING FROM THE FOCUS GROUP, QUESTIONNAIRES AND OBSERVATIONS

The researcher categorised all data collected into two levels of abstraction, with Level Two (themes) representing the most abstract and Level One (categories) the most real, representing the participants' feelings, opinions and experiences. This resulted in two themes and six categories.

<p>Theme 1:</p> <p>Teachers have a narrow and inappropriate view of HIV and AIDS education</p>	<p>Categories</p> <p>1.1 Teachers lack a holistic view of HIV and AIDS education</p> <p>1.2 Lack of interactive ability or understanding of interactive pedagogy</p> <p>1.3 Rote-learning and teacher-centred strategies used</p>
<p>Theme 2:</p> <p>Teachers' fears inhibit effective HIV and AIDS education</p>	<p>2.1 Teachers fear parental disapproval</p> <p>2.2 Teachers have difficulties with using explicit language and are scared to transgress perceived cultural norms</p> <p>2.3 Teachers are scared that they may evoke stigma through their teaching</p>

The results of the data analysis are discussed according to the main themes and categories that emerged from the data. Appropriate, direct quotes are used, where relevant, to clarify the results, and literature is provided to expand on the findings.

During the course of the focus group, it became clear to me that most of the teachers required considerable prompting in order to respond to some of the open-ended questions posed to the group. I often had to direct a question to one specific teacher (versus to the group) as I found, at some points, that the teachers were not eager to answer the questions willingly; however, this was understandable when I analysed the data, since the analysis revealed that HIV and AIDS was not a comfortable area for them.

THEME 1: Teachers have a narrow and inappropriate view of HIV and AIDS education

The focus group discussion revealed that the teachers' understanding of HIV and AIDS education was limited and not always appropriate.

1.1 TEACHERS LACK A HOLISTIC VIEW OF HIV AND AIDS EDUCATION

The findings of the focus group session revealed that most of the teachers did not understand what HIV and AIDS education was about; what should be included in a lesson on HIV and AIDS; and what elements would constitute an informative, 'well-rounded' lesson on the topic. When asked, the teachers stated that:

"The children already know about sex."

"I tell them about the condoms and communicable diseases."

Wood (2009:407) states that a predominantly bio-medical approach to HIV and AIDS education is common and that this approach does not take into consideration the diverse factors in South Africa that collectively create an effective breeding ground for the HI virus, nor does it adequately consider the social, psychological, economic, cultural and spiritual or health factors involved.

My observations of the participants also confirmed these findings: a very dominant approach to HIV and AIDS education at that particular school was noted. Of the six lessons I observed, three were based on the HIV and AIDS acronyms; one was based on communicable diseases; one had no theme; and one was unrelated

(water). Half of the participants focused on what the virus was, what caused AIDS, transmission and an explanation of illnesses in general. It became apparent that values and attitudes regarding HIV and AIDS were not dealt with in any capacity and that the learners were not provided with an opportunity to relate the information to their own lives and experiences of/with the illness.

From the responses to the questionnaire, the researcher identified the fact that some teachers' knowledge about HIV and AIDS transmission, facts and myths was not completely accurate, or that gaps in their knowledge existed. For example, two participants were of the opinion that it was not safe to share bedclothes with someone who had HIV and AIDS. Another two participants believed that it was in fact safe to share razors with someone with the illness. These responses were somewhat alarming, considering the very biomedically geared approach to teaching about HIV and AIDS that had been observed and identified in the focus group.

A further analysis of the focus group data revealed that the teachers were generally reluctant to express their views about HIV and AIDS education, and there was consequently very little response to the question how they taught it in their classrooms.

"I don't know how to answer that."

According to UNESCO (2008:8), most HIV and AIDS related action in schools has been focused on learners and school curricula, and limited attention has been given to teachers who are not sure how to teach the topic or how to deal with the challenges posed by the pandemic. Ramos (2008:1) states that poorly trained teachers are often too shy to teach sex education and often lack true commitment or enthusiasm to teach the topic, given the overcrowded curriculum. In my opinion, these factors have resulted in disillusionment and a sense of confusion in teachers and in their understanding of HIV and AIDS education.

1.2 LACK OF INTERACTIVE ABILITY OR UNDERSTANDING OF INTERACTIVE PEDAGOGY

One of the participants in the focus group stated that, often, she found that suitable/language-appropriate and interactive material to assist her in teaching about HIV and AIDS was severely lacking.

“We don’t get anything from the government to teach (about) these things. And the things we do get, aren’t in Xhosa.”

Esau (2010:69) states that, with reference to appropriate materials and resources in HIV and AIDS education, a ‘culture of silence’ hinders the production and availability of accessible and appropriate information regarding the issue of teaching around sex and sexuality. The group most adversely affected, are young people who are on the brink of adulthood and in need of understanding, advice and direction as they experience the process of sexual maturation. What perpetuates this silence is the absence of appropriate and guided information, which allows misinformation and myths about sex and sexuality and HIV and AIDS to persist and grow.

In my time observing the participants, I jotted down the following:

- Teacher did not test the learners’ understanding of acronyms such as HIV or AIDS, or translate difficult English words. Uses code/language switching, but mostly to assist her own language ability. Does not explain more difficult words, e.g. ‘deficiency’.
- Limited/No opportunities for discussion between learners.
- Teacher appeared to be unprepared (taught from a pamphlet). Learners at back could not see what was on the board.
- Teacher did not have a good command of the lesson – lack of confidence. Uninformed – e.g. “God has given this to us – it doesn’t come from us”, both teachers and learners thought babies could contract HIV from breast milk, did not discuss blood-to-blood transmission, only via sexual intercourse.
- Teacher only used a colouring-in sheet to relay HIV and AIDS information – did not explain pictures to learners, who could not read at this point.

The evidence presented in this category confirms that these teachers' approach to HIV and AIDS education was bio medically orientated and delivered in a somewhat narrow way.

1.3 ROTE-LEARNING AND TEACHER-CENTRED STRATEGIES USED

During the focus group, some participants discussed their strategies for presenting HIV and AIDS related lessons in the classroom. One participant repetitively referred to Love Life (a prominent multimedia awareness and education campaign aimed at promoting a sense of identity and optimism in young people) which, when it did its rounds in the township, visited the school. Its representatives discussed HIV and AIDS with some learners/classes upon their arrival. She indicated that because of this, she did not really feel a need to revisit the topic, demonstrating her perception that teaching about HIV and AIDS was very 'external' to what she usually taught – something to be left to “the professionals”. Participants seemed to prefer that external organisations should teach learners about HIV and AIDS:

“Like those people from Love Life – it’s better for them to teach it, because they are from outside the school.”

With the exception of one observed lesson, all participants made use of repetition in their lessons. Most lessons were characterised by “repeat after me”, or “repeat altogether” and the completion of sentences. In addition, learners were not encouraged to voluntarily respond to questions, but were singled out, which made the less confident learners shy away. Teachers seemed to rely extensively on rote-learning and the constant repetition of words and facts on behalf of the learners. One participant demonstrated no recognisable distinction between lessons, which left the learners being confused. Furthermore, the same participant (who taught Grade 1) did not encourage explorative learning; the children seemed passive and unmotivated – odd for such young learners! Most teachers were somewhat strict and authoritarian and seemingly did not promote independent thought and queries.

According to Esau (2010:69), in all societies, more often than not aspects of human sexuality are regarded as ‘private’ or taboo, with strict codes about when, who and how it can be talked about. Pengpid, Peltzer and Igumbor (2008:49) elaborate on

the difficulties in HIV and AIDS implementation on a school-based level, stating that the major problems mentioned by the majority of teachers in their study included a lack of a specific time for HIV and AIDS related teaching; lack of support in term of resources from other staff members and principals; and the attitudes of teachers themselves towards learners. The researchers found that teaching of the topic was focused on creating awareness and disseminating information (teacher-centred approach), but not on building learners' capacity and life skills. According to the Department of Education (2006), "... the majority of teachers have not yet been sufficiently equipped to meet the education needs of a growing democracy in the 21st century global environment." IBE-UNESCO (2006) corroborates this statement by listing some of the common shortcomings relating to the content of HIV and AIDS education and educators:

- Teaching of HIV and AIDS is selective: Teachers often neglect to address sexual and reproductive development and/or health issues, as well as issues relating to sexual relationships. There are also negative or conflicting messages on condoms and the practising of safer sex.
- Educators do not adequately challenge the stigma and discrimination surrounding HIV and AIDS, and this in turn strengthens the silence surrounding the illness.
- Education on HIV and AIDS is often too knowledge-based; minimum attention is given to the development of learners' abilities to deal with daily or life problems.
- The teaching and learning of life skills needs to be better understood in order for it to be better implemented.

Windschitl (1999) states that today's teachers simply copy the teachers they had had as learners, which hinders the goal of moving beyond the teacher-centred method of rote memorisation to learning. He also states that that is where the problem of creating a truly constructivist classroom truly lies. Educators are also often married to the current norms of the curriculum and standardisation. Brown (2003:2) states that many teachers tend to approach education in a teacher-centred manner – this approach is associated mainly with the transferring of knowledge from educator to learner. This sort of teaching environment focuses primarily on establishing

relationships with learners that are “anchored in intellectual explorations of selected materials”. Furthermore, the effort to try to get to know and understand the learners in the classroom and how they process information (their different learning styles) is secondary to academic achievement; often, educators who make use of this style of teaching sacrifice the needs of the learners to ensure exposure to the academic standards of the school.

During my initial baseline observations, I noticed that most of the participants made use of this style of teaching in their own classrooms. It was important at this point in the research, to ask *why*: why do these teachers continuously revert to a primarily teacher-centred approach to education? Naicker (2006:3) provides a possible answer by asserting that South African educators are heavily influenced by fundamental pedagogy and are also indoctrinated by this philosophy. During the apartheid era, education departments and teacher training institutions in South Africa adopted or developed theories of learning that supported and encouraged the idea that teachers should be controllers in the classroom. For example, psychopedagogy was a "sub-discipline" within the broad tradition of fundamental pedagogy, which is widely acknowledged to be the educational theory of apartheid. Psychopedagogicians, when speaking about learning, placed emphasis on innate ideas, and teaching was therefore seen as providing the facts, exercises and mental drills that would get these ideas going. Knowledge came to be seen as fixed, innately known, and learning involved repetition, which I also noted in my observations.

THEME 2: Teachers' fears inhibit effective HIV and AIDS education

During the course of the focus group session, I became aware of an overriding sense of fear in the participants; a fear of speaking openly about HIV and AIDS education in general, but also a fear of the parents of their learners and how they might react to the teaching of HIV and AIDS; a fear of the language used in HIV and AIDS education; and a fear that if they taught about HIV and AIDS, they would inadvertently promote stigmatisation and the “pointing out” of possible infected learners in their class.

2.1 TEACHERS FEAR PARENTAL DISAPPROVAL

Several participants reiterated that the parents of their learners caused them a great deal of angst about approaching the topic, as they often were opposed to the teaching of issues relating to sex in the classroom:

“Some parents don’t want their children to know about sex.”

This fear of the reactions of parents became increasingly apparent as the participants became more at ease with speaking openly about the topic. For fear of having to deal with irate parents (who may be scared themselves), teachers stated that they would rather not teach about HIV and AIDS in order to avoid confrontation:

“In our language, there is vocabulary and words that the parents are afraid of ... that is why, sometimes, it is not wise for us (to teach HIV and AIDS).”

“I think they (the learners) misunderstand what I am teaching and they return home with things written in their books. This makes parents angry.”

According to UNESCO (2008:1), parents need to play a significant role in teaching their children correct information on HIV and AIDS. However, many parents lack the proper information and skills, or are reluctant to communicate with their children. They also state that communication gaps between parents and their children are common and that this may encourage children to find alternative sources of trust and information, primarily from the school. It goes without saying that if teachers themselves are not equipped with the skills and knowledge to teach these learners and do not feel confident to present HIV and AIDS education, learners may be receiving very limited information about the illness. In a UNICEF study conducted in Southern Mozambique in 2004 (in which over 600 primary and secondary school teachers were interviewed), Visser (2006:4-5) reported that teachers’ reasons for not wanting to teach about HIV and AIDS prevention included: “Kids will become promiscuous”, “Kids will become scared”, “Parents will not approve”, “Religious leaders are against it”, “We will get disciplinary problems in our schools”, and “We will be accused of provoking disgrace”. Pengpid *et al*, (2008:50) state that the pivotal and complementary opportunities for sex education that can be offered by schools, parents and the community are undermaximised in South Africa. They emphasise that parents and the community should play a “very significant role” in the

sex education of children (Mayekiso & Twaise, 1993). Factors such as embarrassment, lack of knowledge, poor communication and parenting skills, differences in values about sex and dating, and the desire to avoid conflict have been listed as factors contributing to poor parental participation in sex education (Department of Health, 2007-2008).

Furthermore, it was reported that outside pressure from parents, religious leaders and village elders exacerbated the teachers' anxiety. Many teachers said that their intention to talk about HIV and AIDS was greatly affected by a fear of offending learners' parents. In general, teachers stated that the approval of parents and other influential members of the community was very important in their decision whether or not to address HIV and AIDS in their classroom at all.

2.2 TEACHERS HAVE DIFFICULTIES WITH USING EXPLICIT LANGUAGE AND ARE SCARED TO TRANSGRESS PERCEIVED CULTURAL NORMS

Cultural and language-related barriers featured predominantly in the responses of the participants in the session. Teachers stated that the taboo associated with 'sexual language' extended deeply into the Xhosa culture and that misunderstandings often arose as a result, on behalf of both learner and parent:

"When you talk about sex, there are words that you must not use, but are actually supposed to."

"Like, in my culture, I will say (for when they are having sex), "Mahlalana" ... it can also mean that they get married."

Posel (2004:2-3) states that in the new democratic South Africa, "sex has been politicised ... and political freedom has been sexualised." The politicisation of sexualities has been intensified by the persisting "anxieties, denials and stigmas" in the midst of "new and unprecedented declarations of sexuality". Patman and Chege (2003) indicate that in HIV and AIDS education, many teachers do not know what to teach or how to teach. Bhana (2007:2) provides an explanation for this apparent educational impasse by stating that teachers and learners find it difficult to communicate about sexuality and that this limits the possibilities of addressing important issues relating to HIV and AIDS and its prevalence in our country. She

also asserts that very little research has been conducted on HIV and AIDS in predominantly early education, and she speculates that this could be attributed to the taboo of discussing sexual activity with young children.

Cultural barriers often hinder the implementation of lessons relating to HIV and AIDS in the classroom, according to a study conducted by Helleve, Flisher, Onya, Mukoma and Klepp (2009:7). The study confirmed that few teachers saw young people as subjects with their own interests that were not necessarily similar to those of or shared by adults. The teaching of HIV and AIDS therefore came from a more moralistic perspective; the only perceived differences between the teachers' own generation and the youth were interpreted as a form of moral decline rather than as an expression of cultural change or dynamics. In addition, Helleve *et al* (2009:8) also state that many teachers "argued that the flexibility given to Life Orientation teachers allowed them to adjust their HIV and AIDS and sexuality teaching in response to the local culture and religion ..." Teachers also argued that the content of teaching about HIV and AIDS did not hold much relevance to cultural norms, beliefs or religion. They also stated that teaching about HIV and AIDS and sexuality was a "morally neutral activity and that it only deals with life's realities".

Dowling (2002:1) emphasises the role of language in HIV and AIDS education:

"The names given to HIV and AIDS are similar to those used when talking about powerful leaders and outstanding personalities – complex, compound names normally heard in praise poetry, in the reciting of genealogies."

She illustrates this statement by referring to the praise given to a great fighter, Mqikela Ndayi, with his name for AIDS, "the great killer":

Usinandile, ungqam' esililini – he is a rifle speeding to its target

Udubul' egeqa – he who shoots to kill

People react emotionally to praise names; they invoke a sense of respect and, in some cases, fear. HIV and AIDS must be 'feared' and therefore its personification and praise names are appropriate and justified.

Dowling (2002:2) points out, however, that interestingly, in ordinary discourse, advertising and certain educational campaigns, no-one has thought to give the condom such a praise name. For example, no advertisements or posters refer to the condom as *UMsindisi weSizwe* – the saviour of the nation. In fact, not only are condoms not given praise names, they are somewhat trivialised, likened to everyday, commonplace objects, such as *idyasi* (jackets), *igambutsi* (gumboots) and *mokotsla wa bana* (baby bags). In addition to this, while there are ways of talking about people living with HIV and AIDS, there are no praises for these individuals. There are no names to inspire, to suggest strength and/or survival in the face of adversity. Instead, one suffering from HIV and AIDS is someone who has *ubhaqile* (caught it), or who has had *uwelwe lilahle* (a hot coal has fallen on him or her).

Dowling (2002:3-4) acknowledges the importance of eradicating the fear-filled language so often used in IsiXhosa translations for HIV and AIDS. She refers to the website of the Department of Arts, Culture, Science and Technology (DACST), which has a specific section on HIV and AIDS terminology for South Africa's eleven official languages. In this section, the English definition for AIDS, being “a disease for which there is no cure”, is translated into IsiXhosa as “a disease that kills and that cannot be cured” (*isifo esibulalayo nesinganyangekiyo*). All other definitions in African languages emphasise the fatal nature of the pandemic, which is absent in the English and Afrikaans versions.

2.3 TEACHERS ARE SCARED THAT THEY MAY EVOKE STIGMA THROUGH THEIR TEACHING

Some of the barriers to effective HIV and AIDS education raised by the teachers included that they feared that learners would stigmatise their peers who might be infected, as they became more informed. In addition, some learners often made fun of the topic which, in turn, made the teachers uncomfortable:

“Sometimes, you’re scared to say (talk about) it. Two years back, I had a child who was HIV positive ... when you talk about it ... they (other learners) go outside at break time and say, “You have HIV! And your mother, too!”

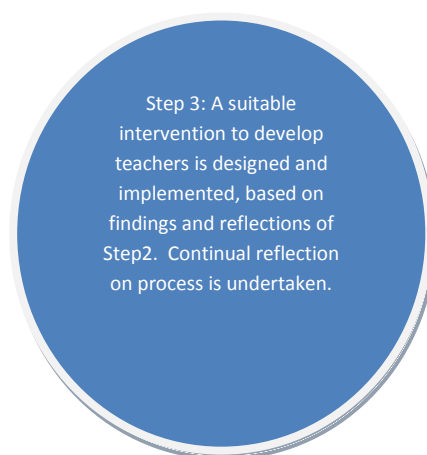
“These kids (learners) like to come with pictures ... they will only take those wrong sentences (issues relating to transmission) and come with naked photo’s of women.”

According to AVERT (2010:1), there are a variety of reasons why teachers may fear the possible stigmatisation of learners in their classroom. Because AIDS is a life-threatening disease, people and the community in general react to it in strong ways. In addition, HIV infection is often associated with behaviour (such as homosexuality, drug addiction, prostitution or promiscuity) that is already stigmatised in many societies/communities; most people become infected with the HI virus through sexual intercourse, which often carries moral “baggage”; there is a lot of inaccurate information about how HIV is transmitted, which can create irrational behaviour and misperceptions of personal risk; HIV infection is often thought to be the result of personal irresponsibility; and certain religious or moral beliefs lead some people to believe that being infected with HIV is the result of a moral fault (such as promiscuity or 'deviant sex'), which deserves to be punished. It is their familiarity with these factors in their community that leads teachers to be overly cautious in teaching about HIV and AIDS and to fear to do so at all.

From the above findings, I learnt that these teachers had certain misperceptions regarding not only HIV and AIDS education, but also interactive teaching and what it entailed. Using this, I developed an intervention to provide the participants with both the theoretical information and practical tools needed to challenge these assumptions and comfortably integrate HIV and AIDS interactive education into their everyday teaching.

The findings from the data gathered in this step, allowed me to reflect on areas that needed attention and development and to develop a series of developmental workshops to address the issues hindering effective HIV and AIDS education. A manual for the delivery of the developmental workshops had been formulated by a colleague (Wood, 2010) based on the data gathered in the baseline study.

4.3.3 STEP 3: A suitable intervention to develop teachers is designed and implemented based on the findings and reflections of Step 2. Continual reflection on process is undertaken.



Based on the findings from the baseline data collection (focus group, the questionnaires and the observations conducted in the participants' classrooms), it was evident that before I could progress to working with the teachers to help them develop interactive teaching strategies, there was a need to first address some of the findings from the baseline study. This was based on my perception that unless the teachers' fears were addressed, they would not be able to change their teaching effectively. I therefore decided to invite them to developmental workshops, before introducing the actual training in interactive strategies.

The teachers needed to be granted an opportunity to build upon their existing knowledge of HIV and AIDS, reflect on their fears and attitudes, as well as develop an understanding of the need for teaching about the pandemic in an interactive and learner-friendly manner; where they could feel confident in moving away from the teacher-centred approach.

- **Developmental workshops**

The workshops themselves were spread out over three weeks and included four sessions with a group of ten teachers. The participants, who were initially part of the focus group session and whose teaching I had observed, were included in this group

and all workshops were conducted by a colleague of the primary investigator, on university grounds.

The workshops included the following outcomes (please refer to Appendix 6 for the manual used of in the workshops):

- A description of the components of HIV and AIDS education – what it is, why it is necessary, how can it be done.
- Identification of teachers' feelings about teaching HIV content.
- Identification of strategies to overcome any intrinsic barriers that may hamper effective HIV and AIDS education.
- A description of the concept of interactive teaching and learning and discussion of the benefits for teacher and learner.
- A description of key factors for ensuring the success of interactive teaching and learning.
- Identification and practising of strategies to overcome barriers that teachers may face in implementing interactive teaching and learning.

Each session modelled interactive teaching strategies to address the relevant issues.

During the workshops, I continued to observe and collect data by means of field notes. I also made use of drawings (as previously referred to in Chapter 3.4.4.2, paragraph 3) as a means of collecting interim data on teachers' views of HIV and AIDS and to encourage deeper reflection on the part of the participants. Another means of collecting interim data was through reflective journals (as referred to in Chapter 3.4.2.2, paragraph 3), to be discussed further on in this chapter.

My own field notes were also taken and developed throughout the course of the workshops. I reflected on these at different intervals to establish participant behaviours and thoughts that I was of the opinion could shed light on their feelings, attitudes, values and so forth regarding HIV and AIDS education.

The participants were eager to become involved in activities such as the ice-breakers and stated that they often made use of them in different ways in the

classroom (e.g. sharing of news, singing songs, etc.), but had not previously regarded their usage as necessarily being “interactive”. The participants further demonstrated their lack of awareness of interactive HIV and AIDS education by explaining what they understood about it (indicating a predominantly biomedical approach):

“It’s about precautionary, preventative measures and transmission.”

Teachers were not clear on the difference between sex and sexuality education and responded that they did not usually teach that. The participants frequently demonstrated an unclear perception of learner-centeredness, and many ascribed their hesitancy in using interactive strategies to the following:

“There are no resources in Xhosa.”

“It is harder to execute – there is a lack of funding and equipment.”

Participants showed very little initiative or intention to make their own teaching aids; in fact, they seemed to dismiss this idea altogether. An almost complacent attitude seemed dominant in some of the workshops. There was also an overriding lack of confidence in most teachers, who stated that teaching HIV content resulted in misunderstandings in their classrooms. One participant shared her reluctance to “impose” it upon her learners. Teachers were not initially comfortable with or prepared to discuss their fears about interactive HIV and AIDS education, but did state, however, that using words such as “penis” made them fear ridicule from the learners.

Some of the pertinent data will now be discussed to further illuminate the thoughts, feelings and behaviour of the participants concerning HIV and AIDS education.

- **Drawings as a tool for data collection**

The third developmental workshop held with the participants included an activity in which the teachers were given the following instruction:

“Draw a picture/symbol that describes how you feel about teaching HIV and AIDS in an interactive way. Describe your picture on the back of the page in a paragraph or so.”

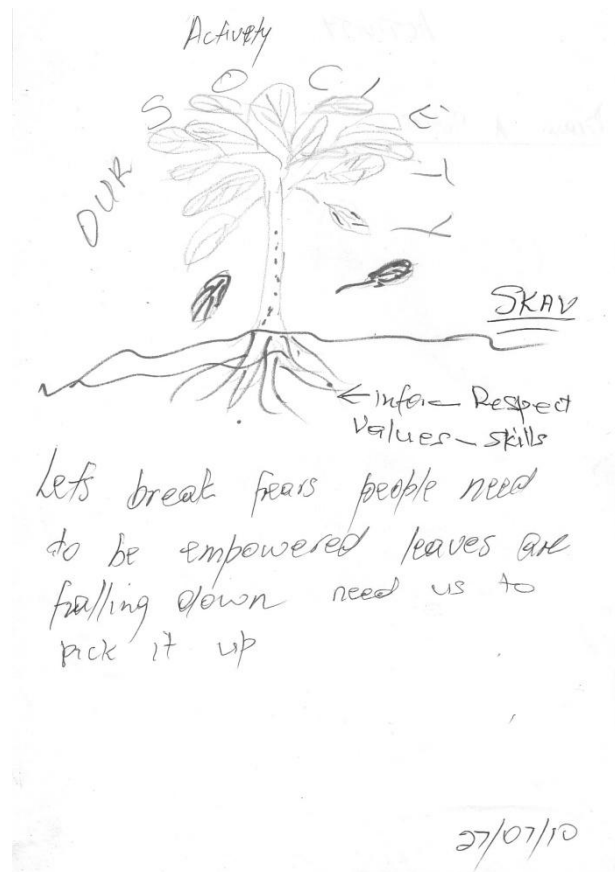
According to Stuart (2006), drawing can be used as a powerful technique for eliciting opinions and beliefs, as well as in generating discussion around a particular issue of interest. Martin (1998) asserts that drawings can offer an “entry point”, as well as provide insight into the experiences and perceptions of the individuals producing the drawings. Guillemin (2004:275) argues that drawings divulge how people view the world in both its simplicities and complexities. Drawings indicate power relations, social experiences, and various technological interactions. The process of drawing and, in turn, the process of meaning making, is informed by the “sociotechnical” world of the drawer. Tau (forthcoming:3) draws attention to the cultural and social sensitivities around the topic of sexuality, especially in a context where sex talk is highly taboo, and highlights the value of drawings as a means to overcome this.

Upon an analysis of the drawings done by the participants, three major themes were identified, namely:

Depiction of positive emotions: Feelings such as hopefulness (importance of religion, nutrition and media); empowerment and the relating of personal experiences of HIV and AIDS were conveyed in several drawings. One drawing depicted a tree with wilting leaves – the participant stated that teachers should work together to “pick these up”. Another drew a picture of a sun and cloud to depict those learners who were “bringing knowledge in” and those who were “less knowledgeable”. These feelings indicated an opportunity and catalyst for positive change regarding HIV and AIDS education. When the teachers were given an opportunity to discuss their drawings, they spoke about them enthusiastically and with some pride.

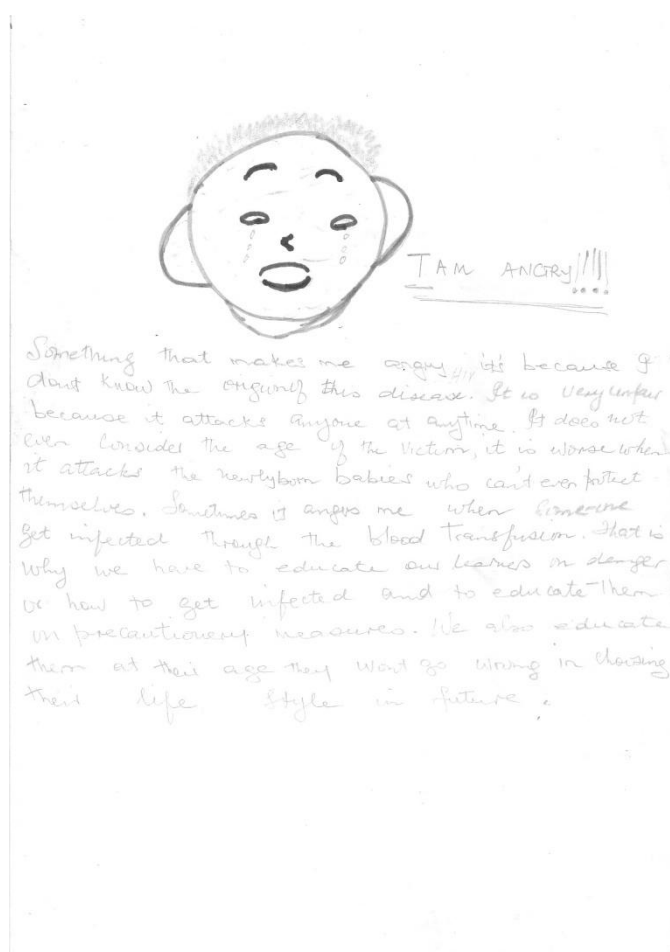
The participants were also willing to elaborate and explain the meaning of the drawings and did not appear anxious about doing so. According to Dawson (1998:4), teachers’ attitude about HIV and AIDS education is generally positive. He also notes that a direct relationship exists between teachers’ knowledge/awareness of HIV and AIDS, and a positive and supportive attitude towards teaching about it.

Therefore, the assumption can be made that if teachers are adequately informed about the illness and supported in delivering HIV and AIDS education, the more positive and confident they will feel in doing so.



Depiction of negative emotions: Fear and feelings of anger were personified in two drawings. The relevant teachers' descriptions included that they felt angry that the "disease is ongoing" and even felt depressed "because it always reminds me of many people or families who have been affected by things like rape". When these teachers discussed their drawings, I observed that they felt somewhat nervous to do so and initially appeared as though they were not sure of where to start or how to elaborate on their feelings. This was overcome by the usage of several prompting questions for clarification, such as "What do you mean by that?" Tsvere (2004:10) and Flishera and Aarob (2002:2) have conducted recent research studies, which indicate that some teachers are particularly negative towards teaching about HIV and AIDS because the disease has also affected them in some way, either

emotionally, physically or socially. Some teachers consequently view the illness as a “personal attack”, completely distancing themselves from teaching about it.



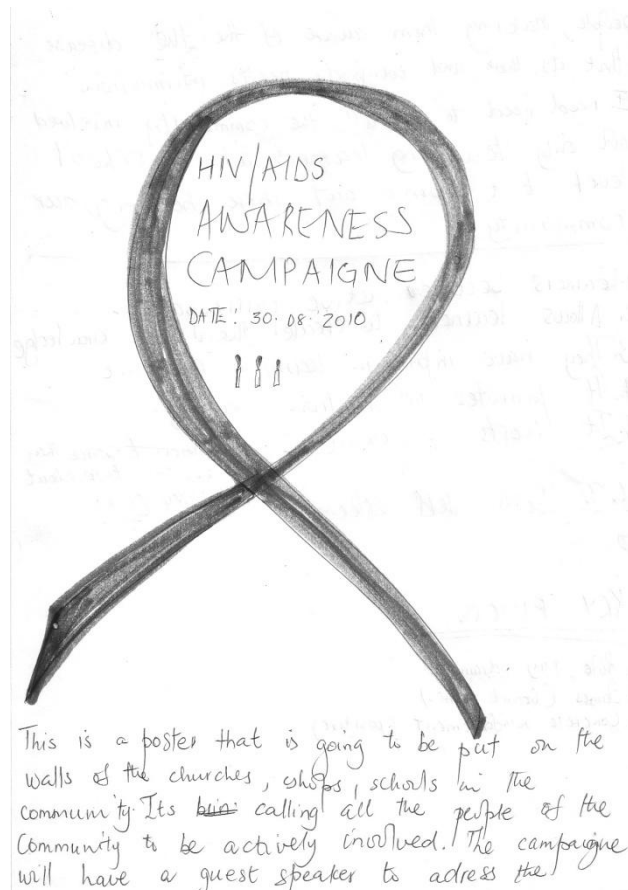
This picture reads:

"I am angry! Something that makes me angry, it's because I don't know the origin of this disease. It is so very unfair because it attacks anyone at any time. It does not even consider the age of the victim – it is worse when it attacks the new born babies who can't even protect themselves. Sometimes it angers me when someone gets infected through the blood transmission. That is why we have to educate them on how to (not) get infected and to educate them on precautionary measures. We also educate them at their age – they won't go wrong in choosing their lifestyle in future."

Lack of awareness of the need to integrate HIV education into daily teaching:

Two drawings depicted HIV and AIDS education as being more 'out there', versus occurring in the classroom itself. Safety issues were depicted in one drawing; the

Police were mentioned as playing a part in HIV and AIDS education, and in another, a campaign poster was designed with the description, “This is a poster that is going to be put on the walls of churches, shops and schools in the community”. This indicated that they saw HIV and AIDS education as something that they did not really need to address in the classroom – the prompt was about how they, themselves, felt about HIV and AIDS interactive teaching. Placing a poster in one’s community is not equivalent to interactive teaching within the classroom. When asked to explain the drawing, I observed that the participant spoke more as an “advocate”, as if delivering a speech, than informally sharing with the rest of the group (more of a presentation style than the others). There are a variety of reasons why teachers may choose not to fully integrate HIV and AIDS education into their everyday routine and may slightly distance themselves from it. In a study conducted by UNICEF (2004:5), teachers reaffirmed some of the findings of this study, stating that a lack of support from colleagues; unpredictable reactions from parents; lack of materials and resources; having to talk about sex; and a feeling that “other teachers should do it” were primary causes for lack of a hands-on approach in dealing with the topic in the classroom. In my study, I noted that the way in which one participant elaborated on her drawing, indicated that she felt heavily burdened by her task of HIV and AIDS education as a teacher and would prefer to leave the responsibility to the community where she did not have to deal directly with such challenges.



One of the primary findings of this activity was that most teachers did not depict themselves in the pictures actually using an interactive strategy or approach to HIV and AIDS; it was mostly depicted as something separate and external from their everyday teaching.

The responses also indicated, however, that the teachers mostly felt positive about HIV and AIDS education and wanted to increase learner knowledge and understanding of the illness. One participant reflected herself as part of the “enlightened, happier learners” sitting under a picture of a sun. The drawings also illustrated the fact that the teachers had varying opinions and perceptions of HIV and AIDS education and using interactive teaching strategies. According to my field notes, participants portrayed themselves more as ‘organisers’ than as ‘guest speakers’; some teachers reflected again on the difficulty of involvement with HIV and AIDS education due to the lack of concrete materials and support (please refer to Appendix 7 for examples of drawings done by the participants).

Upon reflecting on the drawings and responses received from the participants, I deliberately chose to focus the training to be implemented on aspects relating to increasing teacher *confidence* in interactive teaching in HIV and AIDS and providing them with practical, easy-to-use and easy-to-understand tools (lesson plans and materials), which could alleviate negative feelings and assist them in approaching HIV and AIDS education in an original and fun way. I realised that it was going to be vital in ensuring that the intervention was effective/successful that the teachers received ongoing support in shifting from a more teacher- to learner-centred approach and were given the opportunity to become actively involved in the lessons; make their own adaptations to them; and have their own ‘voice’ in their implementation.

- **Reflective Journals**

The participants were encouraged to make notes in reflective journals throughout the course of the developmental workshops. The journal provided a few guidelines to assist the participant in formulating a response or ‘point of departure’ for reflection, including:

- What did I do during this workshop?
- What did I learn?
- How do I feel about what I have experienced?
- What I need to change (about the way I teach, opinions I have, etc.)
- What questions do I still need answered?

A summary of the main responses by the participants to these questions included:

TABLE 4.2: SUMMARY OF PARTICIPANT REFLECTIONS FROM THE DEVELOPMENTAL WORKSHOPS

Guideline question:	Response/Reflection:
What did I do during this workshop?	<ul style="list-style-type: none"> • Learnt that there are many challenges to teaching • Listen, participate and interact

<p>What did I learn?</p>	<ul style="list-style-type: none"> • To be committed and dedicated • To look for solutions • More about interactive teaching and learning • To change and improve style of teaching • Able to identify own feelings about teaching HIV content • There are many strategies to teach about HIV and AIDS • Something needs to be done to change
<p>How do I feel about what I have experienced?</p>	<ul style="list-style-type: none"> • Enthusiastic • Gained more knowledge • Excited • Teaching HIV content is a good feeling because awareness will be brought about • Empowered
<p>What I need to change (about the way I teach, opinions I have, etc.)</p>	<ul style="list-style-type: none"> • Add to what teachers already do • A need to be sensitive in introducing HIV and AIDS lessons/topics • Personal barriers can be overcome by involving parents or inviting them to lessons • Teacher-centred methodology • A need to encourage learners to be actively involved • Become aware of changes • Talk about HIV and AIDS • Be prepared – provide the correct

	information
What questions do I still need answered?	<ul style="list-style-type: none"> • A need to see if teachers are on the right track • More information

From the above, one can see that a clear progression and/or movement has taken place. The baseline observations conducted, indicated that the teachers felt inhibited and anxious regarding making use of interactive teaching strategies, but as the workshops progressed, the participants began to understand the need for and enjoy the interaction promoted in the workshops. The workshops assisted in addressing the issues identified in Step 2 of the baseline data analysis. An improvement in their understanding of these strategies and what they encompass, was achieved. The reflective journals indicated that the teachers regarded themselves as learners in the workshop: much note-taking was included in the journals and questions they wanted to ask, were jotted down, indicating a movement from the inhibition they initially felt, to feeling more ready to share their thoughts and feelings openly. The journals also indicated a need for a more practical, hands-on approach versus a theoretical outline of HIV and AIDS education and interactive teaching as a whole. This informed and guided the approach used in the training stage, which was to be implemented next, and in addressing the need for “more information.”

4.3.4 STEP 4: Training in interactive strategies occurs. The teachers’ practice and usage of strategy is evaluated and reflections are made.



Over the course of the following three weeks, the researcher met with all the participants on school grounds to assist them in learning how to use active teaching and learning strategies for HIV and AIDS education.

I chose to do this because, according to a study conducted by Mathews, Boon, Flisher and Schaalma (2006:382), one of the strongest predictors of the implementation of HIV and AIDS education is teacher training. The authors assert that teacher training is likely to improve the implementation of HIV and AIDS education by raising awareness among teachers about the HIV and AIDS problem and the importance of responding to it. Furthermore, they state that training may encourage a belief that something can be done, as well as provide concrete information and ideas about what interventions teachers can implement in their own capacities. Lastly, the authors note that the effect of training on the implementation of HIV and AIDS education may be mediated by self-efficacy and that training may in fact increase teachers' self-efficacy so that they grow to believe that they are more capable of teaching about HIV and AIDS.

After all selected participants had been observed making use of the strategy they had volunteered to demonstrate, each teacher was allowed to keep all materials provided to him/her to encourage him/her to continue practising the strategies and to enhance his/her confidence in using them again.

TABLE 4.3: INTERACTIVE TEACHING STRATEGIES USED IN TRAINING

Name of strategy	Motivation for usage	Envisaged outcomes	Resources given
Role-play	Role-play encompasses many communicative techniques that can develop fluency in language, promote interaction in the classroom, and increase motivation. It also encourages peer	<ul style="list-style-type: none"> • Usage of critical thinking skills • Applicability to everyday life – teaching of life lessons 	<ul style="list-style-type: none"> • Dress-up box • Questionnaire (included in activity) • Pens, pencils and paper • Reaction

	<p>learning and allocates the responsibility for learning to both teacher and learner (Ladousse, 2005:7).</p>	<ul style="list-style-type: none"> • Allows opportunity for decision-making, discussion and group work • Encourages the participation of more introverted students • Develops understanding of HIV and AIDS and importance of support and care for those infected 	<p>cards (included in activity)</p>
<p>Board games (handmade)</p>	<p>Ramani & Siegler (2007:6) state that the discrepancy in the skills, knowledge, attitudes and values (SKAV's) of primary school learners from low- and middle-income backgrounds is largely attributable to differing experiences with informal learning activities, such as board games. Board games, which can easily be made by the teacher, are a great tool</p>	<ul style="list-style-type: none"> • Promotion of teamwork • Opportunities for discussion and practising of fair game play • Every learner has a turn to both discuss and participate in the game • Develops understanding 	<ul style="list-style-type: none"> • Board games (two different games). Note: All games were coloured in, pasted onto the side of a cardboard box and laminated for optimal usage. • Different

	for engaging learners in critical thinking, in a fun way.	<p>of HIV and AIDS and how to treat those with the illness</p> <ul style="list-style-type: none"> • Numeracy development – effective integration with Maths. 	<p>coloured counters</p> <ul style="list-style-type: none"> • Dice
Sport activity	Sport achieves the breaking down of barriers – not just relating to speed and scores, but to stereotyping and barriers that limit an open playing field for all. Sport also encourages the learning of values, given that there is an emphasis on participation vs. winning (Boxill, 2003:10).	<ul style="list-style-type: none"> • Increases “moral knowledge” (Boxill, 2003:8) • Creation of opportunities for participation • Working off of excess energy • Promotion of discussion • Flexible integration with Life Skills • Develops understanding of HIV and AIDS and how it affects us 	<ul style="list-style-type: none"> • Cones • Pictures to aid discussion • Whistle • Two balls • Markers

I made use of the following three-step plan during the training process:

First step:

Strategies 1 to 3 (one for each week) were demonstrated to the participants, and two lesson plans were distributed for each strategy. The lesson plans were provided in English, with an IsiXhosa translation for each. Where applicable, teachers were also provided with props, and feedback was given after each session on the challenges experienced, what they did/did not enjoy or would change. In addition, teachers were given the opportunity to ask questions. Two participants (from the initial focus group session) were identified to use the strategy, and a lesson plan was chosen by each. All participants from the developmental workshops participated in the training sessions, but only six participants were observed (please refer to Appendix 8 for copies of all translated lesson plans that were used).

Second step:

The day after the session, the two selected participants and their learners were videotaped using one of the lesson plans for the strategy demonstrated the previous day (please refer to enclosed DVD).

Third step:

The participants were interviewed separately regarding their experience of using the interactive teaching and learning strategy, and the footage of the lesson was shown to each participant, feedback was received and feelings were discussed.

Strategy 1: Role Play

Initially, when introduced to the role-play strategy, the teachers seemed uncertain and a bit bewildered, finding themselves in foreign territory. After seeing the need to expand on the strategy, they seemed more at ease with it. I made sure that more informal language was used and that certain parts of the lesson plan were repeated. Where possible, I also simplified the lesson and offered suggestions and/or alternative approaches they could use. I also asked them for *their* ideas and suggestions at regular intervals. I used comparisons, such as: "The learners are

like actors, sometimes with a script or without. When they don't have a script, they need to use their imagination and be creative." I also used terminology such as "drama", "skit" and "play" to simplify the concept.

The teachers were responsive during the training process: when they were confused, they asked either their group members or me for clarification, so there was constant discussion between the participants and myself. The teachers enjoyed the "learner experience" – they were very enthusiastic and energetic during role-play. Fun was had and I am of the opinion that this resulted in a fresh look at their teaching and the benefits of being more interactive with the learners.

The teachers engaged in feedback throughout the training: two-way communication between participant and researcher characterised the sessions. The teachers were encouraged to ask questions at regular intervals.

Some of the responses after the first training session included:

"I like how you're not quite sure of what reactions and questions you'll get from the learners. It keeps you on your toes – I like that style of teaching."

"We needed this practical stuff to help us with what we learnt in the workshops. It's shown me how I can actually do this. It was fun."

"I'm curious to see what the other teachers have done. I think we should all be able to watch one another doing these things to learn from each other" (after first filming had been conducted.)

When asked to volunteer to be filmed, the teachers were somewhat uncooperative and nervous, perhaps due to the fact that they felt apprehensive about being observed practising it for the first time, or were not sure how the learners may react to the strategy and in turn, how they would respond. It took some coaching to get them to feel more confident with the lesson, even though they had already practised it with their colleagues.

Learners thoroughly enjoyed the role-playing activities and seemed to 'connect' with the topic. I noted that both of the observed groups during the second role-play strategy/lesson, depicted the character who was 'infected' in the play as being dressed entirely in black clothing, with quite a sombre expression (indication of a direct association with death and depression/hopelessness) (please refer to

Appendix 9 for examples of the “Build a Character Questionnaire” as completed by the learners).

The first role-play strategy was demonstrated in a pre-rehearsed manner: the lesson was only five minutes long; no introduction to the lesson or discussion with or between learners was observed – this was all seemingly done prior to filming. A distinct resistance to any change in teaching style and moving away from a teacher-centred approach was evident.

Difficulty was experienced on training days by the fact that the teachers were tired from their school day; training should therefore ideally only be done early in the mornings or on weekends. The teachers seemingly “just wanted to get it done”, almost rushing training on some days. The teachers also demonstrated an inability to come up with their own questions for clarity (to ask the learners) in the training – they seemed unable to generate open-ended questions with ease.

One encouraging piece of evidence of engagement in new strategies was gained when I visited the first participant’s classroom to collect a document (this participant had been particularly apprehensive about implementing the role-playing strategy and interactive teaching): she was making use of role-play in her classroom! This was a very encouraging and surprising discovery. The participant conveyed to the researcher, quite confidently, that she was in the process of presenting her learners with a new lesson about HIV and AIDS; the learners were preparing for the lesson when the researcher arrived. This consolidated the usability and practicality of the strategies and illustrated the fact that even previously resistant teachers were warming to the concept of interactive teaching and beginning to feel more confident about their abilities.

Upon an analysis of the questionnaires completed by the teachers after using the strategy, the two participants who used role-play stated that they found it to be learner-centred; that it encouraged active participation and created opportunities for discussion. One participant stated that she found her emotional reaction to the topic challenging to manage during the lesson and that she needed to learn how to better respond to emotionally charged lessons. In addition, one participant suggested:

“Give other learners in the role-play group a chance to be the HIV infected learner to avoid teasing.”

During group work in role-playing, teachers should therefore change learner roles frequently so as to avoid stigmatisation, i.e. different learners must play the role of the HIV infected person.

Strategy 2: Boardgames (handmade)

The names of the games that were used included, “*AIDS and Ladders*” (a take on “Snakes and Ladders”) and “*Stop AIDS Now*”. Rules for each game can be found in the lesson plans for each (please refer to Appendix 8. In addition, please refer to the enclosed DVD for examples of what the games looked like and how they were played).

One teacher stated that the board games were a unique tool for consolidating the work she had already done on HIV and AIDS. She also integrated the games with other Learning Outcomes (e.g. writing and numeracy), and used them to achieve critical and developmental outcomes, such as the promotion of critical thinking. Another teacher showed great appreciation for the games and commented that, as the games progressed, he began to realise their value and noted how teaching took place throughout the games by working with the groups, individually explaining the statements in the blocks and why some implied negative and some positive attitudes regarding HIV and AIDS. The explanation of the logistics pertaining to the board games and how they were to be played required more time than initially stipulated in the lesson plan; the teachers needed at least 15 to 20 minutes to walk through each game.

The board games strategy will require several follow-up lessons for learners to fully absorb the information. Some learners just wanted to get to the end and finish first – they did not really discuss the pictures or statements in the blocks, as explained. A balance between competition and discussion needs to be achieved, where learners can be competitive with one another, but also where constant feedback and talking is promoted throughout the game.

The explanation of the board game took more time than initially envisaged: it became apparent to both researcher and participant that more time was needed to explain the rules of the game. Rushing this explanation would limit what the learners ultimately learnt about HIV and AIDS as they would not fully grasp the concept of the board. Teachers should, therefore, plan in advance for the explanation required for

the usage of the board games: board games should be used on teaching days when reinforcement is needed, not when a topic is being introduced.

Learners really appeared to enjoy the board games and working in groups. Games were useful in identifying the various personalities of the learners in the class and establishing their current level of knowledge regarding HIV and AIDS lies.

Based on the questionnaires, the participants found the element of sharing whilst using this strategy very encouraging. They also agreed that cognitive thinking was dominant in the learners' playing of the game and that learners had input in the learning experience. One participant stated:

"Aspects relating to scoring on the board game can be changed: I might implement penalties for cheating, etc."

Strategy 3: Sport

The sport strategy was relatively difficult to "teach" to participants: the theoretical aspect of the lessons seemed to confuse teachers, due to the practical nature of the strategy. However, the practice of each sport activity went well, but was limited by the small size of the group and the weather on the day of training (the wind made instructions almost inaudible.) In addition, the small training venue made the execution of the training challenging and cramped.

The first participant using the sports strategy was very vibrant and interactive in the classroom discussion before going onto the field and the learners in her class were eager to respond to questions asked. The participant instructed all learners to run to one pole instead of using the "touch the other player" rule, which limited the fun of the lesson. However, integration of the lesson with the class workbook and the activity therein was good.

The second participant constantly said "Mamela!" ("listen") during the activity, clearly still latching on to teacher-centred mannerisms/approaches, and the element of control was therefore still noticeable. In addition, this teacher failed to use the point system (provided as a guideline in the lesson plan), which could have given the learners an incentive. The participant limited the element of fun by telling the learners exactly what to do, where to stand, etc. This took time, and the learners' excitement slowly began to dwindle. This participant appeared unprepared and had

apparently not consulted the lesson plan, as was evident in her approach to the lesson as a whole. Her disorganisation led to mild chaos, which in turn agitated the participant. The learners were initially not sure what to do, and consequently, misbehaved. However, the participant did a good job of discussing the relevance of the steps in the activity to HIV and AIDS but, once again, did it in a haphazard manner. Sport, as an interactive teaching strategy, should thus receive ample planning and reinforcement: younger children should receive a structured approach to this strategy, of which the value can be experienced only with many opportunities to practise it.

The post-activity discussion proved valuable; learners were assessed on picture drawing: “What did you learn from this activity with regard to HIV and AIDS?” This was appropriate for their grade and effective as a tool for assessment of younger learners (please refer to Appendix 10 for examples of learner drawings). This activity also integrated the participant’s lesson with her own experience of picture drawing in the developmental workshops.

Both sports activities were effective in assessing the learners’ awareness of HIV and AIDS and required critical thinking and prompt responses. In addition, both participants used semi-concrete teaching aids to enhance their lessons, i.e. pictures to explain difficult concepts – particularly effective in the lower grades.

The questionnaires reflected that the participants felt that the strategy was effective in encouraging learners to create their own knowledge; that a positive classroom environment was created; that the strategy boosted the learners’ self-esteem; that a “movement from the known to the unknown” was present in the lesson; and that a variety of materials made for a fun experience. One participant indicated her enthusiasm to make her own personal adaptations to the strategy, by stating:

“I will frequently add a new element to the strategy to make it more fun. Maybe even use all the strategies together in one lesson.”

The last remaining question on the teacher questionnaire, used after participant usage of the strategy, was:

“After being trained in using them (the strategies), have you learnt anything about interactive teaching and learning strategies? If so, what have you learnt?”

Responses to this question included that more was learnt about group work; that learners were now more “free to express themselves”; that the strategies encouraged teachers to find solutions to problems; “they allow insight into experiences the learners may have had”; that learners were now actively involved; that a teacher-centred approach was not effective in engaging learners; that an educator needed to frequently check for understanding; that learners need support and encouragement; that the integration of the strategies with other learning areas was a valuable exercise and, lastly, that the strategies were suitable for all grades. These aspects were further elaborated upon in the individual interviews that took place after all participants had been observed using their chosen strategy.

- **Discussion of themes that emerged from individual interviews**

These interviews were conducted to gather data on how the participants had experienced the training in general, rather than evaluating the specific strategies and determine what they had learnt from it. Upon analysis of the six individual interviews conducted with the participants, the following three themes emerged:

- 1. Benefits of learner-centredness were identified**

During the interviews, all participants candidly expressed their appreciation for the element of learner-centeredness in the strategies, some commenting as follows:

“Learners are able to share what they know.”

“When you are making them active in the classroom, they become free ... they can express themselves easily.”

“Learners have a chance to do the work themselves.”

Some teachers also commented on the sense of liberation they felt as a result of having implemented a more learner-centred style of teaching in their classroom:

“I don’t have fear anymore.”

“I don’t feel like I am bombarding them with knowledge that they’re not ready for anymore.”

“I was afraid, but I can talk now ... I’m free now! I can talk about everything with them.”

“I can stand in front of them without being frightened of saying those big words to them.”

“It gave me an opportunity to actually teach them – it comes to their level of understanding.”

“It gave us a challenge.”

The benefits of making use of a learner-centred approach in the classroom are indeed many. Weimer (2002) states that using this approach builds a strong knowledge foundation for the learner and develops not only learning skills, but learner self-awareness. In addition, the author asserts that the responsibility of learning shifts from the instructor to the learner; and that the instructor is therefore responsible for creating an optimal learning environment that motivates learners to accept responsibility for their own learning. It is this key aspect of interactive teaching that I feel the participants were most grateful for: that the ‘burden’ of being the sole provider of information in the classroom could be replaced by a more flexible approach to teaching (with teachers becoming facilitators and guides and learners contributing to their own creation of knowledge and learning experiences). In summary, an element of shared responsibility for learning was introduced, and teachers were provided with the opportunity to personalise their teaching.

2. The Importance of adopting new methods

The teachers pointed out that introducing new methods in their teaching was crucial in adopting a more learner-centred approach to HIV and AIDS education. Some participants also referred to the more flexible opportunities for assessment that interactive teaching could bring and noted the need for the proper integration of the strategies with other learning areas.

“Children love to play, so you can repeat and do revision on them without learners getting bored.”

“There is a collaboration of subjects – I also talk about statistics (Maths) when I teach about HIV.”

Teachers also expressed how they felt having introduced the strategies, using words such as “creative” and “empowered”, adding that “using any material that you have” in the lessons had been very valuable to them when considering the socio-economic

situation of the school itself. One participant stated that “it’s all about being able to adapt”, a reflective statement on the need for flexible, dynamic teachers in HIV and AIDS education. One teacher noted that she felt that interactive teaching and HIV and AIDS education could assist her in spreading community awareness about the illness and that the strategies had helped her to address the needs of the *infected* learners in her class by encouraging them to participate in sport and exercise. Certain misperceptions about interactive teaching also came to the fore, with some participants saying:

“It’s not what we thought of ... it’s easy.”

“I didn’t know there are other things you can do.”

Many teachers commented on the fact that they had not been adequately trained to teach in an interactive way, stating:

“I didn’t have the method for interactive teaching ... it’s just about doing what’s in the book ... I thought it just required theory.”

“It’s all about taking a new method on board.”

“It’s the teachers all the time – it’s them who are supposed to talk or whatever.”

One participant stated that more time was needed to fully integrate the strategies into his everyday routine, adding that it was important that teachers were adequately equipped with the knowledge needed about HIV and AIDS to disseminate the correct information to their learners – “you are inculcating that information in them”. In this way, I feel that the participants in this study indicated a progression in their perception of interactive teaching and learning; that they were beginning to realise the importance and value of using an interactive approach to HIV and AIDS education for the first time and reflecting on what was needed for this approach to be effective in their respective classrooms and teaching contexts. The views expressed in the interviews were very different from those expressed in the developmental workshops; the teachers honestly and openly reflected on and discussed their own personal barriers to interactive teaching, but also suggested ways in which these barriers could be overcome.

3. Need for in-service training and support regarding HIV and AIDS was expressed

A common denominator in the participants' discussions was the need for training in HIV and AIDS and how to teach it to the learners in an interactive way.

"The Department of Education must intervene – this kind of training can be in our curriculum, so that everybody must do it in their school."

"This HIV and AIDS has come to a standstill here – it's going nowhere. I would love to have another course so that we can know more and more to teach these learners."

The researcher sensed uneasiness on the part of the teachers about the prospect of her leaving and became aware of the fact that future training was needed by the teachers in this school, so as to further develop their skills and knowledge regarding HIV and AIDS, as well as to increase their confidence in using interactive strategies on their own. A plan for such training was therefore drafted with the assistance of colleagues at the Nelson Mandela Metropolitan University, who undertook to offer a short learning programme at the participating school, as well as further development and training in interactive teaching and learning strategies. It is important that the participants receive consolidation and reinforcement of what they have already learnt, so I plan to revisit the school at a later date for this purpose. Ethically, it would not be appropriate to leave the participants feeling as though more advice and support are still needed.

4.3.5 STEP 5: Recommendations based on evaluation of data gathered during intervention are developed for future training and effective practice.



What I learnt during the entire process; during my time spent informally with these teachers, the developmental workshops and training at the school, was that a need for support with regard to teaching about HIV and AIDS existed.

Most participating teachers reported feeling neglected in teaching what they perceived to be an awkward and taboo topic, so often avoided it altogether. However, they were also aware that using this approach was neither ideal nor effective in conveying values, morals and the importance of choice to their learners. A dilemma had, thus, been created and a disconnect between the teachers and their learners was evident during my first observations in their classrooms. However, after the practical training sessions, there was a noticeable difference in attitude in both the teachers and learners – the opportunity to experience the strategies as though they themselves were learners had seemingly struck an emotional nerve. All the teachers commented that their experience with training had assisted them in identifying what they were doing incorrectly and how they could change, and they committed themselves to doing so. The atmosphere present in the classrooms during the implementation of the interactive strategies was very different from that which prevailed during my initial observations; the teachers were more enthusiastic, excited and demonstrated much more confidence with the topic. I am of the opinion that the strategies were instrumental in developing a sense of self-confidence regarding teaching about HIV and AIDS, as well as a renewal in their passion for teaching. This was substantiated by the responses received in the individual interviews, where every teacher commented on how much he or she had enjoyed the opportunity to let the learners fully participate and become involved in the lessons and how positive they felt about interactive teaching as a whole.

The lessons learnt during my time at this school indicate that any future training needs to build on what the teachers have already learnt and provide them with more examples of lessons plans and teaching materials that can be made at home. In my experience, the teachers greatly appreciated the practicality of the lesson plans; they clearly found it reassuring to have a guide and framework for structuring the lessons, but also appreciated the flexibility of the lessons and the opportunity to make changes and adaptations. It was important that the participants did not feel forced in doing anything, but were encouraged to have their own voice and influence in the lesson. The participating teachers also responded well to training materials

prepared in their mother tongue and commanded the lessons with great confidence. In summary, training needs to provide a guideline for the “doing” part of this type of teaching – teachers reported feeling bogged down by too much theory, enquiring, “How must I actually *do* this?” Positive change with respect to HIV and AIDS education will occur if teachers receive practical advice, suggestions, materials and support in its implementation.

4.4 CONCLUSION

This chapter provided an overview of the process of data analysis used in this study; as well as a presentation, overview and discussion of the themes, categories and researcher reflections that emerged from the action research process. The following chapter contains a summary of the study, an outline of the conclusions reached, suitable recommendations and the limitations to this study.

CHAPTER 5

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS FOR FURTHER RESEARCH

5.1 INTRODUCTION

With this study, my aim was to investigate the way in which interactive teaching strategies could be used to promote effective HIV and AIDS education in poorly resourced schools. The question that I set out to answer, was how active learning strategies, where learners construct their own knowledge and are engaged with all aspects of the lesson, could be used as tools for the promotion of effective HIV and AIDS education.

In this chapter, I will summarise the literature and empirical study and show how the findings led to the attainment of the research aims. I will also make recommendations for future research and practice in this field and describe what contribution my research has made, as well as the limitations to this study.

5.2 RESEARCH AIMS AND QUESTIONS REVISITED

A gap in information on HIV and AIDS and interactive teaching exists; teachers are not using interactive teaching methods to teach about HIV and AIDS, as they have not been exposed to or adequately trained to these teaching methods. This has served to perpetuate the cycle of misinformation and stigmatisation evident in schools that are not equipped with the materials or resources to tackle this topic effectively or interactively.

The purpose of this investigation was to establish ways in which teachers could be assisted in improving or initiating the use of interactive teaching strategies in HIV and AIDS education. The research aims were broken down into three sub-aims: to ascertain what methods of teaching HIV and AIDS the teachers were currently using; to implement an intervention to help them improve; and to make recommendations for the future teaching of HIV and AIDS, based on the overall evaluation of this process.

The primary research question used in this study was:

How can active learning strategies be used to promote effective HIV and AIDS prevention education?

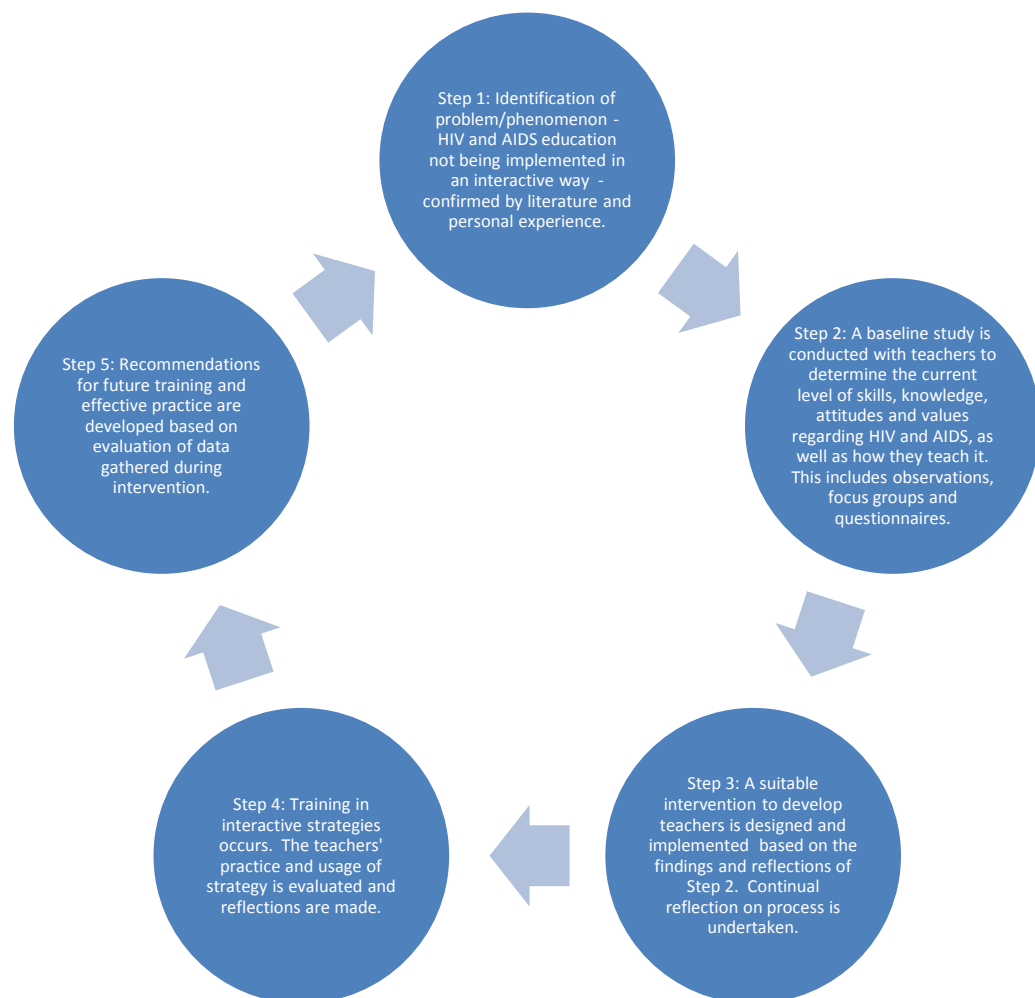
The secondary research questions are:

How can teachers be assisted in approaching HIV prevention education in a more learner-centred way?

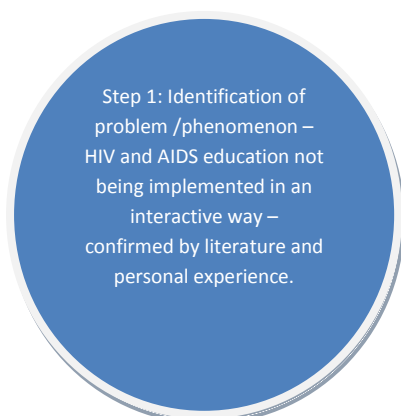
What recommendations can be made to promote the use of active learning strategies in HIV and AIDS education?

FIGURE 5.1

RECAP ON CYCLE OF ACTION RESEARCH USED



I will now summarise each step of the AR process followed, and discuss how it relates to the research questions.



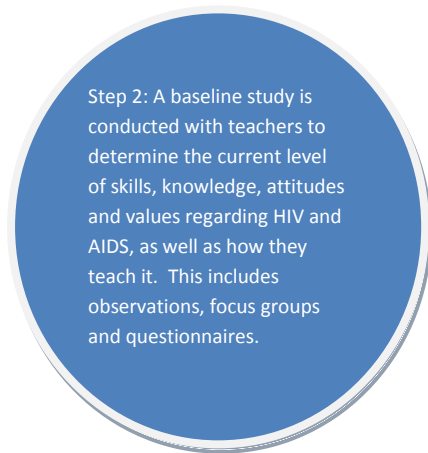
In this step, I consulted the available literature on HIV and AIDS and interactive teaching. Despite the fact that much material was available on teaching about HIV and AIDS, very little of it focused on interactive teaching. However, this step did reveal the need for experiential and active learning, where learners are actively involved with and constructing their own experience of learning. In addition, the literature consulted, exposed a lack of support to teachers by the Department of Education with regard to HIV and AIDS education, and put forward suggestions for addressing the needs of teachers in this regard.

Reflections were also made on my own experiences in the classroom as a student teacher and the lack of HIV and AIDS related lessons in the different schools and grades in which I was placed. I also reflected on the fact that in my experience, HIV and AIDS was dealt with as part of the Life Skills Learning Area only, and my opinion that it should be integrated across the different learning programmes was presented. In addition, the literature I consulted, indicated that teachers were not adequately trained in learner-centred approaches to HIV and AIDS education.

From these findings, it may be concluded that:

- There is a gap in the information available on HIV and AIDS and interactive teaching methods.
- The Department of Education is not providing adequate support and opportunities for the training of teachers in HIV and AIDS education.

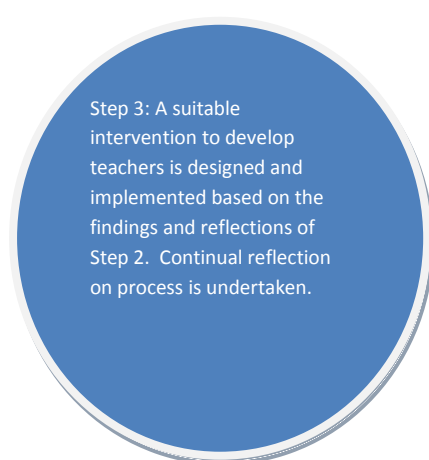
- HIV and AIDS education is not being holistically integrated into different areas of learning.
- Training in learner-centred, interactive approaches to HIV and AIDS education is needed.



The first stage of this step included a focus group session with the participants; this was conducted in order to gauge their awareness of HIV and AIDS and interactive teaching. Responses were varied, but the overriding theme that emerged was that teachers were unaware of what interactive teaching involved and were generally uncomfortable with HIV and AIDS teaching, due to cultural taboos and the difficulty they experienced in using sexually explicit language. The focus group also revealed a dependency on external, community-based organisations for the purpose of HIV prevention education. Observations that I made in the classroom confirmed that the participating teachers felt more at ease and in control when using a teacher-centred approach to HIV and AIDS education and that learners were not engaging with the lesson; rote learning was the norm among most of the participants. The completed questionnaires exposed many glaring holes in teachers' knowledge and understanding of HIV and AIDS, with some of the most basic questions being answered incorrectly. The responses obtained in the focus group confirmed that teachers were uncertain of how they should teach the learners about HIV and AIDS and had many fears and reservations. The following themes emerged: teachers had a narrow and inappropriate view of HIV and AIDS education (for example, they made use of a rote learning and information-giving approach in their classrooms); and teachers' fears inhibited effective HIV and AIDS education (for example, the teachers' fear of parental disapproval).

From these findings, it may be concluded that:

- Teachers regard teaching about HIV and AIDS as taboo and culturally frowned upon and fear parental disapproval; therefore, they tend to stick to the basics only.
- Teachers use a predominantly teacher-centred approach when teaching about HIV and AIDS.
- Teachers feel more comfortable using external agencies to teach about the topic in their schools. Teachers do not know some of the most basic facts, although they consider their own knowledge to be adequate.



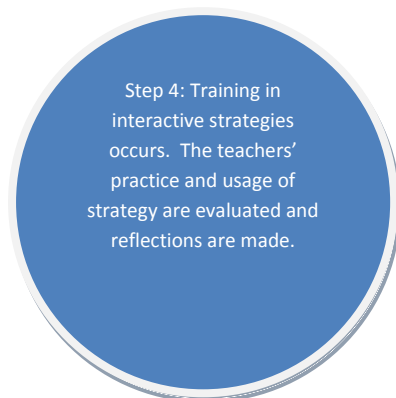
This step answered the research question: *How can teachers be assisted to approach HIV prevention education in a more learner-centred way?*

The step involved a two-stage approach to intervention – the first stage included the introduction of developmental workshops to be attended by the participants, to address the needs identified in the previous step. The findings of the previous step indicated that the teachers needed to explore HIV and AIDS more deeply in all its facets and to learn more about interactive teaching strategies. In these workshops, teachers participated in a variety of different activities, including drawing their emotions regarding HIV and AIDS and interactive teaching, feedback to the rest of the class and the presenter, and dialogue with colleagues and in small groups. Teachers also learnt more about interactive teaching strategies and discussed key factors for ensuring the success of them in their own classroom; they identified and practised strategies to overcome barriers that they might face when implementing interactive teaching; and they also discussed intrinsic barriers that might hamper

interactive teaching. It was during these workshops that I observed that teachers were generally reluctant to discuss their feelings about HIV and AIDS (despite the fact that their drawings revealed some strong emotions) and that they felt neglected by the Department of Education with regard to the provision of HIV and AIDS teaching materials and resources. The teachers expressed that they had experienced many challenges and setbacks. I also found out more about interactive teaching and how teachers viewed and approached it.

From these findings, it may be concluded that:

- Teachers have inhibitions regarding open discussions around HIV and AIDS and are reluctant to express their strong and varied emotions regarding the illness.
- Teachers think that they have not been provided with sufficient governmental support and provisions for effective teaching.
- Some teachers regard HIV and AIDS education as existing outside of the school and are disconnected from it; regarding it as the task of members of the community to teach children about HIV and AIDS.
- Teachers equate interactive teaching with an increase in workload.



This step answered the research question: *How can active learning strategies be used to promote effective HIV and AIDS prevention education?*

The second step of the intervention included practical training for the teachers in three different interactive teaching strategies (role-play, board games and sport) for HIV and AIDS education. Thereafter, some of the participants were observed

making use of one of the strategies in their classrooms. The training sessions revealed willingness on behalf of the participants to learn more about new styles of teaching, and I found that teachers thrived in an environment in which they were granted an opportunity to learn from and with one another. I also found that there were many variables in effective training; for example, the teachers' receptiveness to the training itself varied according to the kind of teaching day they had had, how tired they were, or their prevailing mood. The overall execution of the strategies proved that each teacher had combined the strategy with his or her own unique style of teaching; however, some teachers did not prepare for the lessons as well as they should have. Most participants reported that they would have benefitted more from the training if all the teachers in the school had been exposed to the same information and guidance – this would have created a strengthened and larger network of support for them, as well as increased opportunities for collaboration with a wider spectrum of school colleagues.

From these findings, it may be concluded that:

- Teachers are still very much influenced by their experiences with fundamental pedagogy as taught at university.
- Training may be affected by factors such as tiredness in teachers or their need to be somewhere else.
- Using sport as an interactive strategy in the lower grades is a complex process.
- Teachers need to be sensitised about how some learners perceive different learner roles in role-playing. One teacher who made use of the role-playing strategy stated that the learner given the role of the HIV infected person during the lesson, was subsequently being teased by the other learners.
- Using board games as an interactive teaching strategy can be time consuming.
- Active participation and experiential learning by the participants encourage enthusiasm and receptiveness during the training process.
- When teachers introduce experiential learning in their lessons, there is a need to use different approaches to the strategy and allow the learners to create

and discover their own answers, learners provide creative and original responses.

- Providing support needs to be a tangible, well-rounded event: teachers require the development of their own knowledge regarding HIV and AIDS, and practical guidelines in English *and* their home language, as well as suggestions for inexpensive materials that they can make themselves. Support is therefore not an isolated event, but requires consolidation and reinforcement at different intervals throughout the year. Teachers need multiple opportunities for learning and development.
- Many teachers who initially disregarded the legitimacy of interactive teaching, had personal feelings about and/or experiences with HIV and AIDS. However, once provided with an opportunity to discuss these openly, they changed their perceptions and assumptions about the training and practice of the strategies. Some teachers, however, understood what interactive teaching involved, but had never been provided with the tools to implement it effectively.
- Teachers who are actively engaged with new teaching methods and are given the opportunity to discuss, share, participate and interact are far less resistant to reflecting on their own practice and identifying ways in which it can be improved upon as this occurs. Teachers respond well to being actively involved in the change process, versus being told what to do and how to change their teaching. Most teachers still regard themselves as lifelong learners: in my experience, most teachers enjoy being able to explore new teaching methods and to challenge what they do.



The final step in the AR cycle applied in this study was to make recommendations based on the findings gathered during the first four steps. This step answered the research question: *What recommendations can be made to promote the use of active learning strategies in HIV and AIDS education?*

Based on the conclusions listed above that are based on my findings, I have identified a number of recommendations for future research, for pre-service teacher education, and for continual professional development. The questions that I am now considering as a result of my study include the following:

- How can teachers be helped to overcome cultural barriers to HIV prevention education?
- What variety of approaches to interactive training can be used to assist and train teachers more effectively?
- What different interactive teaching strategies can be used to promote learner-centred classrooms in HIV and AIDS education?

5.3 RECOMMENDATIONS FOR FURTHER RESEARCH

It is recommended that:

- More research initiatives need to be conducted with regard to future research into HIV and AIDS education and the benefit that interactive teaching can have in this regard. With exposure to more information, teacher training programmes can be developed with the correct information at hand.
- Research of this nature be conducted in schools in other areas so as to establish whether or not these findings can be generalised to other population groups.

- Research be conducted into interactive teaching strategies not used in this particular study. There is a wide range of different strategies that can be used effectively in HIV and AIDS education and awareness also needs to be created.
- Research be conducted into the prolonged benefits of interactive teaching (for both teacher and learner) and possible links with positive behaviour change in learners.

5.4 RECOMMENDATIONS FOR PRE- AND IN-SERVICE TEACHERS AND CONTINUAL PROFESSIONAL DEVELOPMENT

It is recommended that:

- **Pre-service teachers**
 - More emphasis be placed on *how* to teach HIV and AIDS education in pre-service teacher courses and programmes, not only on *what* needs to be taught. Interactive teaching strategies need to form the basis of such training.
 - The curriculum be adapted: the curriculum should place specific focus on how HIV and AIDS education can be integrated throughout the different learning areas.
 - Pre-service teachers be exposed to teaching experiences where they can practise interactive teaching in HIV and AIDS education and pilot new, original ideas, with the guidance of a tutor (in-service) teacher.
- **In-service teachers and continual professional development**
 - Interactive teaching strategies form part of any training given to teachers by the Department of Education, for HIV prevention education. Once training of this kind has been developed by the Department of Education, it should not only focus on what teachers should teach, but also on *how* otherwise this training may cause the focus to be placed on the HI virus rather than on real engagement with the social aspects that fuel transmission.
 - A whole-school approach be used in training – this is vital in establishing a firm network of teachers who are there to support and assist one another when learning new approaches to teaching, especially with regard to HIV and

AIDS education. Most teachers commented on how valuable it would be if all their colleagues were equipped with the information and skills that they had learnt.

- In-service teacher training not take place in a fractured manner – consistency of information, reinforcement of training and repetition of challenging/difficult topics are essential. Training must also be conducted at a time that suits the trainees and when they are at their most responsive. The researcher/trainer should familiarise him-/herself with each trainee's personal timetable and duty list: training over weekends and on days where the teacher is not needed elsewhere must be considered.
- Teachers be guided to realise and actualise their role in HIV and AIDS education, by increasing their participation in community- and school-based events and awareness campaigns, so that teachers will develop a more hands-on approach to teaching about the pandemic.
- Opportunities be promoted for open-ended discussions on cultural taboos and teachers' feelings about and experiences with HIV and AIDS: this is crucial in the debunking of myths, the confronting of prejudices concerning HIV and AIDS and the destigmatisation of the illness (most teachers admitted their own prejudices over time and training, and became increasingly more willing to challenge and alleviate stigmatisation). To ensure effective HIV and AIDS education teachers must be given the opportunity to reflect on and interrogate their own attitudes and values so that they do not perpetuate stigmatisation, denial or avoidance of the real issues around HIV – this will also assist in gauging the level at which future training needs to occur and which aspects need more attention or need to be dealt with in more detail. The nature of interactive teaching lends itself to reflection; not only on one's own understanding and experiences of HIV and AIDS, but the need for teaching about the illness.
- School authorities be more assertive regarding a potential reliance or dependency on outside associations such as Love Life, on behalf of their school. Although those organisations perform an important role in affected communities, teachers should rather be guided to work with them in order to learn from and collaborate with their representatives so as to integrate this

information into their own teaching of HIV and AIDS, than leave it up to them entirely.

- Teachers be guided and assisted in shifting from a teacher- to a learner-centred approach to teaching. Regular observations and check-ups by the principal, members of the School Governing Body and/or representatives of the Department of Education need to be in place so as to ensure that an ideal learning environment is established in all classrooms. Teacher assessment is an important part of this shift and frequent, constructive feedback to them will promote better performance and positive attitudes. Opportunities for the teachers to experience interactive teaching and learning themselves, much like the learners in their classroom, must also be promoted.
- A chain of distribution of informative materials be established in schools – many schools retain out-dated booklets and manuals which teachers, over time, become reluctant to consult. Visually appealing (for both teachers and learners) and recent publications need to be distributed to staff at an information-sharing session to accompany the introduction thereof so as to create an awareness of what materials are currently available at the school, how they can be used, and how they can be integrated into interactive teaching for all grades. This will also ensure that all teachers are provided with accurate information regularly.
- Relevant materials be considered and provided for trainees: making materials available in the trainees' home language, as well as making the materials easy to understand, fun and visually appealing will render the trainees more open and receptive to training.
- A shift from a formal, more instructive approach to training to a fun, interactive and upbeat approach occurs; this would be effective in engaging trainees, creating an interest in the topic and promoting open dialogue between teachers.
- Training contains elements of both theory and practice and be holistically developed to consider the cultural and emotional backgrounds of the participants. Training must also be expanded to include *all* staff members of any particular school – not just those involved with the lower grades or with Life Skills. This will create greater awareness of how HIV and AIDS

education can be integrated into all learning areas, for all grades, and will also create a network of support for the teachers in their implementation of interactive teaching. Including members of the School Governing Body and/or the principal, who can drive the implementation of what was learnt from a school level, would increase effectiveness. These participants can also serve as communicators to the trainer(s) regarding what training may still be needed/revisited; challenges being experienced; and the needs and thoughts of the teachers.

- Training includes a focus on the making of teaching aids and materials that can be used by the teachers: teachers need to be actively involved in this process so as to familiarise themselves with the way in which materials are developed and can be adapted to their own teaching situation.
- Training be adapted so that the teacher becomes a learner in the training process. The participating teachers were able to identify ways in which the strategies could be adapted and used most effectively in their classroom by reflecting on their *own* learning experience and those of the learners in their class. They also became more aware of the importance of making HIV and AIDS education fun and learner-centred. Some participants commented that, through this experience, they grew to understand how their previous way of teaching could have demotivated children; that the training had illustrated the need for dialogue and active participation. It may therefore be said that learner-centred training work hand in hand with the concept of learner-centred teaching.
- Teachers practise and commit to the strategies – the workload can be alleviated if they are provided with materials that can be used multiple times and assisted with challenging topics such as HIV and AIDS. Teachers must, therefore, thoroughly prepare and plan for usage of interactive strategies. Not every strategy will run smoothly the first time. Teachers need to prepare for the repetition of lessons. Games and lesson plans must be reinforced regularly; a ‘once-off’ approach will not be sufficient to teach the learners what they need to know and understand. Teachers must allow for many different approaches to the strategies, even if this takes more time. These

alternative explanations allow for greater variety of solutions, creativity, and flexible thinking.

5.5 LIMITATIONS OF STUDY

A limitation to this study was the small sample used by the researcher, which is typical of qualitative research. Not only could different schools produce different results, but the maximum benefit of training of this nature could not be experienced, as it focused on and included only a small group of teachers from this particular school.

I also am of the opinion that the time at which training commenced each day, limited the findings of this study. Teachers were often tired and listless during the sessions, as I had to meet with them after their busy school day – this made training difficult, as they often tried to rush the process. This also had an effect on the amount of preparation the teachers (who were observed) put into the lesson for the following day: some participants appeared unrehearsed and unprepared for their lesson, which was not conducive to interactive teaching.

Despite these limitations, the data gathered from the research contributed to a better understanding of the value and potential role of interactive teaching in HIV and AIDS education.

5.6 CONTRIBUTIONS OF STUDY

My study has established that the use of an action research process with teachers helps them to better understand both the aim of a study, as well as their part in it. The AR cycle used in this study assisted the teachers in their overall grasping of a very new concept to them and illustrated that interactive teaching could not occur in a once-off fashion: it needs to be practical, fun and regularly reinforced.

This study has also identified reasons why some teachers from poorly resourced schools are finding it so difficult to implement effective HIV prevention education. The findings from this study will help to inform future teacher training in this regard.

5.7 CONCLUSION

In this chapter, I summarised the findings of the research and put forward recommendations based on these findings. The limitations of this study were also discussed.

Throughout the course of this study, I attempted to illustrate how interactive teaching could be beneficial to the topic of HIV and AIDS and the need for teaching in this manner; the process of facilitating teachers in using this approach to teaching, as well as its benefits for teachers; the value of moving towards a more learner-centred approach to teaching about HIV and AIDS; and the challenges of the facilitation of teachers in this shift from teacher- to learner-centred teaching methodologies.

My research suggests that interactive teaching is not an “out there” concept; that it is a necessary approach to dealing with challenging classroom topics, such as HIV and AIDS, and engaging learners with the information needed to make the right decisions and become supportive, caring and emotionally aware individuals in their communities. It also suggests that, with adequate training opportunities and materials, teachers can become agents of change with regard to the biases, prejudices and stigmatisation surrounding the illness.

This study has confirmed the suitability of an AR approach as a means of helping and training teachers to become more interactive in the classroom and in HIV and AIDS education. It has also established the way in which active teaching strategies can be used by teachers (the “*how*” component of HIV and AIDS education) so as to increase learner participation, interaction and understanding.

South African educators need to be exposed to more opportunities for training in HIV and AIDS education. The South African government also needs to support interactive HIV and AIDS training related initiatives and programmes so that teachers can receive the support and professional guidance needed to successfully implement this style of teaching.

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APPENDIX 1:

TRANSCRIPTION OF FOCUS GROUP SESSION

Present:

Miss Melissa May (MM) – Primary Investigator

Prof Lesley Wood (LW) – observer (PI supervisor)

8 participants (7 female, 1 male: P1, P2, P3, P4, P5, P6, P7, P8)

MM: This is a discussion on how you feel about teaching HIV & AIDS. I'd like you all to give me any feedback you may have. How have you experienced teaching HIV & AIDS in your classroom so far? How do you feel about teaching HIV & AIDS? (Asks P1 to lead discussion)

P1: Sometimes it's very difficult to teach HIV & AIDS. Sometimes in your classroom there are learners who are infected with HIV – it is not easy sometimes to talk about these things.

MM: I think you also mentioned last time that it can also be difficult because you know there is a learner in your class who is infected – you don't want to make them feel like they are singled-out if you begin talking about in class. And the rest of you? Have you had any experiences, good or bad, in this regard? Have any of you taught HIV & AIDS related lessons in your classroom?

P2: In my class – there's a guy from Love Life. He teaches HIV & AIDS now.

MM: So he comes in to teach these lessons in your classroom? Did you help him?

P2: Yes.

MM: How did you find the experience of talking to the learners about HIV & AIDS?

P2: I think they enjoy it – because they know of people who are infected outside (in the community). They can see that this one has HIV ...

MM: So, would you say that it's easy and enjoyable to teach ... that you enjoyed the experience ... teaching these kinds of lessons? It can be about anything: it can be about teaching children about transmission (this is how you can get HIV & AIDS) and this is how you can prevent yourself from getting HIV &

AIDS ... Challenging/difficult?

P2: No, I don't think it's difficult to talk about HIV & AIDS. Especially people here in our community – these people are sick. So, it's not difficult because you also help them.

P3 (man): And sometimes you have these organisation or community projects to come and deal with it. So when you approach this topic, you find that they are moving on their own. Last year when these people came, you can see that the learners are keen to deal with it. I don't know what they are doing (community-based projects), but I found as a teacher that they (the learners) wanted to know about it. Maybe they also want to keep that faith of finding a cure for it.

MM: So there's a need?

P3: Yes – there's a need. I haven't found in a situation where a child is embarrassed. They don't know, they don't understand, but as we move through it you can see they become more interested.

MM: For you as a teacher when you taught lessons on HIV & AIDS, it came quite naturally to you .. it was quite easy for you to do that ...

P3: Yes, I have experienced that they already know something about it. They have some booklets. You'll find that some work has already been done. You don't know where they learn it, but ...

MM: Do you sometimes wish you had more things in the classroom to ...

LW: For this to be valid, you mustn't lead people. Let's continue talking ... are you comfortable or uncomfortable (teaching this)? You have said you're comfortable, what about the others?

P4: I'm not a Life Orientation teacher, but I'm doing a course on this. That's why I'm here.

LW: Do you want to elaborate on that? What course are you doing?

P4: I'm doing LO at UNISA ... that's why I'm here. I just want to have knowledge about this.

MM: So you've never had to teach this before?

P4: No.

LW: But you say that like LO teachers are the only ones who have to teach about HIV & AIDS ... is that what you believe?

MM: (rephrases) So, in other words, you're saying that you can only really teach HIV & AIDS if it falls under the LO lesson – it only fits in there? * No response.

MM: I'm very interested to hear what grades you teach ...

P1: Grade 4

P6: Grade 5 (Yona)

MM: So that's a little bit older ... Have you taught a HIV & AIDS lesson yet?

P1: I've just started ... you just go with the flow ... they already have a certain knowledge from somewhere.

MM: You're building on what they already know ...

P1: Yes.

P2: They also ask questions.

MM: Where do you think they maybe hear about it in the community?

P2: People from Love Life – they play music around the Walmer Township. Children are taught there. And the (they place) posters around the location.

MM: When the children come back to you and they've had this experience, you find it's easier for you to do because you're just building now on the knowledge they've already gained?

P2: *Agrees*

MM: Do you think that what they get from the community (like this Love Life) – do they get quite a lot from that? Do they know quite a lot already when they come back into the classroom?

P3: Yes! They even come with their own magazines, puzzles and handouts. They like to write it a lot ... sometimes they come with these things ...

MM: Like a diary or journal?

P3: Yes.

MM: *Turns to P6 * And Grade 4? Do you also feel that you'll just build on what Love Life does or do you come up with own lessons to teach on HIV & AIDS?

P6: The thing with this ... is in our language and vocabulary are words that the parents are afraid of. When you talk about HIV, possible there is a child in the classroom or a parents that he knows ... when they are playing around they may say to one another, "what's the matter with your mother?" When they leave they'll say it's the same thing that the teachers says – "you are HIV positive". Sometimes you

don't even know if the child is positive! But if the children know of someone, they say it is the teacher who says you are HIV. I did have that problem and experienced that. That is why sometimes it's not wise for us ...

MM: You want to not do it because you're scared ...

P6: Yes. Sometimes you're scared to say it. Two years back I had a child who was HIV positive – and what happened when you talk about it – this HIV, when they go outside at break time, they will say “Whaa! You are (have) HIV! And your mother too – she has HIV.” And the parents will come to you and they'll want to know what happened because the kids go to her and tell her. Sometimes there are those things with the little ones.

MM: When you said that there were some words that parents don't want you to use, what kinds of words did you mean?

P6: Like ... in Xhosa there are words that when you say it, the parents will say, “Sjoe! Did she say *that* word?” It's a big word because even at home they don't use those words. It's not like you white guys. Let me make an example – when you guys are pregnant and the baby is kicking, you take the hand of the small child and say, “Come, come, come! And feel!” With us, parents don't allow that. It's our culture.

MM: So there are cultural differences in how you would deal with this topic?

P6: Yes.

MM: So, in other words, you have to be very culturally aware of how to do things and how to deal with things in the classroom?

P6: *Agrees* Although sometimes, there are words that you **MUST** use to emphasise ...

P8 leaves the room to answer a phone call – doesn't return.

P6 continues: so that they may understand. But, in our culture, in the upper grades there's no problem with that because at the end of the day, they are exposed to these things ... But with the little ones, the parents will come and say, “Did she say that?”

MM: Do you get the impression sometimes that parents don't really want you to talk about it (HIV & AIDS) at school? When they're younger ...

P6: It's like you say ... it's two sides. Some other parents don't want their children to know about sex. And in our language, when you talk about sex there are words that you must not use, but are actually supposed to.

MM: Such as?

P6: Like in my culture I will say (for when they're doing sex) "Mahlalana" - there is that big word ... sometimes it doesn't mean that they have sex ... it can also mean that they get married.

MM: So language is a bit of a problem.

P6: Sometimes.

MM: *Turns to P5* Is there anything else that any of you would like to add to what we've said? We've spoke about things like culture, language issues and age.

P5: I teach Grade 1 – we only teach a little bit about HIV & AIDS because I have a learner ... his other came to tell me that her child had AIDS.

MM: So maybe that links up with what we said earlier – it's difficult when you know there's a child who is infected in your classroom and then you know you've got to be very careful of how you talk about it.

P5: *Agrees*

P2: The younger ones ... you must be very careful.

MM: I think in terms of our discussion we've spoken about quite a lot – I'm going to now give you 2/3 minutes to add whatever else you feel you need to.

LW: Perhaps we should talk about why it is uncomfortable ...

P1: Les, you know sometimes I feel uncomfortable because I read the story about Nkosi Johnson – they children listened very attentively. But when I read to the end of the story, there's the sentence that afterwards Nkosi died because of his HIV. You know when you teach about HIV you explain about ARV's and that this CAN cure this, but sometimes they cannot. Sometimes the children ask you questions, "But, Miss, why did Nkosi die?" Some of those questions are hard. I read another story about a lady who lives next to the school and the children told her they didn't want to enter her house because she's HIV positive.

MM: That's when we refer to the stigma associated with HIV & AIDS.

P1: That's why sometimes I feel uncomfortable, but I like to teach HIV & AIDS. But because I only use the stories (as a teaching aid), it can be difficult.

LW: So it sounds as though you know it's important to teach it and you're willing to teach it and some of you have mentioned there's a risk attached. You can awaken feelings ... that you maybe don't know how to deal with? The parents might be angry, the child might start stigmatising, you might cause problems where there weren't problems. Is that a fear for you?

P2: Like those people from Love Life – it's better for them to teach it because they are from outside this school.

P6: There is nothing that a parent can say – all you can do is say there *were* people who were teaching about this. If you try and teach it, they (the learners) will come ...

MM: So, so you're saying that maybe a professional should maybe come into the school and deal with the issue of HIV & AIDS?

P6: Just to add on, these kids like to come with those pictures ... if you tell them about a man sleeping with a woman, they will all come with those pictures. You'll never (get back to) teach (ing) because the only thing they'll concentrate on ... they will only take those wrong sentences ... they will come with naked photos of women ... (pornography) ...

MM: Have they done that before?

P6: They are doing it.

MM: Are they doing it because they think it's funny or just to be naughty?

P6: I think they misunderstand what I am teaching and they return home with those pictures and with things written in their books. This makes parents angry.

MM: So they misunderstand the message ... what you're trying to say.

P6: Yes.

MM: Well, thank you very much for talking ...

LW: We haven't heard from some people – would you like to share your experiences of teaching HIV & AIDS prevention education? *turns to P7 and P8*

P7: I haven't experienced anything. I treat it as any disease like when I deal with TB, malaria or contagious diseases.

LW: So you only teach the biomedical facts? That's all?

P7: Yes. And the precautions.

LW: Universal precautions?

P7: Yes.

MM: Okay, so you prefer teaching it in a way that you're talking about this is how you can get it, this is how you can't get it, this is how you can avoid getting it ...

P7: I only teach the grade 2's.

LW: Can I just ask one more question? What are you expecting, what are you hoping to learn on this programme with Melissa? You volunteered for a reason – what are you hoping to learn?

P6: I don't know what Melissa's coming here with.

LW: What would you like her to come with?

P6: In fact, Melissa can MAYBE bring some students.

MM: I just want to step in here – this was something I wanted to discuss ... the possible benefits of participating in this study. And this is something that Zuki (principal of school) and I spoke about quite a bit. She said she had also spoken to you about this. But I think just to touch on that – active learning is something that can be done which is very easy. If you feel, for example, if we do a strategy in your classroom such as role-playing and you think, "Wow, that was such a good idea! It was easy, it was fun and I didn't need a lot of things, the children loved it." You can use it for *other* topics in Life Skills. It doesn't HAVE TO always be related to HIV & AIDS; they're flexible. You can also use them in other (learning) areas. This makes it that much easier for you and fun for the learners. And the way that I'm hoping to help *you* is to try this out and see if this suits your style of teaching and whether or not you enjoy making use of the strategy. I've provided an outline which briefly explains how I'm going to spend the next couple of months here. You won't see me every day, you might not see me every week ... but I will be here tomorrow and on Wednesday for observation.

PI explains process of observation and that this it is not for evaluation or assessment. Teachers provide suitable times. PI asks whether or not a translator is needed (Xhosa Home Language) during practice of strategies (also explains that English doesn't have to be used, whatever they are comfortable with) – teachers say no. Confidentiality is discussed for filming and contact numbers provided for PI. Tests are distributed.

APPENDIX 2:

TRUE OR FALSE QUESTIONNAIRE

QUESTIONNAIRE: HIV & AIDS

This questionnaire is being used to establish your awareness of HIV & AIDS-related facts regarding transmission and prevention. Answers to this questionnaire will be kept anonymous and strictly confidential.

Please tick either True (T) or False (F) for each of the questions below:

	T	F
1. HIV can be spread by shaking hands.		
2. HIV can be passed on to another person during sex.		
3. Pregnant women can pass HIV on to their unborn child.		
4. A person can get HIV by donating blood.		
5. It is possible to get HIV from a toilet seat.		
6. HIV is spread by kissing.		
7. HIV is carried in the blood.		
8. Drug users can pass HIV to other drug users if they share needles.		
9. Only men can become infected by HIV.		
10. You should avoid touching a person who has HIV or AIDS.		
11. It is risky to drink from the same tap as a person who has HIV or AIDS.		
12. If you are strong and healthy you cannot get HIV.		
13. You can tell by looking at someone whether that person has HIV.		
14. You are safe from HIV if you cut your skin with a knife used by someone else who cut themselves.		
15. You are safe from HIV if you use a condom more than once.		
16. The risk of getting HIV increases if you have many sexual partners.		
17. It is okay to share bedclothes and dishes with someone who has HIV or AIDS.		
18. It is okay to share razors with someone who has HIV or AIDS.		
19. Young people are at risk from HIV.		
20. During menstruation, the risk of getting HIV through unprotected sex is higher.		

APPENDIX 3:

EXAMPLE: OBSERVATION SHEET

OBSERVATION SHEET

20-21 April 2010

Date of observation: _____ No. of learners in class: _____

Name of teacher (only for PI's own reference): _____

Grade taught: _____ Learning area: _____

Lesson topic: _____

- 1) Does the participant encourage learner-centeredness in the classroom? If so, in what way?

- 2) What teaching and learning climate is present in the classroom? Relaxed, disorganised, tense, strict, etc?

- 3) Does the participant promote discussion and opportunities for question-asking in the classroom? What kind of relationship exists between learner and teacher?

- 4) Has any recognisable teaching style been made use of in the classroom? If so, elaborate on the style used.

- 5) Has HIV & AIDS been mentioned or dealt with in this observation period? If so, in what way / which aspect?

- 6) Additional comments:

APPENDIX 4:

TEACHER QUESTIONNAIRE

TEACHER QUESTIONNAIRES

PARTICIPANT 1: Role-playing Strategy 1

1. Did you enjoy or dislike making use of this strategy and why?

YES

2. What aspects of the strategy did you find enjoyable or challenging?

The children enjoyed working at their own. They also feel free to ask questions. Especially the dramatisation part they showed interested and enjoyable.

3. Will you make use of this strategy again? If not, why?

Yes

If so, in implementing this in the future, would you change anything? If so, what would you change?

There are no changing I have learnt that children learn more by motivating them to ask questions from them and the group work is very important.

4. After being trained in using them, have you learnt anything about interactive teaching and learning strategies? If so, what have you learnt?

I have learned more about group work it is so interesting and the learners feel free to participate and asking of questions. They enjoyed the worse part of dramatisation they were very much interaction even to those who are shy to speak they were free to speak. I identify more problems and for solution.

APPENDIX 5:

TRANSCRIPTION OF INDIVIDUAL INTERVIEWS

MM: Melissa May (Primary Investigator)

Interview 1: Participant 1

Question asked to all participants: *How do you feel about interactive teaching with regards to HIV & AIDS education?*

P1: I think interactive teaching is the best tool you can make use of in HIV teaching because when you're doing the interactive teaching you are not teacher-centred, the learners are involved. It's either role-play (they dramatize), or you play sport ... and I think in that way the learners are able to share what they know because they are involved in the lesson.

MM: And in terms of your own experience with these strategies (you did sport), how do you feel about interactive teaching now?

P1: I think these strategies have helped us – they did assist me a lot.

MM: In what way?

P1: Sometimes when you do a lesson you think, "Oh, the learners are not going to be able to understand this" like the immune system, ARV's ... but when they are involved (playing there on the field) ... when you assess them you can see that they remember.

MM: Do you think you'll try interactive teaching with the learners again?

P1: Yes, I think that's the only tool. I must try. Not only with HIV and Life Skills, but with the other Learning Areas, because when you do interactive teaching (like I was using LO's for Life Skills like Health Promotion, Communicable Diseases and Physical Development) – you integrate.

MM: Is there anything else you'd like to mention?

P1: I so wish all the teachers were involved and see that when you deal with interactive teaching, it's not what we thought of. Because when you first mentioned the interactive teaching I thought, "Okay, the learners are involved, they answer questions". I only thought about answering their questions and doing writing work ... I didn't think about making it a sport, as role-play. Having a ball and just playing and the lesson goes on.

MM: The nice thing with these strategies is that they're easy enough for you to teach your colleagues how to do it.

P1: That's why I say I so wish everyone could have seen how nice it is, it's not a difficult thing to do ... you can use any materials that you have. It only needs someone to be creative. It empowers me. It's all about being able to adapt.

Interview 2: Participant 2

P2: Since I'm a Grade 1 teacher, this interactive teaching is very good for me and the learners. It helps the learners to know about the HIV & AIDS because some of the learners – their parents, siblings and family are at home and they are sick with HIV & AIDS. The learners and us teachers need to know about HIV, and how to protect (ourselves from) it, you must also do these universal measures. You must also tell the learners that you don't get AIDS by hugging, kissing ...

MM: In terms of ways to teach about HIV & AIDS – we have explored many different ways of using interactive teaching. For example, you did a lesson where you used sports – how did you find that kind of a lesson?

P2: That kind of a lesson was excellent because it helps the learners to know that if you touch somebody with HIV, it doesn't mean that that learner is going to get it. (Relates to the lesson rules of touching another player).

- PI prompts as participant reluctant to speak

MM: Would you say these strategies are practical for you?

P2: I would say these strategies are beneficial to both the teacher and the learner. It also encourages those learners who are infected to play sport. When you are sick,

you need to exercise our bodies – we must be healthy. They (infected learners) need to rest a lot, they need to eat healthily ... and they need to talk about it.

Interview 3: Participant 3

P3: Thank you very much for asking. I feel very great about the lesson because I didn't have that background of having teaching in that way. I mean the method of interactive teaching because initially I thought teaching HIV it's not ... how can I put it? It's just about doing what's in the book – the way it is in the book – just telling the learners what is happening. I didn't know that there are other things you can do like interactive teaching and learning in the way of doing role-plays and stuff like that and that the learners will understand that. I never thought of the plays because I thought it's a topic (HIV & AIDS) that just needs theory. So, the way you trained us was very good for me and it was new to me, so I enjoyed it. I enjoyed teaching learners like that – learners being active in the classroom, interacting with you and also you as a teacher are interacting with them. It was a new experience for me and the experience was great!

MM: Do you find it easier to talk about things like HIV & AIDS now that you know you can use strategies such as these? Or were there any challenges?

P3: I think it makes it easier because I could see even the learners enjoyed it – because usually when you're talking about HIV & AIDS, the learners will face their heads down and look on the side (away); checking who's going to answer. But when you're making them active in the classroom, they become free in the classroom – they go to the corners and do the plays; they're free, they can express themselves easily.

MM: What would interactive teaching mean for you?

P3: Interactive teaching and learning to me, means a new method on board. It needs to be brought to the schools – teachers need to do it because it's an easier method than just giving the learners theory.

MM: Any additional comments?

P3: I think in our schools ... the Department of Education must intervene. As you have trained us, I'm not sure whether you're going to bring it to the Department so

that it can be in our curriculum so that everybody must do it in their schools. Because it's a great experience; it's quite easy to do it in the classrooms.

Interview 4: Participant 4

P4: To me, when I learn about this interactive teaching, I found that it is very good for the teachers because it's when the learners have a chance to do the work themselves. In our old days, we used the teacher learning, so it's the teachers all the time – it's them who are supposed to talk or whatever. Then in interactive teaching, it's the learner who does the work themselves and I found that it was very easy when I learnt about these strategies. Now I know when I'm teaching HIV or whatever lesson or Learning Areas, I can use those strategies (role-playing, dramatizing and even you can do the sport – there's a lot of things the learners can do themselves.) If maybe the government can change ... all the strategies of teaching ... and all the teachers can train in interactive teaching, so that all of us can use these strategies. I find that it is very easy to practise these strategies that I've learnt.

MM: How do you feel now about talking about HIV & AIDS in your classroom? (Refers to drawing done by participant during developmental workshop).

P4: I feel very free to talk about HIV & AIDS now – sometimes it is difficult to teach about it, now it's much easier.

MM: In what way is it easier for you?

P4: It's easier because the learners do the things themselves, they speak freely ... I don't even have fear anymore. I used to feel fear in talking about the names ... maybe some of our learners are too young to hear about it – now this fear is gone.

Interview 5: Participant 5

P5: Surely, I feel very happy and I'm glad also that I got such a kind of teaching (training) on HIV & AIDS. The interactive way of teaching I think is the key thing – the fear before was you don't know what the children know. Maybe you think it's bombarding them with knowledge that they're not ready for. We have parents that

may come and question us about what we teach the children, but with interactive learning I've seen that knowledge is coming from them. Everything that you talk about – first you get from them what they know about the HIV & AIDS, then you get to explain whatever concept they bring forth. In that fashion, it is not me who has come up with the whole issue, the children themselves are aware of it and they give me an opportunity to teach them.

MM: Do you feel that these strategies have helped you at all to discuss topics with your learners such as HIV & AIDS?

P5: Yes, they were very nice and easy because if you take games, while they're playing they come up with these concepts of AIDS – they come from the game. The learners can understand better because it comes to their level of understanding. More so, children like to play!

MM: Do you have any other comments?

P5: Yes, I'd like to share the notion of time – we always work under certain pressures, that at any particular time, we should be finishing a, b, c or d in that area (learning) and maybe these (strategies) take a bit longer than you're supposed to be teaching that. But on the other side of it, it's helpful to have it and one could add some assessment after a game. Although it's easy and nice, it does take time. One other thing I noted is that an educator must be aware, must know, must have the knowledge about it because if you teach even the games without knowing it, it's going to be difficult.

MM: (Explains how time can be better managed if the strategies are integrated with other lessons for the day.)

P5: These strategies are also great because you can repeat and do revision on them without learners being bored because they like playing. You know at the same time that you are inculcating that information in them.

Interview 6: Participant 6

P6: This was excellent; it was very good because it gave us a challenge. Sometimes we are afraid to teach and get into details about HIV & AIDS – we don't know whether there is a child who has it in the class. So, it has also educated them because there is a collaboration of subjects. If I teach about HIV, I also talk about statistics – about HIV in South Africa, the Eastern Cape, the Western Cape. That's why I say there is a collaboration – they are dealing with this information also in Maths. I always tell them to listen to the news because in the news they also deal with these statistics, so they must be aware of that. They must know not to just do nothing, that it is dangerous. It's a disease ... it can kill someone.

MM: Do you feel that these strategies have helped you to talk about HIV & AIDS in your classroom?

P6: Yes, a lot. If you still remember when we were doing the course (developmental workshops), we told you that sometimes we are afraid to talk about these things.

APPENDIX 6:

MANUAL: DEVELOPMENTAL WORKSHOPS

DAY ONE

SESSION 1

OUTCOMES:

On completion of the session, you will be able to:

- Describe the components of HIV & AIDS education – what it is, why it is necessary, how can it be done?
- Identify your own feelings about teaching HIV content
- Identify strategies to overcome any intrinsic barriers that may hamper effective HIV & AIDS education

ACTIVITY 1: Icebreaker

Go round the class and ask each person to say their first name, preceded by an adjective with the same first letter that describes them, and to say one thing they enjoy doing or are good at.

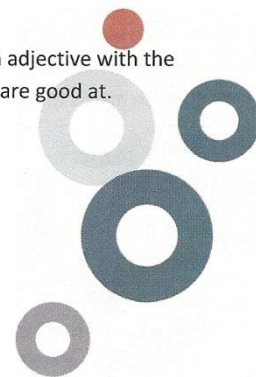
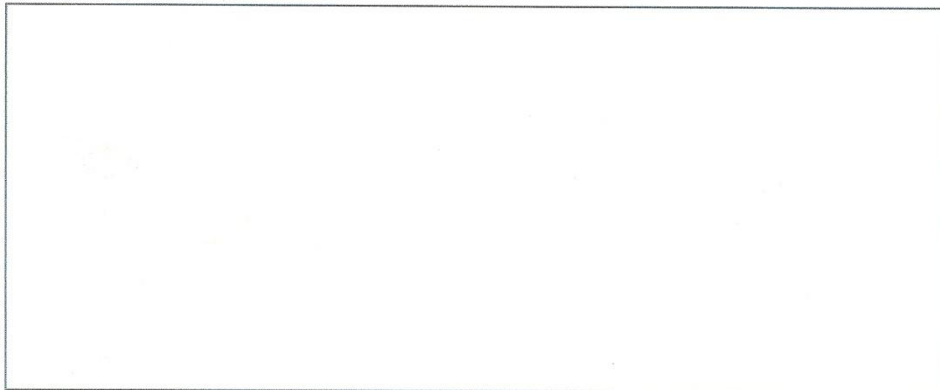
e.g. I am terrific Thandiwe and I make the best cakes in PE!

Discussion:

How do you feel after this exercise?

What are the purposes of an icebreaker?

Describe some other icebreakers you can think of below:



Broken telephone line

Purpose:

This is an icebreaker designed to make people laugh and help participants appreciate in a humorous way how easy it is to misunderstand what someone has said.

Time: 15–20 minutes for 20–30 participants

Instructions:

Think of a phrase to whisper beforehand, such as “many people around here like eating bananas” or “the sun at this time of year is very hot” or anything you want. Then ask the group to sit in a circle or a line. Whisper the phrase quietly to the person next to you and ask her or him to whisper it quietly to the next person. This should be repeated until the phrase has been whispered around the whole circle. Each person should only whisper what he or she hears and is not allowed to ask for the phrase to be repeated.

Processing the Activity:

Ask the last person in the circle or line what he or she heard, then tell the whole group what the original phrase was. Ask participants what they learned from doing this activity and how it possibly links to myths that circulate about HIV.

Fruit salad

Purpose:

This is an **icebreaker** that will energise the group.

Time: 15–20 minutes for 20–30 people

Instructions:

Stand in the middle of the sitting circle. Everyone but you needs to have an established place to sit. For example, if participants are sitting on mats, agree how many should be sharing each mat before the game begins or have chairs grouped together, but one less than needed. Ask the participants to choose three different fruit names. Then go around the circle, naming each participant with one of these fruits. For example, the first person could be a mango, the next a banana, the third an orange, and the fourth another mango. Go around the whole circle until everyone, including yourself, has one of the three fruit names.

Next, explain that you are going to call out one of the fruit names. Everyone with that name has to jump up and find somewhere else to sit. You are also going to find a place to sit. The person who doesn't find a new place will be left in the middle and will have to call out the next fruit. Add that if someone calls out “fruit salad,” then everyone has to jump up and find another place to sit.

Processing the activity:

Ask the people who could not find a seat each time how they felt to be excluded. Ask how people might be excluded in a school context and link to feelings.



ACTIVITY 2: So what is HIV & AIDS education?

What is it?

There are several approaches to HIV & AIDS education, each depending on what perspective you take. A human rights perspective will depart from the premise that the causes and consequences of HIV & AIDS usually stem from a violation of human rights – e.g. stigmatisation, lack of access to basic needs, gender inequalities. A critical approach will encourage people to challenge existing social and cultural norms and develop new ways of acting and being in society. Since you are teachers, and the HIV & AIDS content in the RNCS/NCS is based on a lifeskills approach, you will adopt this approach for this programme. It is a comprehensive approach that is suited to teaching in a school context. It covers sexuality education, but is not limited to that alone.

The aim of lifeskills education is to develop “abilities for adaptive and positive behaviour that enables individuals to deal effectively with the demands and challenges of everyday life” (WHO, 1993). What are some of the challenges facing children in our society?

Education should help children to deal with these challenges, otherwise their physical, emotional, social, economic and spiritual health will be negatively affected. As a teacher you will need to keep 3 things in mind when you teach lifeskills:

1. Developmental stage of learner
2. Methods of teaching that are suitable for their age group and that will engage them fully
3. Learning activities much be culturally relevant and gender sensitive

Discuss what practical implications this has for you:

What does life skills cover (NB this topic can be integrated into every learning area, not just Life Orientation). Discuss in groups and add to the following example:

SOCIAL SKILLS	COGNITIVE(THINKING) SKILLS	EMOTIONAL COPING SKILLS
Communication skills – listening, non-verbal etc.	Decision making	Stress management



Take each skill you have listed and discuss how it could be incorporated into each learning area.

Skill	Learning area infusion
Problem solving	Science: investigating answers

The development of lifeskills will help learners to become less vulnerable to HIV infection, by increasing their capacity to avoid high risk situations. It will also help them to develop the attitudes, values, knowledge and skills needed to be compassionate, caring, and respectful to fellow members of society, thereby lessening stigma, discrimination and other social factors that fuel transmission of the virus.

Why do we need to teach it?

- Teachers have high credibility with learners and parents
- Teachers are in a position to reach most young people
- It is policy
- Teaching and learning will be compromised if learners are affected/infected by HIV.
- ?????
- ?????

How should it be taught?

In line with guidelines in the NCS/RNCS all teachers should be using learner centred methods of teaching. This means designing teaching so that it is interactive, participative and allows space for the learners to create their own knowledge and have input into the learning experience. For the purposes of this programme, we will call this time of teaching **Interactive pedagogy**. Before we examine this in more detail, it should be noted that you have to first be able and willing to do the following:

- Establish an effective, safe, and supportive programme environment
- Access resources for information and referral
- Address sensitive issues
- Model the skills addressed in the programme
- Apply interactive teaching methodologies in the classroom
- Provide constructive criticism, positive reinforcement, and feedback
- Manage the group process

You also have to be willing to examine your own vulnerability to HIV infection, your own knowledge of the biomedical facts and your attitude towards those who are affected/infected. You had the opportunity to do this in Module 1 of this programme, but we would like to recap on this at this point



ACTIVITY 3: Self-reflection

Most teachers who have been teaching for some time were not trained initially in learner centred methodologies. Since we all tend to teach the way we were taught (note the importance of modelling!), rote-learning, copying from the blackboard and lecturing by the teacher tend to be the norm still in most classrooms. These approaches are definitely not suited to engaging learners around HIV & AIDS, topics which tend to cause raised emotions in both teacher and learners. Also, doing things differently always involves a certain amount of risk, therefore you need to reflect on how you really feel about teaching HIV & AIDS and in particular, how you feel about adopting interactive learning strategies. Answer the following questions on your own and then discuss in groups:

Is my current teaching approach learner or teacher centred? Why?

What are my fears (or excitement) about adopting more interactive strategies?

What feelings do I have about teaching HIV content?

What can I do to overcome some of the personal barriers described above?

ACTIVITY 4:

Draw a picture/symbol that describes how you feel about teaching HIV & AIDS in an interactive way. Describe your picture on the back of the page in a paragraph or so.



SESSION 2

OUTCOMES:

On completion of the session, you will be able to:

- Describe the concept of interactive teaching and learning and discuss the benefits for teacher and learner
- Describe key factors for ensuring the success of interactive teaching and learning
- Identify and practice strategies to overcome barriers that teachers may face in implementing interactive teaching and learning

ACTIVITY 1:

Using the magazines provided, or by creating your own images/using own photos if you prefer, work in a small group to create a poster which represents interactive teaching and learning in your mind. If your poster does not make it explicit, also discuss the following in your group.

Benefits of interactive teaching and learning

Key factors for ensuring its success

Put your posters on the wall and have a gallery walk. The facilitator will then lead a discussion.

ACTIVITY 2:

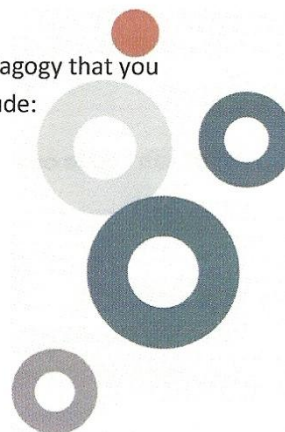
What are some of the extrinsic (outside of yourself) barriers to interactive pedagogy that you imagine might occur? Some of the common ones mentioned by teachers include:

My classes are too large

We don't have any resources

It takes too much time to do

Add more of your own



Look again at the KEY FACTORS for success of interactive teaching that you identified in the previous activity. Using role play, drama, or another interactive methodology, suggest strategies that teachers could use to overcome one or more of these barriers by implementing some of these KEY FACTORS.



MANAGING LARGE CLASSES

Most classes in our schools are large and this can create problems for a teacher as listed below:

- Managing discipline
- Getting full and equal participation of learners
- Addressing the wide range of abilities and needs – inclusive education
- Addressing the wide range of opinions
- Supplying sufficient materials
- Working within a limited space

Some suggestions to overcome these problems follow. They are relevant for any class, but particularly so for large ones.

1. Make the class feel small

Practise putting the class into smaller groups of 10 or less – find a way of grouping learners that suits you and then each time you need to, ask them to get into their groups. You could have mixed ability groups or similar ability groups, depending on the task, that you give names to e.g rose group, carnation group (the learners should not know the rationale behind the grouping to minimise stigmatisation). Each group should have a leader that helps you keep groups focussed and provides feedback to you on participation and other issues. A scribe and reporter role should also be allocated, but these can be changed frequently.

2. Set ground rules:

Norms should be set by learners to make sure that the groups are safe places for discussion of sensitive topics and to make sure that all feel included.

3. Keeping groups focussed

Divide the lesson/task into small segments of 15 minutes, so that learners do not get bored. Some other ideas include:

- Introduce concepts in clear, simple, and manageable (short) segments
- Ask learners to write down the key points of the activity before they break into groups
- Ask learners to consider what the activity might mean to them as individuals before they break into groups

Visit each group to monitor process and content. Encourage interaction among groups by getting them to present their work to each other; getting one group to demonstrate a skill while others look on and give feedback (fishbowl technique). This helps to foster collaborative learning.

4. Monitor and evaluate the group work

By monitoring the group work, you will be action researching your own practice and this will help you to make improvements. Ask yourself questions about



PROCESS:

1. To what extent is discipline maintained in the class?
2. To what extent does each learner participate in the activities?
3. To what extent are each learner's viewpoints addressed constructively?

CONTENT:

4. To what extent has each learner increased his or her knowledge about HIV?
5. To what extent has each learner adopted a healthy attitude towards reducing their own infection?
6. To what extent has each learner developed the necessary skills to protect themselves?

Assessment of groups can be difficult, therefore you need to set up many sources of data collection e.g. assignments, notebooks, reflections, observation, encouraging self-evaluation. Since HIV & AIDS education elicits emotions, make sure you also make space for INDIVIDUAL consultations and interaction after class and make an anonymous question box available for those too shy to approach you.

ACTIVITY 4

DEALING WITH DIFFICULT SITUATIONS

When you use interactive learning strategies, you also give up a bit of "control" in the classroom in terms of what is discussed. Look at the following situations and try to come up with ways to deal with them:

Situation	Teacher response
Teacher cannot answer because does not have information	<i>(Family) Difficult emotions - redirect parent to correct person, support group.</i> - Teacher shouldn't give incorrect info - research - Invite HIV specialist (LoveLife) - Go to clinics, internet
Teacher is embarrassed to use certain words/discuss certain topics	- Use colloquial words, Mr P, Miss V. - Be authentic - speak about your feelings & why you're using above.
Learners make jokes about sensitive topics	- Understand the topic - Use experiential learning - <i>blatant, etc.</i>
Learner discloses positive status of other person in Class	- Why did you say that? Address the issue individually & then with class. Lesson on stigma & discrimination, support victimised learners
Learner becomes upset by activity	- What makes you upset? E.g. nature of problem & who needs care. Listen to feelings.



Learners do not participate	
Learners talk about sexually explicit behaviours	
Add your own ideas	

Communities of enquiry

This approach is good for motivating and encouraging less confident learners and for opening up discussion in a safe environment.

Instructions: Choose a topic that you want the learners to engage with e.g. a story about an HIV positive child; an example of stigmatisation etc. The children are exposed to the topic by the teacher and then asked to talk about anything they found interesting in groups or pairs. Then each child must come up with a question. Put into groups to share questions and negotiate which one should be used.

Each group then motivates why they chose that question and tries to “sell it” to the others – the objective being that the whole class will decide on one question either by voting or some other democratic method that they can decide on.

Once the question is chosen, the child who formulated it is asked for his opinion. Other children are then encouraged to join in by the facilitator who uses questions such as the following:

1. Questions that seek clarification:

Can you explain that?
 What do you mean by?
 Can you give me an example of?
 How does that help?

2. Questions that probe reasons and evidence:

Why do you think that?
 How do you know that?
 What are your reasons?
 Do you have evidence?
 Can you give me an example?



3. Questions that explore alternative views:

Can you put it another way?

Is there another point of view?

What if someone else were to say that ...?

What would someone who disagreed with you say?

What is the difference between those opinions?

4. Questions that test implications and consequences:

What would be the consequence of that?

Does that agree with what you said before?

How would others be affected by that?

How could you test that to see if it were true?

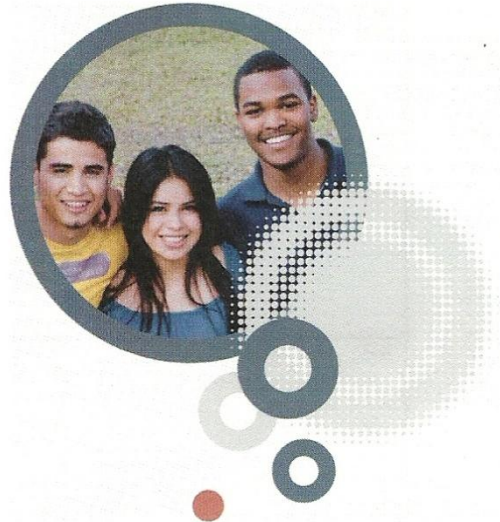
5. Questions about the question/discussion:

Do you have a question about that?

How does that question help us?

Who can summarise so far?

Are we any closer to an answer?



Debriefing: Ask for a final statement in relation to the question. Talk about what went well, what other issues were raised, what was fun and what was not – about the topic and also about the way people answered/asked questions.

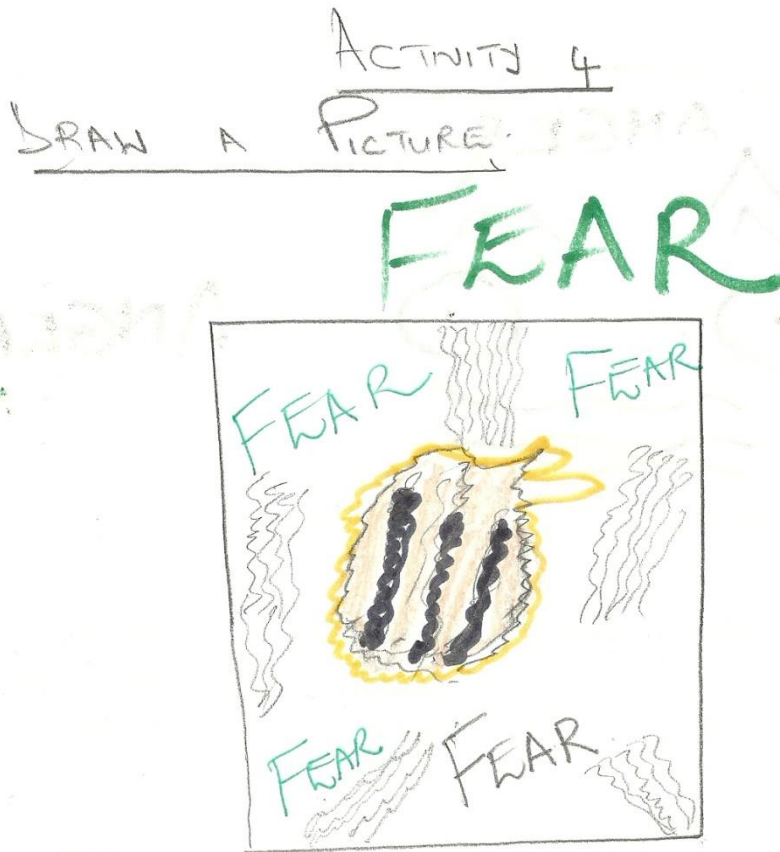
ACTIVITY 5:

Read the text given to you by the facilitators and participate in the activity as they model the skill for you, before you practice for yourself.



APPENDIX 7:

EXAMPLE: DRAWING FROM DEVELOPMENTAL WORKSHOP



- ① Fears : Some of our ~~old~~ kids are very young to talk or tell them about ^{against} ~~sex~~ ^{them} ~~sex~~ & even to show condoms for Protection ^{being}
- ② Fear of exposing Sex toys eg. ~~Pennis~~ ^{visual}

③

APPENDIX 8:

LESSON PLANS

**HIV & AIDS INTERACTIVE TEACHING & LEARNING WORKSHOP
WALMER PRIMARY SCHOOL
10.17 & 24 AUGUST 2010**

Strategy 1: Role Play	Inkqubo 1: Umdlalwana
Lesson Plan 1: " I have AIDS"	Ucwangciso lwesifundo :
Grade Stability : 6 – 7	" Ndinentsholongwane ugawulayo"
Group Learners : 5 Learners	Amaqela:Abafundi abahlanu
Material Needed : Sign that says	Izixhobo zokufundisa :Ikhadi
" I have AIDS "	elinophawu "Ndinentsholongwane
	"ugawulayo "
4 reaction cards	Amakhadi amane emiboniso.

.....
1.Objectives: To sensitize the learners that people with HIV & AIDS shouldn't be ostracized, but supported and cared for.

1Injongo –ngqo : Ukukhanyisela abafundi ukuba abantu abagula yintsholongwane nogawulayo mabanga calu- calulwa, koko masibathande, sibahloniphe, sibakhusele sibaxhase ngawo onke amaxesha ,kuba nabo banawo amalungelo abo.

2.Before the skit

.Discussion with the learners about their views on people with HIV & AIDS.

2.Ukukhangela ulwazi abanalo ngesifundo eso,phambi kokuba kuqalwe .Abafundi baxoxa ngolwazi okanye ngezimvo zabo malunga nabantu abaphila nale ntsholongwane.

.Move the desks back and allow some room at the front of the class.

Bhekelisani izitulo emva kuzokuvuleka isithuba apha ngaphambili ukuze sikwazi ukulingisa umdlalo wethu ekugqibeni kwethu iingxoxo.

.Divide the learners into groups (or they put themselves into groups)

. Yohlula abafundi babe ngamaqela (okanye mabazohlule ngokwabo)

3.Method

.One learner wears the sign pretends to be a high school student sitting at his / her desk in the classroom.

**3.Inkqubo esiza kuqhutywa ngaso isifundo
Kufuneka kubekho umfundi omnye oza kwenza ngathi ufunda kwisikolo samabanga aphakamileyo, onxibe umbhalo onophawu oluthi " Ndiyagula ndinogawulayo" okhangeleka engaphilanga.**

CONTINUED / ISAQHUBEKA

1

¹ Adapted from: Peace Corps: Information Collection and Exchange. 2000. *Alternative Techniques for Teaching about HIV/AIDS in the Classroom*, pp.96-97; 100-102; 140-141; 162-164. Washington: Peace Corps.

.Other learner (1-4) come to the classroom and the learner with the sign introduces him / herself to them.

.Kungena abanye abafundi (1-4) eklasini ,bothuke bakubona lo mfundi bangamaziyo eklasini yabo, kwangoko lo mfundi uye wazazisa kubo, ezixela okokuba ungubani, waphi kwaye kwenzeka ntoni kuye.

.The four other learners have one reaction card each.Each of the learners reads their card.The teacher then initiates class discussion on whether that person's reaction is based on fact of fear and why? After each discussion ,ask the learners how having a sign made him / her feel- relate to stigmatization and labeling.

. Nabo aba bafundi bane banamakhadi anemibhalo,bakunikana amathuba umfundi ngamnye afunde umyalezo wombhalo wakhe. Emva kwengxoxo nganye utitshala uyakumbuza umntwana imibuzo esenza isiqalo sengxoxo ebuza malunga nala mbhalo womntwana obe hleli kula klasi esitulweni, okokuba ingaba la mbhalo uthi masithini ? Ingaba la mbhalo usixelela ngento engekho esisoyikiso o kanye ,ingaba la mbhalo uzama ukusilumkisa kwindlela esiziphethe ngayo,uthi masiyihloniphe I-AIDS ikhona iyabulala.

Additional information

The teacher can ask the other groups of learners to make their own reaction cards to use when their group has a turn.This could provide valuable insight into feelings,remaining prejudices and / or other issues which need to be discussed

Utitshala uyakucebisa abafundi ukuba benze amakhadi eyimingeni yokuxoxa kumaqela abo,ukwenzela okokuba babenezinye iimbono babelane namanye amaqela.Loo nto izakubanceda ekwandiseni iingcamango,ulwazi nezimvo zabo.Kwezo ngxoxo kuyakuvela nezinye izinto eziyakuba yimingeni kwamanye amaqela apho kuyakuthi kuvele isisombululo sokweyisa lo mbulala zwe " Iaidis "

UMBONISO 1

Bamba isandla somntu lowo, usambambe njalo funda uphawu lo mbhalo awunxibileyo, wakugqiba uxhuzule ngamadla isandla sakho, umjonge ubaleke uye kwigumbi lokuhlambela uhlabame izandla zakho. (Lingisa ngathi yonke le nto yenzeka eklasini yakho.)

UMBONISO 2

Funda umbhalo okwela phawu uthi,
“Uqashise kakuhle?”. Khawundixelele.
Uvunyelwa njani okokuba uze esikolweni
unesisifo esoyikekayo, esosulelayo
umbulala-zwe. Ndizakudibana nenqununu.
Yesosikolo ibagxothe bonke abantwana
abanesi sifo, kufuneka babekwe kwindawo
yabo bodwa. Wakugqiba ukutsho uphume.

UMBONISO 3

Ufunda umbhalo uze ungqine uthi, “Owu, ufanele ukuba ngomnye waba bantu besini esifanayo, bathandanayo. Nenza izinto ezingamkelekanga nase bhayibhileni. Ufanele ukuba nonke abenza la manyala niyokuvalelwa endaweni yenu nodwa apho ningazokuhlukumeza abanye abantu, ukuze ningasiphazamisi thina bantu baneengqondo eziphaphileyo nezipheleleyo. (Emva koko ulishiye igumbi, uphume.)

UMBONISO 4

**Ufunda uphawu, ubambe isandla
somhlobo lo, uthi, “Kumnandi
ukudibana nomntu onje ngaye,
ononcumo nobubele.” Wakugqiba
uhlale ecaleni komhlobo wakho,
ukhululekile umamnkele
njengokuba enjalo.**

ISILUMNKISO

NDIPHILA

NENTSHOLONGWANE

UGAWULAYO

HIV & AIDS INTERACTIVE TEACHING & LEARNING TRAINING WORKSHOPS

WALMER PRIMARY SCHOOL

10, 17 & 24TH AUGUST 2010

STRATEGY 1: Role-playing | INKQUBO 1: Umdlalwana
LESSON PLAN 1: "Ten Differences" | ISICWANGCISO 1: Izahluko ezilishumi
GRADE SUITABILITY: Grade 5-7 | AMABANGA: 5-7
GROUP SIZE: 5-6 learners per group | INANI EMAQELENI: 5-6 abafundi
MATERIALS NEEDED: | IZIXHOBO:
Copies of the "Build a Character Questionnaire" (1 for each group)
"Iikopi zophuhliso-bume" elinemibuzo (Ikopi ibenye eqeleni)
Pens and paper | lipeni namaphepha
Dress-up box (optional) | Ibhokisi enempahla

Objectives : Injongo-ngqo

.This lesson encourages lively discussion about prejudices. It can help identify prejudiced beliefs /behaviour which require thought and discussion.

Esi sifundo sikhuthaza ingxoxo ezidlamkileyo malunga nokonala kwempilo yabantu ebangele okokuba abantu baphelelwe lithemba. Ikwasanceda ukuthi sikwazi ukuxoxa ngeyona ndlela ifanelekileyo yokuziphatha

Before the skit / **Phambi kokuba siqale umdlalo.**

.Move the desks back and allow some room at the front of the class.

.Bhekisela iidesika umva ukuze kuzokuvuleka isithuba apha phambili.

.Discussion with the learners about their views on people with HIV & AIDS.

Abafundi baxoxa malunga neengcinga / izimvo zabo malunga nabantu Abaphila nale ntsholongwane nogawulayo.

.Divide the learners into groups (or they put themselves into groups)

Ututshala uhlula abantwana babe noamaqela (okanye uyabayeka bazohlule ngokwabo)

3. Method / Ukuqhutywa kwesifundo.

The learners sit in their groups and choose a scribe (person to write) and someone to give feedback to the class.

.Abafundi bahlala ngokwamaqela abo , iqela ngalinye lakuzikhethela umntu ozakuba ngunobhala,baze bakhethe nonmye ozakuba ngummeli weqela anikeze ingxelo yeqela kwamanye amaqela ngezinto ebezixoxwa eqeleni labo

.As a group, they fill in the questionnaire(+ /- 10 min). If your paper is large enough, they can also draw a picture of their **character**.

.Ngokwamaqela baphendula iphepha le mibuzo (+/-10 min).Okokuba unephepha elinesithuba esikhulu,unako ukuzoba umlinganiswa lowo uzama ukucacisa oko ebekuphendula kwiphepha le mibuzo.

.Ask the groups, to imagine that their character is infected with HIV and to list 10 ways in which life will be different for the character because of this (+/- 10-15 min).

.Abafundi bayacelwa okokuba babe nomfanekiso-ngqondweni womntu wabo osulelwe sesi sifo,bhala iindlela zibelishumi ezinokubutshintsha ubomi bakhe bube ngumahluko kobu bomi abuphilayo ngoku phambi kokuba osulelwe.Phofu ubomi bujika yile ndlela intsha azakuyiphila.

One person gives feedback on behalf of the group to the rest of the class. Once he/she finished,ask the group to go to the front of the classroom and act out 2(or more depending on how much time you have) of these scenarios or barriers.Dress-up box can be used.

.Umfundi uzakunika ingxelo emele iqela lakhe iklasi yonke imamele,akugqiba iqela lakhe lakuza ngaphambili lizokwenza umdlalwana ophuhlisa oko bebonisa indlela esiyingozi ngayo esi sifo ugawulayo okanye izithintelo ezinokuthi zisetyenziswe ukuze sikwazi ukusinda kwesi sifo.

.After the demonstration ,ask the rest of the class how they feel about the different barriers acted out, do they agree /disagree,have they witnessed something like that in their community or homes,how will they react, etc ?

Bakugqiba buza iklasi okokuba baziva njani xa bebukele lo mboniso wsesi sifo sibulala isizwe,asikhethi wamhlophe ,wamnyama, wanjana qha sibulala umntu. Ingaba kwiilokishi enihlala kuzo,emakhayeni enu,bakhona okanye nakhe nababona abantu abagula okanye abasweleka bebulawa sesi sifo,bona phofu bangabantu abanjani phakathi komphakathi.

Additional Information: The usage of the questionnaire and building of a character allows to project feelings and opinions in a detached way,which allows for much insight into experiences they might have had or biases they hold

.Ulwazi olongezelelweyo

Ukusetyenzuswa / ukuphendulwa kwephepha le mibuzo lokwakhiwa kwesimilo esitsha kubafundi bebonakalisa iimvakalelo nezimvo zabo ngeendlela ezahlukeneyo, baze babelana ngamava abanawo ngesi sifo ukuze bakwazi ukwamkelana babe nokuphila ubomi obusulungekileyo, beqondisana ngezinto abangaziqondiyo.

BUILD A CHARACTER



QUESTIONNAIRE



1. Name: _____

2. Age: _____ Male/female: _____

3. Who does he/she live with? (Parents, grandparents, aunt, uncle, etc)

4. Does he/she have a girl/boyfriend? _____ Name? _____

5. Who are his/her friends? _____

6. Does he/she have a job? _____ If so, doing what? _____

7. What does he/she do to have fun? (Sport, clubs, visit friends, music, etc)

8. What is his/her favourite: music, food, TV programme?

HIV & AIDS INTERACTIVE TEACHING & LEARNING TRAINING WORKSHOPS

WALMER PRIMARY SCHOOL

21-24 SEPTEMBER 2010

STRATEGY 2:	Games
Isicwangciso nkqubo 2:	Imidlalo
LESSON PLAN 1:	“AIDS and Ladders”
Isicwangciso sesifundo 1:	Amanqanaba kaGawulayo
GRADE SUITABILITY:	Grades 4-7
Amabanga afanelekileyo:	Amabanga 4-7
GROUP SIZE:	6-10 learners per group
Umthamo weqela:	6-10 abafundi kwiqela

MATERIALS NEEDED / Izixhobo ezifanelekileyo:

Board game / ibhodi yomdlalo yeplanga

Coloured counters / markers (1 for each learner) / izixhobo zokubala-bala / umbhali wamanqaku (umfundi ngamnye kwiqela)

1 die per group / game / 1 idayisi kwiqela ngalinye/kumdlalo

1. Objectives / Injongo-ngqo:

To make players aware of behaviours and attitudes which can either promote or prevent HIV infection and AIDS.

Ukuqomdisa abafundi malunga nendlela abayakuthi bachatshazelwe okanye bazikhusele ngayo kwintsholongwane nasekusulelekeni kwisifo uGawulayo.

2. Before the game / Phambi komdlalo:

- Learners must have space to sit around the board game, preferably on the floor or with their chairs faced around one desk with the game on it.

Abafundi kufuneka bavule isithuba ngaphambili baze bahlale bengqonge ibhodi yomdlalo, ngokukhethekileyo basenokuhlala phantsi babeke ibhodi

okanye izitulo zabo zakujongana embindini kungqongwe ibhodi yomdlalo lowo.

- Each learner must pick a different colour counter.

Umdlali ngamnye makazikhethele isixhobo sokubala esahlukene ngombala.

- Discuss the game board with the learners and explain any unfamiliar or challenging words in the learners' Home Language.

Xoxa ngomdlalo nabafundi uze ubacacisele amagama angaqhelekanga nalawo acelu mngeni, ubacacisela ngolwimi lwabo lweenkobe ukuze bakwazi ukuyilandela ngokuchanekileyo imiyalelo.

3. Method / Inkqubo yokulandelwa kwesifundo:

Each learner in the group has a chance to throw the dice – whoever has the highest score, goes first. If you have more than 6 learners in a group, you can start right away.

Umfundi ngamnye eqeleni uyakufumana ithuba lokujula idayisi, nabanina othe wajula kwavela inani elikhulu uyangena emdlalweni, edlala kuqala. Ukuba unaabafundi abangaphezu ko-6 eqelqni, unokuqala ngoko-nangoko.

Each player moves the amount of spaces as indicated on the dice. When a player lands on a space with a written phrase in it, they must read the phrase out loud to the other players. (Encourage learners to discuss these behaviours and attitudes. Why do we behave in this way sometimes? And why do we have these attitudes?)

Umfundi ngamnye emveni kokungena uyakuphosa idayisi aze ahambe izithuba ezalathwe lelo nani likwelo dayisi, kufuneka afundelo mbhalo ngamazwi abhaliweyo aze afunde ngelizwi elithe qabavu ukuze wonke umntu awuve umyalezo. (Bakhuthaze abafundi baxoxe ngezindlela zokuziphatha, ubabuze nemibuzo. Kutheni kufuneka siziphathe ngaloo ndlela nje? Kwaye kutheni sicinga ngolo hlobo nje malunga nendlela yokuziphatha?)

If it is a behaviour or attitude which prevents HIV infection and AIDS the player may climb up the ladder to the space at the top of the ladder. If it is a behaviour or attitude which promotes HIV & AIDS, the player's marker is swallowed by the snake and must be moved to the space marked by the snake's tail. The player which reaches "Home Safe Home" is the winner.

Okokubangaba yindlela yokuziphatha okanye yindela abacinga ngayo ngokuzikhusela ekusulelekeni kwintsholongwane nesifo ugawulayo. Umdlali unokunyuka aye kwinqanaba elingasentla ukuba uyaphumelela emdlalweni, okokubangaba uthe watyiwa yinyoka kuyakufuneka ahle ngalo nyoka ayokuma

emsileni, aze ame kuloo bloko. Umfundi othe waziphepha zonke ezi zigaba sithi “Ufike ekhaya ekhuselekile” nguye ophumeleleyo.

Additional Information / Ulwazi olongezelelweyo:

It will be up to the teacher whether or not an award will be provided to the winning player from each team. An idea could include that all the winning players combine as one team to play against one another and whoever wins this final game can receive a prize (sweet, etc).

Iyakuxhomekeka kutitshala ukuba ngeliphina iqela eliphumeleleyo. Olona luvo kukuthi sidibanise onke amaqela aphumeleleyo kwenziwe iqela elinye badlale ngokukhuphisana phakathi komnye nomnye kwaye nabanina ophumeleleyo.

HIV & AIDS INTERACTIVE TEACHING & LEARNING TRAINING WORKSHOPS

WALMER PRIMARY SCHOOL

21 – 24 SEPTEMBER 2010

STRATEGY 2:	Games
Isicwangciso nkqubo 2:	Imidlalo
LESSON PLAN 2:	“Stop AIDS now”
Isicwangciso sesifundo 2:	“Kwanele Gawulayo Nentsholongwane Yakho”
GRADE SUITABILITY:	Grades 4-7
Amabanga afanelekileyo:	Amabanga 4-7
GROUP SIZE:	6-8 learners per group
Umthamo weqela:	6-8 abafundi kwiqela

MATERIALS NEEDED / Izixhobo ezifanelekileyo:

Board game / ibhodi yomdlalo yeplanga

Coloured counters / markers (1 for each learner) / **izixhobo zokubala-bala / umbhali wamanqaku (umfundi ngamnye kwiqela)**

1 die per group / game / **1 idayisi kwiqela ngalinye/kumdlalo**

4. Objectives / Injongo-ngqo::

To review basic information about HIV & AIDS and for learners to decide what are socially appropriate behaviours in this age of HIV & AIDS.

Ukukhumbuza abafundi malunga nesiseko kwakunye nolwazi ngale ntsholongwane nogawulayo, ukwenzela okokuba abafundi bakwazi ukuzithathela izigqibo malunga neendlela zokuziphatha kwixesha abaphila kulo.

5. Before the game / Phambi kokuqala komdlalo:

- Learners must have space to sit around the board game, preferably on the floor or with their chairs faced around one desk with the game on it.

Abafundi kufuneka bavule isithuba ngaphambili baze bahlale bengqonge ibhodi yomdlalo, ngokukhethekileyo basenokuhlala phantsi babeke ibhodi okanye izitulo zabo zakujongana embindini kungqongwe ibhodi yomdlalo lowo.

- Each learner must pick a different colour counter.

Umdlali ngamnye makazikhethela isixhobo sokubala esahlukene ngombala.

- Discuss the game board with the learners and explain any unfamiliar or challenging words in the learners' Home Language.

Xoxa ngomdlalo nabafundi uze ubacacisele amagama angaqhelekanga nalawo acelu mngeni, ubacacisela ngolwimi lwabo lweenkobe ukuze bakwazi ukuyilandela ngokuchanekileyo imiyalelo.

- Learners should already know some basic information about HIV & AIDS (you can reflect on some of the things you learnt in the workshops for this.)

Abafundi sebenalo ulwazi lwangaphambili malunga nale ntsholongwane (unako ukucaphula kulwazi lwezinto obukhe wabafundisa zona kwigumbi lokwabelana ngolwazi ngalo mbulala-zwe.)

- The teacher should “walk” the learners through the game the first time around to explain all of the pictures and the phrases which go with them. It is important for the learners to understand each square of the game as each square deals with a different aspects of HIV & AIDS. The squares are both positive and negative.

Ututshala uyakumana eholo onke amaqela kumjikelo wokuqala ebacacisela ngemifanekiso namabinzana akule bhodi yomdlalo. Kubalulekile ukuba umfundi acacelwe ngesikwere somdlalo njengoko isikwereABELANA ngeenkangeleko ezahlukeneyo zentsholongwane nesifo ugawulayo. Zonke izikweri ziyakha zinika ithemba ziphinde kwakhona ezinye zazo ziyawudakumbisa umoya kuba zona ziyalandula, ziwisa amandla.

6. Method / Inkqubo yokulandelwa kwesifundo:

After the learners understand / have received some information about HIV & AIDS, have the learners in each group decide on the sort of penalty for landing on a negative square (e.g. move back 2 spaces, etc), or the bonus, if any, for landing on a positive square (e.g. move forward 2 spaces, etc). Learners must be encouraged to explain why they feel that the square they have landed on is positive or negative. It will lead to a lot of repetition, but will reinforce the information that the learners

received earlier. The teacher may also be involved with assigning penalties or bonuses.

Emveni kokuba abafundi becacelwe yindlela ozakuqhubeka ngawo umdlalo/abafundi bafumana ulwazi ngesi sifo, bakugqiba kumaqela abo abafundi bakugqiba ngeendlela zokunika izohlwayo xa umntu athe wema kwisikweri esilandulayo (umz, buya umva izithuba zibe mbini njl-njl) okanye afumane amanqaku ongezelelweyo kuba ume kwisikweri esakhayo (umz, makahambe izithuba ezimbini ngaphambili njl-njl.) Abafundi kufuneka bakhuthazwe ukuba bacacise ukuba baziva njani xa beme kwezindidi zimbini zesikweri/xa beme kwesikhuthazayo naxa beme kwesilandulayo, ngaloke elo xesha ugxininisa kulwazi abanalo lwangaphambili ulwazi olongezelelweyo. Esi sifundo sigxininisa kubunzima obubangelwe kukusasazeka kwesi sifo ugawulayo. Utitshala uyakuthatha abafundi ukuba benze umjikele okhawulezayoapho bonke abadlali abachaphazelwa sesifo apha emdlalweni. Oku kuyakubonakalisa ipresenti enkulu yabemi boMzantsi Afrika izakusulelwa yile ntsholongwane ngenxa yokungakhathaleli impilo yabo, bambalwa kakhulu abantu abayakusinda nabayakuthi bakuphephe ukusuleleka sesisi nabathe bazikhethela ikhondo okanye indlela ebalulekileyo ngobombi babo.

Additional Information / Ulwazi olongezelelweyo:

To emphasize the seriousness of the spread of AIDS, the teacher may have learners play one quick round in which all of the players who contact HIV are out of the game. This will show the learners that a large percentage of the population can become infected and that only a few people can escape infection if they make the right choices.

Picture squares can also be “free spaces” or may play a more active role in the game – learners can create their own rules and experiment with the game.

Kule mifanekiso yezikweri kusenokungabhalwa ntkubekho umbhalo othi “esngenambhalo” okanye sisenokudlala eyona ndima ibalulekileyo ekusindiseni ubombi bomntu othile nokuphuhlisa umdlalo-abafundi bangazenzela eyabo imithetho belandela amava abawazuze kulo mdlalo malunga nesifo ugawulayo.

HIV & AIDS INTERACTIVE TEACHING & LEARNING TRAINING WORKSHOP

WALMER PRIMARY SCHOOL

28 – 30 SEPTEMBER 2010

STRATEGY 3: Sports

Inkqubo yesifundo : Ezemidlalo

LESSON PLAN 1 : 'True or False' Reaction Game

Ucwangciso lo msebenzi 1 : "Yinyaniso okanye Asiyonyaniso" Inkcaso –phambili

Grade suitability : Grade 1-7

Ilungele amabanga 1-7

Group size : Divide class into 4 groups-2 to play at a game

Ubungakanani beqela: Yahlula iklasu ibe namaqela amane-kudlale amabini ngexesha.

Materials needed: Whistle, Markers/cones for the true & false lines

Izixhobo zokufundisa : Impempe, iimpawu/ kuphawulwe ngezinto ezibhaliweyo kubonakaliswa ukuba yinyaniso okanye asiyonyaniso.

Questions to ask learners (2 sets of different questions)

Imibuzo elungiselelwe abafundi (izintlu ezimbini zemibuzo engafaniyo.)

1. Objectives / linjongo zesifundo

This activity can be used to convey basic information regarding HIV & AIDS , by getting the learners to answer a set of questions which are either true or false .

Esi sifundo sinokusetyenziselwa ukudlulisa ulwazi olubanzi malunga nesi sifo singanyangekiyo singanyangekiyo, bakuthi abafundi baphendule uluhlu lwemibuzo ezakufuna impendulo ethi yinyaniso okanye asiyonyaniso le izakube ichazwa ngesi sifo.

Before the skit/ Phambi kokuba kuqalwe.

~~~Make sure there are markers / cones placed out on the field to indicate a "true" line and a "false" line.

~~~Qinisekisa okokuba okukuba zonke iimpawu /imibhalo elungiselelweyo ibekiwe ebaleni ukubonakalisa uphawu oluthi :Yinyaniso" lusemgceni nophawu oluthi "Asiyonyaniso" lusemgceni

² Adapted from: Beyond Traditional Borders (Rice University). 2002. *HIV/AIDS Educational Activities*. Accessed online: beyondtraditionalborders@rice.edu [16 August 2009].

You can place a sign on each cone on a sign on each cone to help the learners.

Unakho ukubeka uphawu kwi khowuni nganye ukunceda abafundi ukuze bacacelwe kokufunwayo.

~~~In the classroom: open up discussion on HIV & AIDS :

~~Eklasini : Khokela ingxoxo ngesi sifo HIV & AIDS:

What is it ? Yintoni ugawulayo (HIV & HIV)

How can a person become infected? Ingaba usuleleka njani umntu kwesi sifo?

How should we treat those who are infected? Etc. Banganyangeka njani abo basulelekileyo? Njalo-njalo.

~~~Divide the learners into 4 groups of roughly the same size. Yohlula baafundi abaseklasini babe linani eli linganayo.

The groups must nominate a Team Leader. Iqela ngalinye kufuneka lizinyulele inkokheli ye qela layo.

~~~Take the learners outside to the field and have them sit in their groups as you explain the makers and what they will be doing.

~~~Thatha abafundi ubase ebaleni ubahlalise ngokwamaqela abo ubacacisele ngeza mpawu zibekwe pha nento ekulindeleke okokuba bayenze.

~~~Make the rules of the game clear – no hurting other learners, be gentle with one another, etc.

~~~Yenza imigaqo elindelekileyo icace kubafundi- bangonzakalisani, babe nobubele baphathane kakuhle omnye komnye.

3.Method/ Ukuqhutywa kwesifundo.

Two groups of learners play at a time-each learner in a group stands next in a line with their backs to the other learners in other group.

Kwakudlala amaqele amabini abafundi ngexesha—umfundi ngamnye weqela uyakuma ecaleni komnye emgceni,benikelene umqolo kwelinye icala.

There must be about 2m of space between the 2 groups.

Kufuneka kubekho isithuba esingange-2m phakathi kwala maqela mabini.

Each group is facing a marker(which must be placed a distance away from them.

Iqela ngalinye kufuneka lujonge kola phawu(ekufuneka lubekwe mganyana kubo)

With either a True or a False sign placed on it

Kuyakubekwa uphawu olubhaliweyo phambi kwabo oluthi :Yinyaniso" okanye Asiyonyaniso'

You tell the learners that they must listen to the question you read out and they must decide whether or not the answer is true or false.

Uyalela abafundi ukuba bamamele umbuzo emva koko baphendule okokuba yinyaniso okanye asyonyaniso.

The group closest to the correct marker must run to it.

Iqela elikufuphi kwimpendulo elindelekileyo mayibaleke iye kuma kola phawu.

-the group furthest away must try and touch a member of the other group before they reach their marker.

-iqela eli kude kwezimpawu malizame libambe ilungu lelo qela likufuphi phambi kokuba lifike kweza khowuni.

The key is to think and react quickly-learners need to think about what the correct answer is and then run to that marker.

Eyona nto ikhuthazwayo kukuba abafundi mabacinge ngokukhawuleza bathathe isigqibo esilungileyo baze babaleke bayokutsho kwi khowuni echanekileyo.

Because the groups are standing with their backs to one another, they won't be able to see where the other learners are running and they must therefore think Fast!

Ngenxa yokuba abafundi benikelene imiqolo , abasoze bababone abanye xa bebaleka kuba kufuneka bacinge kuqala phambi kokuba babaleke.

A point is awarded for every member touched before reaching their mark and the team leader must remember their score until the end of the game.

Inqaku lakuwongwa kwilungu leqela ngalinye elithe lachukumisa/ labamba omnye welinye iqela phambi kokuba lifike kwezampawu zibekwe ebaleni, inkokheli yeqela ngalinye kufuneka igcine amanqaku alo.

Once you have asked all your questions from one set, give the remaining 2 groups a chance with new questions.

Okokuba ubuze imibuzo iqela elinye yonke, buza imibuzo eyahlukileyo kwamanye amaqela.

Additional information/Ulwazi olongezelelweyo

Remember to award points to the team who gets the answer correct—

Khumbula ukuwonga amaqaku kwiqela elifumene iimpendulo ezichanekileyo—

If they run to the wrong marker, they cannot get the point.

Okokubangaba babaleke bukuma kwikhowuni engachanekanga abanako ukunikwa inqaku nagona impendulo yona ichanekile.

When the learners return to the class, ask them to draw a picture about what they learnt from the game, Xa abafundi bebuyela eklasini bacele ukuba bazobe umfanekiso malunga nezinto abazifundileyo kulo mdlalo umnandi kangaka uvuselela izazela zethu, kwaye baziva njani malunga nale ntsholongwane kwakunye nezinye izifo njalo-njalo.

HIV & AIDS INTERACTIVE TEACHING & LEARNING TRAINING WORKSHOP
WALMER PRIMARY SCHOOL
28-30 SEPTEMBER 2010

STRATEGY3: SPORTS INKQUBO3: EZEMIDLALO
LESSON PLAN 1: HIV & AIDS Soccer Game
INKQUBO YESIFUNDO 1 : HIV / AIDS Kwibhola ekhatywayo.

GRADE SUITABILITY: Grades 1-7
AMABANGA : Ilungele amabanga 1-7

GROUP SIZE 10-20 learners per group (you need 4 groups in total)
UBUNGAKANANI BEQELA: 10-20 amalungu eqela ngalinye (kufuneka amaqela amane)

MATERIALS NEEDED : Soccer ball , Whistle / Timer
IZIXHOBHO ZOKUFUNDISA: Ibhola ekhatywayo, impempe / Umjongi-xesha.

1.Objectives

This activity is meant to explain the biological principles of HIV & AIDS infection and how others can help those who are infected.

1.Injongo yesifundo

Kwesi sifundo abafundi bazakufunda becaciselwa nzulu malunga nemigaqo-sisekelo wentsholongwane eyosulelayo I HIV & AIDS nendlela esinokuthi sibakhusele ngayo abo bosulelekileyo.

2.Before the skit /Phambi kokuba siqale isifundo.

.Open up discussion on HIV infection: Vulela ingxoxo malunga neendlela ethi yosulele ngayo le ntsholongwane ye HIV:

What is it? Yintoni le sixoxa ngayo ? How do we protect ourselves from infection ? Singazikhusela njani ukuze singosuleleki kwesi sifo? What can we do if we find out we infected? Singenza ntoni ukuba kunokufumaniseka okokuba ssineshi sifo?

How do we treat those who are infected? Singabaphatha njani abo bosulelekileyo?

: Divide the learners into 4 groups: germs, immune system, HIV, ARV's (antiretrovirals) , house-our body, robber-HIV, etc)

: Bohlule babe ngamaqela amane: Intsholongwane (germs), Izikhuseli-mzimba (Immune system), Intsholongwane ye HIV, ARV's (Antiretrovirals).

Use a picture on the board to explain concept.

Xhoma umfanekiso ebhodini uze ucacise onke lamagama angentla.

³ Adapted from: The Kalusha Foundation. 2003. *Media and Games for HIV/AIDS*. Accessed online: www.kalushafoundation.org [19 August 2009].

(Comparisons: guard dog- immune system
inja engumkhuseli- ikhusele amajoni omzimba

house – our body
indlu – engumzimba wethu

robber- HIV
umphangi /isela- Intsholongwane ka Gawulayo.

:Explain to the groups how each of them plays a part in HIV infection.

:Cacisela amaqela indima ezakudlalwa liqela ngalinye kolu suleleko lwale ntsholongwane.

(You can check for their understanding-what is a germ, ARV, etc)

(Ungabakhangela ulwazi abanalo ngokuthi ubabuze imibuzo malunga nesi sifo.-yintoni intsholongwane, ARV,njalo-njalo)

: Take the learners outside to the field and have them sit in their groups as you tell each group how to place themselves.

: Bathathe ubase ebaleni bakufika apho bahlale phantsi ngokwamaqela abo,ubaxecele indima ezakudlalwa liqela ngalinye kulo mdlalo.

:Make the rules of the game clear –no hurting other learners, be gentle with one another.

: Imigaqo mayibe yecacileyo nelandelelekayo –banganzakalisani ,badlale kakuhle omnye nomnye,babe nobubele.

3.Method: Ukuqhutywa kwesifundo.

(The HIV and ARV groups must remain seated) Iqela le HIV nele ARV malihlale phantsi)

Select one student to stand in the middle of the the field –they are the” human”

Nyula umfundi abe mnye ame embindini webala. – Bona banga “bantu”

The Immune System group stands around the Human and Germ group then stand around them ,as the circle .

Iqela le Immune System lakuma ecaleni le qela le Human Iqela le Germ lona lakujikeleza lamaqela okwe sangqa.

Tell the learners that when you blow the whistle ,the Immune Sysem group must run around while the Germ try and hit the human with the ball.

Each germ gets an opportunity to throw the ball (as they pass quickly
Intsholongwane nganye ifumana ithuba layo lokuphosa ibhola (lakugqiba lidlule
ngokukhawuleza)

Allow for +5 min and then blow the whistle.

Banike imizuzu emihlanu wandule ukuvuthela impempe.

All learners sit down after the whistle.

Abafundi bonke bakuhlala phantsi emveni kokuvuthelwa kwempempe.

~~~~Discuss with the learners what the germs were trying to do –they were trying to harm the human.

~~~~Xoxa nabafundi okokuba iGerms zizama ukusifundisa ntoni/okanye bashiya myalezo mnina.

What other kinds of germs can do this? Zeziphi ezinye iintshologwane ezinokukwenza ingozi emizimbeni yethu?

(E.g Flu- Umkhuhlane, T.B-Isifo semiphunga, etc)

These germs weakens the human and the immune system tries to protect us from these germs. Ezi ntsholongwane zityhafisa ziqoboze amajoni omzimba,zize zona izikhuseli zomzimba zizame zisikhusele kwezi ntsholongwane.

Get A new learner to become the human.Fumana umfundi ozakudlala indawo yo Mntu

Now tell the HIV group to get up and stand behind the Immune System group and hold their arms behind their backs-

Xelela iqela le HIV liphakame lime emva kweqela le Immune System babeka izandla emva-

___ they need to stand still for this round and only have their feet to kick the ball away.

___ Kufuneka bame bangashukumi kulo mjikelo balinde ngokuthi bakhabe ibhola ngeenyawo zabo qha hayi elinye ilungu lo mzimba.

+5min for this round. Imizuzu ibe mihlanu qha kulo mjikelo.

All learners sit down after the whistle blows. Bonke abafundi bakuhlala phantsi emva kokuvuthelwa kwempempe.

~~~~Discuss how the HIV virus makes it difficult for our immune system to protect us from germs and the human becomes vulnerable.

~~~~Xoxani okokubakutheni intsholongwane ithi izisokolisa njani izikhuseli-mizimba ukze umntu afumane ubunzima bokuphila nalo mbulala-zwe



~~~~Get a new learners to become the human. Fumana umfundi ozakudlala indawo yomntu

The ARV group gets up and stand behind the HIV group and holds their arms behind their backs.

Iqela le ARV liyaphakama lime emva kweqela le HIV nalo libeke izandl emva.

The HIV group lets go go of the Immune System group group's arm.

Iqela le HIV liyahamba liyokubamba iqela le Immune System bedibanise iingalo.

The Immune System group is free to move around again.Iqela le Immune System lihamba ngokukhululekileyo ngoku lihamba kumacala onke.

+5 min ,blow the whistle again .Emva kwemizuzu emihlanu yavuthelwa impempe kwakhona kwabuyelwa emdlalweni.

All learners sit down . Abafundi bahlala phantsi kwakhona.

''''Discuss the role of ARV's and how to strengthen our immune system to protect us from germs.

Xoxa ngendima edlalwa zi ARV's empilweni yethu,nangendlela ezinokusetyenziswa ngayo ukuze incedise amajoni omzimba wethu iwakhusele kwezi zifo.

Also,explain that nutrition and healthy living can assist with this.

Kanajalo bacacisele ngeendlela elungileyo yokutya ukuze siphole ubomi obungcono.

~~~~If there had been other humans in this game ,how could they have helped the vulnerable human.

Okokuba bakhona abanye abantu kulo mdlalo, bebengabanceda njani aba Bantu kwesi sifo sinokusenzakalisa.

Additional Information/ Ulwazi Olongezelelweyo.

When the learners return to class,ask them to draw a picture about what they learnt from the game,how they feel about HIV& AIDS,etc

Bakuba abafundi bebuyele emagumbini okufundelayo, bacele bazobe umfanefiso malunga nako konke abakufundileyo kulo mdlalo, kwaye baziva njani malunga nesi sifundo sanamhlanje, esingombulala-zwe.

APPENDIX 9:

EXAMPLE: "BUILD A CHARACTER QUESTIONNAIRE"

UKWAKHIWA KWESIMO



IPHEPHA LE MIBUZO



1. Igama:

Limbhitha

2. Iminyaka:

12

Indoda/Umntu Obhinqileyo: Intombazana

3. Uhlala nabani ekhaya? (Nabazali, umakhulu notatomkhulu, umakazi, umalume)

Nabazali bathe

4. Ingaba unaso isihlobokazi / ishlobo esiyintombi / esiyinkwenkwe?

Ewe

Ngubani igama lakhe? Nelwe

5. Ngubani izihlobo zomhlobokazi / umhlobo wakho?

Babalha. Nosimphine

6. Ingaba uyaphangela? hayi Ukuba kunjalo, uphangela?

Oraphhangeli

Wenza ntoni / msebenzi mni? Umsebenzi wesikolo

7. Wenza ntoni ngexesha lakhe lokuzonwabisa? (ezemidlalo, usemibuthweni, uhambela izihlobo, umamela umculo, njl-njl)

Umamele umculo

8. Ngeyiphi eyona nto uyithanda kakhulu: Umculo, Ukutya, Iinkqubo zika mabona-kude?

Umculo

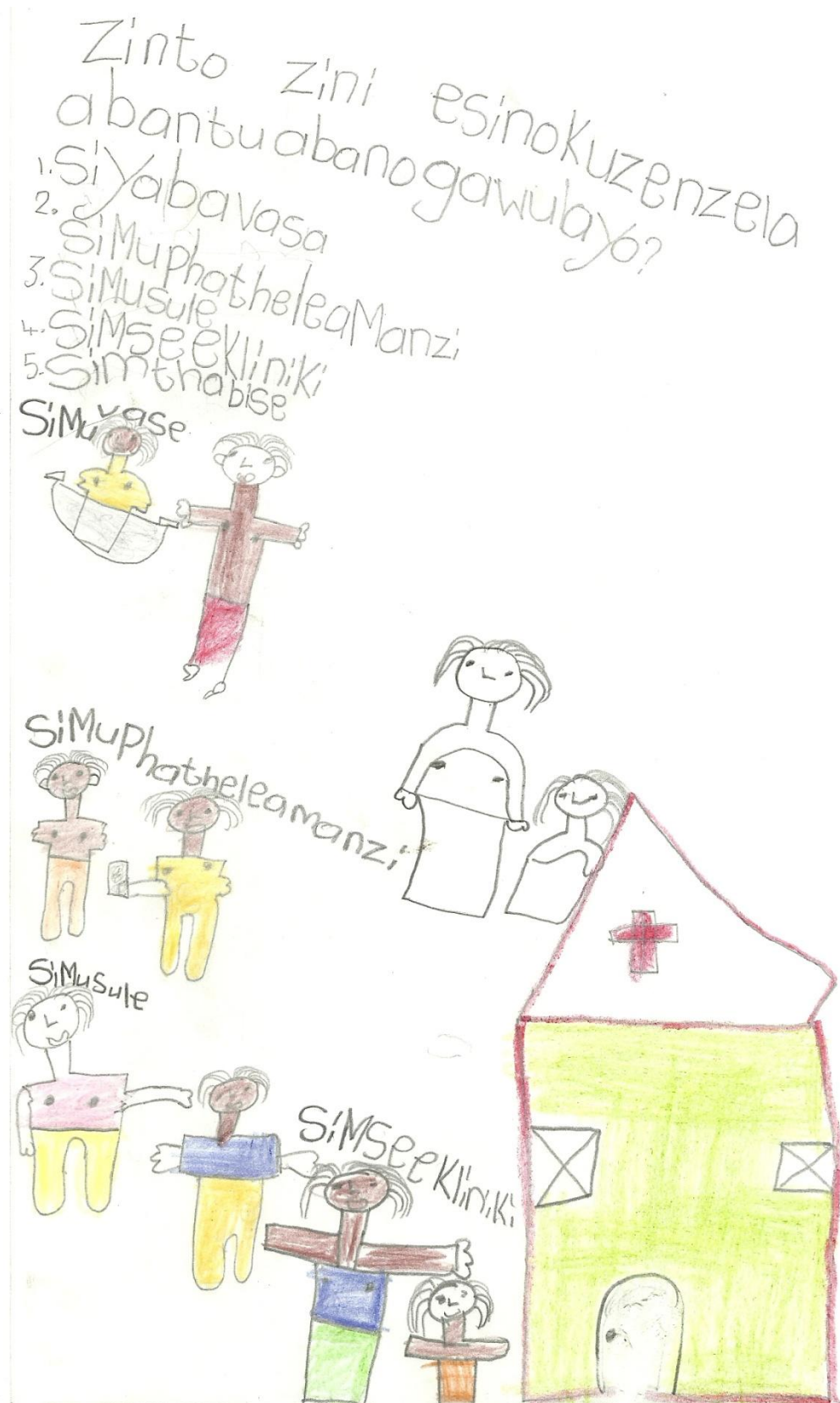


- ① Molutshanda
- ② Vuyoraci
- ③ Ongezwa
- ④

1. Being rejected by your friend.
2. She will be lonely.
3. Her friends will think that playing with her there will be infected too.
4. Her friends will think she is strange.
5. They will think nasty things about her.
6. Her friends will gossip about her because she is HIV positive.

APPENDIX 10:

EXAMPLE: LEARNER DRAWING



APPENDIX 11:

PERMISSION LETTER: DEPARTMENT OF EDUCATION



EASTERN CAPE
DEPARTMENT OF EDUCATION

Ethel Valentine Building * Sutton Road * Sidwell * Private Bag X3931 * North End * Port Elizabeth * 6056 *
REPUBLIC OF SOUTH AFRICA * Tel: 0414034401 * Fax: 0414510193 *
Website: ecprov.gov.za * e-mail: nyathi.ntsiko@edu.ecprov.gov.za

Ms M. May
c/o Faculty of Education
Nelson Mandela Metropolitan University
P O Box 77000
Port Elizabeth

Dear Ms May

REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT WALMER PRIMARY SCHOOL IN PORT ELIZABETH

I refer to your letter dated 13 April 2010 and received on 28 April 2010.

Permission is hereby granted for you to conduct your research on the following conditions:

1. your research must be conducted on a voluntary basis;
2. all ethical issues relating to research must be honoured;
3. your research is subject to the internal rules of the school, including its curricular programme and its code of conduct and must not interfere in the day-to-day routine of the school.

Kindly present a copy of this letter to the principal as proof of permission.

I wish you good luck in your research.

Yours faithfully

A handwritten signature in black ink, appearing to read 'N. Ntsiko'.

DR N. NTSIKO
DISTRICT DIRECTOR (ACTING): PORT ELIZABETH
/ab

28 April 2010

APPENDIX 12:

TRANSLATOR DECLARATION FORM

| B. <u>DECLARATION BY TRANSLATOR (WHEN APPLICABLE)</u> | | | |
|--|---|--|--|
| I, | (full names) | | |
| ID number | | | |
| Qualifications and/or | JUNIOR PRIMARY TEACHERS Diploma (Edu ^{Memor} geneit) | | |
| Current employment | TEACHER | | |
| confirm that I: | | | |
| 1. | Translated the contents of this document from English into | (language) | IsiXhosa |
| 2. | Also translated questions posed by | (name of participant) | as well as the answers given by the investigator/representative; |
| 3. | Conveyed a factually correct version of what was related to me. | | |
| Signed/confirmed at PORT ELIZABETH (WALMER) on 06-10 2010 | | | |
| I hereby declare that all information acquired by me for the purposes of this study will be kept confidential. | | | |
| 
Signature of translator | | Signature of witness:
Full name of witness: | |

| C. <u>IMPORTANT MESSAGE TO PATIENT/REPRESENTATIVE OF PARTICIPANT</u> | |
|--|-------------|
| <p>Dear participant/representative of the participant</p> <p>Thank you for your/the participant's participation in this study. Should, at any time during the study:</p> <ul style="list-style-type: none"> - an emergency arise as a result of the research, or - you require any further information with regard to the study, or - the following occur <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>You may have any questions regarding this study or your participation therein.</p> </div> <p>(indicate any circumstances which should be reported to the investigator)</p> | |
| Kindly contact | Melissa May |
| at telephone number | |

APPENDIX 13:
EXAMPLE: CONSENT FORM

NELSON MANDELA METROPOLITAN UNIVERSITY

INFORMATION AND INFORMED CONSENT FORM

| | |
|--|---|
| Title of the research project | "An investigation into the potential role and use of interactive teaching and learning strategies in HIV and AIDS prevention education in poorly-resourced Port Elizabeth schools". |
| Reference number | |
| Principal investigator | Miss Melissa May |
| Address

Postal Code | |
| Contact telephone number

(private numbers not advisable) | |

| DECLARATION BY OR ON BEHALF OF PARTICIPANT | | Initial |
|---|---|---------|
| (Person legally competent to give consent on behalf of the participant) | | |
| <p>I, the participant and the undersigned</p> <p>I.D. number</p> <p>OR</p> <p>I, in my capacity as</p> <p>of the participant</p> <p>I.D. number</p> <p>Address (of participant)</p> | <div>(full names)</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> | |
| <p>A.1 I HEREBY CONFIRM AS FOLLOWS:</p> | | |
| <p>14. I, the participant, was invited to participate in the above-mentioned research project that is being</p> <p>undertaken by</p> <p>of the Department of</p> <p>in the Faculty of</p> <p>of the Nelson Mandela Metropolitan University.</p> | | |
| <p>2. The following aspects have been explained to me, the participant:</p> | | |

| | | | | | | | | | | | |
|--|---------------------------|-----------|-------|---------|--|-------|--|-------|--|----------------------|--|
| <p>2.7 Voluntary participation/refusal/discontinuation:</p> <p>My participation is voluntary</p> <table border="1"><tr><td></td><td>YES</td><td></td><td>NO</td></tr></table> <p>My decision whether or not to participate will in no way affect my present or future care/employment/lifestyle</p> <table border="1"><tr><td></td><td>TRUE</td><td></td><td>FALSE</td></tr></table> | | YES | | NO | | TRUE | | FALSE | | | |
| | YES | | NO | | | | | | | | |
| | TRUE | | FALSE | | | | | | | | |
| <p>The information above was explained to me/the participant by</p> <table border="1"><tr><td>(name of relevant person)</td></tr></table> <p>in</p> <table border="1"><tr><td>Afrikaans</td><td></td><td>English</td><td></td><td>Xhosa</td><td></td><td>Other</td><td></td></tr></table> <p>and I am in command of this language/it was satisfactorily translated to me by</p> <table border="1"><tr><td>(name of translator)</td></tr></table> <p>I was given the opportunity to ask questions and all these questions were answered satisfactorily.</p> | (name of relevant person) | Afrikaans | | English | | Xhosa | | Other | | (name of translator) | |
| (name of relevant person) | | | | | | | | | | | |
| Afrikaans | | English | | Xhosa | | Other | | | | | |
| (name of translator) | | | | | | | | | | | |
| <p>No pressure was exerted on me to consent to participation and I understand that I may withdraw at any stage without penalisation.</p> | | | | | | | | | | | |
| <p>Participation in this study will not result in any additional cost to myself.</p> | | | | | | | | | | | |

A.2 I HEREBY VOLUNTARILY CONSENT TO PARTICIPATE IN THE ABOVE-MENTIONED PROJECT

Signed/confirmed at

| | | | |
|--|----|--|----|
| | on | | 20 |
|--|----|--|----|

| | |
|---|----------------------|
| Signature or right thumb print of participant | Signature of witness |
| | Full name of witness |

B. STATEMENT BY OR ON BEHALF OF INVESTIGATOR(S)

I, declare that

- I have explained the information given in this document to

(name of patient/participant)

and/or his/her representative

(name of representative)

- he/she was encouraged and given ample time to ask me any questions;

- this conversation was conducted in Afrikaans English Xhosa Other

and no translator was used / this conversation was translated into

(language) by

- I have detached Section D and handed it to the participant

YES NO

Signed/confirmed at

on 20

Signature of interviewer

Signature of witness

Full name of witness

C. IMPORTANT MESSAGE TO PATIENT/REPRESENTATIVE OF PARTICIPANT

Dear participant/representative of the participant

Thank you for your/the participant's participation in this study. Should, at any time during the study:

- an emergency arise as a result of the research, or
- you require any further information with regard to the study, or
- the following occur

Would like to ask any questions relating to this study or your participation in it.

(indicate any circumstances which should be reported to the investigator)

Kindly contact
at telephone number

(it must be a number where help will be available on a 24 hour basis, if the research project warrants it)

**APPENDIX 14:
ETHICS APPROVAL**



**Nelson Mandela
Metropolitan
University**

for tomorrow

FACULTY OF EDUCATION

Tel . +27 (0)41 504 2125

Fax. +27 (0)41 504 9383

14 April 2010

Prof L Wood and Miss M May

Education Faculty

NMMU

Dear Prof Wood and Miss May

**AN INVESTIGATION INTO THE POTENTIAL ROLE AND USE OF INTERACTIVE TEACHING AND
LEARNING STRATEGIES TO SUPPORT HIV & AIDS PREVENTION EDUCATION IN POORLY-RESOURCED
PORT ELIZABETH SCHOOLS**

Your above-entitled application for ethics approval served at the April meeting of the Faculty Research, Technology and Innovation Committee of Education (ERTIC).

We take pleasure in informing you that the application was approved by the Committee.

The ethics clearance reference number is **H10-Edu-ERE-007**.

We wish you well with the project. Please inform your co-investigators of the outcome, and convey our best wishes.

Yours sincerely

**Ms J Elliott-Gentry
Secretary: ERTIC**

APPENDIX 15:
DVD OF OBSERVED STRATEGY IMPLEMENTATION