Teaching in the age of AIDS: exploring the challenges facing Eastern Cape teachers

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Abstract

Since young people often turn to their teachers for information around sexuality and HIV, the latter need to be knowledgeable about these issues and willing and able to integrate them into teaching. Moreover, teachers are increasingly being called upon to respond to the basic physiological and psychosocial needs of their learners. As part of an umbrella study to investigate and promote HIV & AIDS education and support in schools, this article reports on a qualitative enquiry conducted among a purposively selected sample of teachers in urban township schools to ascertain their response to the challenges resulting from the pandemic. The findings suggest that the participating teachers held complex and contradictory views around HIV & AIDS education, that they were constrained by the prevailing social and cultural background, and that their responses were inhibited by the lack of adequate social welfare support systems. These factors combined to make it difficult for them to interpret and implement policy that calls for a 'coherent and collaborative response'. The real and depressing picture that emerged will hopefully be useful to inform professional development interventions to ensure that future teaching and learning is relevant and effective, given the social and educational context.

Introduction

The HIV & AIDS pandemic is not only eroding the capacity of the education sector to meet its core objectives of providing quality education for all, but is placing demands on schools, and ultimately on teachers, with which they are not equipped to deal (Cohen, 2002). In this era of multi-literacies (Cope and Kalanstzis, 2000), HIV & AIDS 'literacy' is becoming an increasingly important determining factor for teachers in their ability to deal with the challenges and stresses facing them, as a direct or indirect consequence of the pandemic. Teachers not only need to be able to understand the bio-medical facts of the virus, but also have to come to a deep understanding of the complex web of related cultural, economic and social causes and consequences of the pandemic (Chege, 2006). Such an understanding is a necessary foundation to enable them to integrate effective HIV & AIDS education into their teaching, and to intervene to ensure that the basic physiological and psychosocial needs of their learners are met. Teachers

operating in such difficult social and educational circumstances also have to develop resilience to ensure that their own mental health is not jeopardised (Theron, 2005).

However, it is questionable whether the majority of teachers have capacity to respond as described above (Theron, 2005). Since of all adults, teachers are the group to which the youth turn for information and advice about sexuality-related matters (Wood, 2009; Zisser and Francis, 2006), it is imperative that they are assisted to develop a high level of competence and confidence regarding HIV & AIDS education. The knowledge, attitude and capacity of teachers to respond should therefore be explored, as a departure for future developmental interventions.

Although there is evidence that education is not an adequate buffer against HIV infection (Berger 2004; Unterhalter, 1999), particularly among women, the reality is that formal education remains a bastion of hope in the fight against HIV (Theron, Geyer, Strydom, and Delport, 2008). Schools and teachers are in an ideal position to positively influence learners to make choices that will lessen their vulnerability to HIV infection and to help them deal with the socio-economic and psychological consequences of being infected or affected (Coombe, 2002). However, the counter-argument exists that the school environment may well become an incubator for attitudes and behaviours that contribute to the spread of HIV (Clarke, 2005). Negative peer pressure and the 'wrong things' being taught could be contributory factors. Teachers themselves may unwittingly work against the goal of curbing transmission out of ignorance, fear or lack of political will (Wood and Webb, 2008).

In order to lessen the probability of such a scenario, I propose that teachers would benefit from training that would help them to approach HIV & AIDS education in a comprehensive and critical manner. To do this, they would need to be able to obtain and accurately interpret information about HIV & AIDS prevention and care from a global and holistic perspective; to use this knowledge to design and implement educational programmes as a preventative measure against HIV infection (Coombe, 2002); to minimise related stigma, providing care and emotional and practical support to those in need (Hoadley, 2007); to create emotional environments that encourage trust and openness (Bhana, Morrell, Epstein and Moletsane, 2006); and to be able to protect their own professional and personal well-being to prevent overload and burn-out (Theron, 2005). Being HIV & AIDS literate also entails the adoption of a

critical stance (Wood, 2009), interrogating whether specific knowledge and/or practices are suitable for specific contexts, rather than just blindly implementing curricula/programmes provided by external 'experts'. It involves critique of prevalent discourses that permeate the view of HIV as an irreversible disaster, a view that writes off the future of learners infected/affected by HIV & AIDS. Although not everyone agrees that teachers should be expected to take on such responsibilities (De Lannoy, 2005), the National Policy on HIV/AIDS for Learners and Educators (DoE, 1999) and the Norms and Standards for Educators (DoE, 2000) stipulate that teachers should be able to fulfil such expectations. In addition, from a critical perspective (Freire, 2004), the development of a high level of knowledge and understanding of HIV & AIDS and its concomitant challenges among teachers could be the catalyst for much-needed change in our education system.

Purpose of study

This article reports on a qualitative study carried out with a purposefully selected group of teachers in township schools in Nelson Mandela Bay to determine how well able they are to offer prevention education and care/support to learners by focusing on their perceptions, needs and insights into HIV & AIDS education. This approach is guided by the belief that the participants in any educational exercise have valuable input to offer and are an important part of the teaching and learning process. It is therefore essential that the lived experiences and needs of teachers are made known, before any steps are taken to help them develop in this regard. The development of knowledge, skills and critical insight into HIV & AIDS education is vital since, left unchecked, the contributory factors to and the consequences of the pandemic threaten to wipe out any progress made towards a socially just and democratic education system.

The research question chosen to guide this study was:

'What are teachers' experiences and perceptions of HIV & AIDS education in their schools?'

Research methodology

A qualitative approach was followed, since the focus was on the perceived needs and beliefs of the participant teachers (Struwig and Stead, 2007). Sampling was purposive to select teachers who would be able to provide rich data about the topic of HIV & AIDS in schools (Leedy and Ormrod, 2005). For this reason, all teachers selected were Life Orientation (LO) teachers, who would be expected to educate about HIV & AIDS. A total of 14 teachers from schools in the Port Elizabeth townships and indigent Northern Areas were interviewed before data saturation point was reached (Nieuwenhuis, 2007).

In-depth individual interviews were conducted by an independent researcher with participant teachers to gather data (Kvale, 1996). The researcher was the main research instrument and facilitated the interviews (Mehra, 2002), while a second researcher acted as observer during the data-gathering process and kept field notes, for the purpose of triangulation (Morse and Field, 1996).

The following interview question was posed:

'What are your experiences of and feelings about HIV & AIDS education and prevention in your school?'

The audio-taped and transcribed interviews were read and analysed according to Tesch's suggested steps as described in Creswell (2005) to identify themes, ideas, emotions and opinions (Lincoln and Guba, 1985). An inductive and descriptive data analysis process was adopted to identify and compare emerging themes, thereby enhancing a more comprehensive and coherent understanding of the data collected (Lincoln and Guba, 1985).

Literature Control

In this study, literature was used to substantiate the orientation to and rationale for the research. It was also used to justify the research design, and to compare, contrast and confirm the interview findings (Creswell, 2005).

Measures to ensure trustworthiness

The trustworthiness of the research was accomplished around the criteria for credibility (truth-value); transferability (applicability); dependability (consistency); and confirmability (neutrality) (see Guba's model in Krefting, 1991; Leedy, 1993). It was attained by means of triangulation, e.g. field notes, prolonged engagement, participant checking, detailed, dense descriptions, scientific distance, the re-code procedure, consensus on the final themes and categories that emerged, preservation of raw material as an audit trail, mastery of the enquiry method, and reference adequacy (Leedy, 1993).

Ethical considerations

To satisfy ethical requirements, the research adhered to the following: informed consent, voluntary participation, anonymity, confidentiality, explanation of the project, and feedback to participants (Lipson, 1994).

Discussion of findings

It was evident from the data analysis that teachers are experiencing a wide range of problems and challenges, all interlinked and in some way connected with the HIV & AIDS pandemic. A lack of coordination among the roleplayers in the school environment in addressing these interconnected issues was also evident. The data analysis revealed the following themes, discussed now in relation to relevant literature and supported by direct quotations from the teachers.

Theme 1: 'I won't be able to do this – you do it.' Teachers are constrained by their own socio-cultural backgrounds.

The above quote from a male teacher who had attended a five-day workshop on sexuality education presented by an NGO contracted by the Department of Education, highlights the tension between teachers' awareness of what they should be doing and what they actually feel comfortable with. Teachers were acutely aware that they played a vitally important role in determining the extent to which issues such as the sexuality of learners would be addressed. However, they stated that, along with most of their colleagues, they found it

difficult to address prevention through sexuality education, to talk about HIV & AIDS openly and to take responsibility for integrating HIV & AIDS education into learning areas.

Teachers are not comfortable about addressing sexuality

The participant teachers repeatedly mentioned that they were hesitant to discuss issues related to sexuality. They attributed this to the fact that traditional Xhosa culture does not encourage adults to speak to children about sex.

> *It* [sexuality] *is a closed subject amongst teachers. It is just not something people are comfortable with, even us* [LO teachers]. *In fact I remember I attended a workshop on HIV/AIDS and we had to come and report back and we find that there was sort of an uncomfortable situation, especially among the males.*

Teachers understandably struggle to implement the Abstain-Be Faithful-Condomise (ABC) approach promoted by the Departmental training programmes. They consequently tend to avoid engaging with learners and potentially embarrassing questions, adopting a teacher-centred type of pedagogy (Chege, 2006; Visser, 2004). Male teachers may also "construct themselves as sexual towards their female students" (Chege, 2006, p.41), making it uncomfortable for young girls in the class to ask questions. In either case, critical discussion and exploration of sexuality and its link to HIV is not likely to take place.

As products of a gendered society, teachers also tend to unquestioningly accept the dominant norms and practices. For example, when the male teacher quoted above said he could not address sexuality issues in class, even after a five-day workshop, a female teacher described her reaction as follows:

> *And then because I am passionate about this HIV/AIDS thing, I said OK, I will learn about it. And I started gradually, gradually introducing this sexuality in school.*

The male teacher was thus relieved of the responsibility to integrate HIV & AIDS education into his teaching, because his female colleague accepted that he *"can't do this"*. Although this response is indicative of the agency displayed by the female teacher, the fact that she did not think of challenging him to do what the curriculum calls for him to do, is suggestive of the prevailing male dominant power relations.

Although it is not easy to change attitudes and schemata acquired over time, raising critical awareness around cultural habits (Bourdieu, 1990) helps provide a theoretical lens in which to address transformation. One male teacher related how he had overcome his culturally embedded fear of addressing sexual matters through conscious effort and practice. Other studies confirm that males can and do change their gender constructs, given the opportunity to critically reflect on them (Wood, 2009; Bhana, Morrell, Epstein and Moletsane, 2006). Much of the current HIV & AIDS literature positions males as aggressive, dominant and sexual predators (Frosh, Phoenix and Pattman, 2002: Human Rights Watch, 2001), suggesting their unsuitability to address sexuality in the classroom. Helping male teachers to become more caring and approachable would open up the way for creating less polarised gender roles, thus contributing in a small way to changing the prevailing gender norms in education.

It is apparent from the responses of the participating teachers that they would benefit from exploring their gender constructs and sexual identities, as a first step in becoming more comfortable in adopting learner-centred approaches that will encourage open dialogue and critical discourse on the link between social norms and high-risk sexual behaviours.

Teachers promote silence and stigmatisation

The participant teachers described the self-generated silence around HIV.

> *I have never heard that one* [teacher] *would admit that he has got HIV/AIDS. I think that it is still, uhm, a very sensitive subject.*

Not only is there silence around being affected/infected among teachers, but there were many references to stigmatisation between teachers.

> *But now what happens here at school, there was a confrontation between two lady teachers, the one accusing the other, skindering* [gossiping] *about the other one that she might be HIV positive, because her boyfriend was HIV positive.*

One teacher indicated that this non-accepting attitude may be a product of their own fear:

> *Because people seem to entertain themselves about other people's problems, to shy away from their own problems. Because I can skinder about someone who has HIV, meanwhile I am the one, I am also HIV positive, you see, or I don't even know my status. It is quite a big, big problem here at school.*

Cohen (2002) suggests that teachers' refusal to acknowledge the existence of HIV & AIDS in their own lives, given that the pandemic is associated with sex, promiscuity, lack of education and poverty, is an unconscious attempt to protect their own self-image as a socially elite group within the community. Such thinking is hard to reconcile with the message that teachers are expected to convey to learners, namely one of acceptance, tolerance and care for those who are HIV infected or affected (Department of Education, 2003). Every teacher interviewed for this study admitted to having lost a family member to an AIDS related illness; in fact, most of them cited that as the reason why they were so passionate about becoming involved in HIV education. Against this background and the national statistics, which indicate that 12.7 per cent of teachers are infected themselves (Education Labour Relations Council, 2005), it is disconcerting that teachers are not more open and are still displaying the very behaviour and attitudes that they are preaching as unacceptable to learners.

Most teachers avoid taking responsibility for HIV & AIDS education.
The LO teachers interviewed, all expressed that they felt overloaded and overburdened by their mandate to provide HIV education and support to the rest of the school – *"we are tired, so very tired".* The Department of Education in the Eastern Cape has mostly targeted LO teachers to be trained to address HIV & AIDS education, since it is included in this learning area in the national curriculum statements at both primary and high school levels.

However, LO teachers who had been trained, were battling to implement education or prevention initiatives for two main reasons – lack of time and lack of cooperation from the other teachers, ascribed to jealousy.

> *At school, I haven't done anything, because it is difficult, because sometimes you will find it depends on who said, who is introducing this. Because there will be camps, mos* [sic], *at our schools. And if they don't favour you, even if you come up with something that is constructive, they won't listen to you.*

When asked what the main challenges facing HIV education were, one teacher responded as follows:

> *Not being heard, when you are coming up with something that you think is good, something you think might help others, it might help yourself and other people. Because one teacher might think that you want to be seen as THE teacher.*

The perception among the respondents was that teachers in general were scared to *"open up a can of worms"* by addressing certain issues that they felt they could not cope with. For example, when one LO teacher tried to persuade her colleagues to undergo training in Voluntary Counselling and Testing by an NGO, she received the following response:

> *You won't cope, what are you going to do if the child finds out that he is positive and the child thinks that we can cater for that? What are they going to do? What are we going to do when the people [NGO] leave the following day?*

In spite of official policy (Department of Education, 2000) clearly stating that it is the responsibility of every teacher in his/her pastoral role to become actively involved in HIV & AIDS education, the responses in this study indicate that very few teachers are doing so, and then mostly ineffectively. There are indications that their own gendered views, embedded in a discourse of morality, may negatively influence how they approach the subject of gender relations in the classroom, as indicated by the following quotation:

> *It is socially. . . because it is gentlemen that give us all these problems. Because I think if men were very cautious, we wouldn't be in this problem. Most of the time we are at the mercy of men because if the – your partner – doesn't want to practise safe sex. . .Ya, how much more to those small kids, teenagers because even us adults we, we don't want our partners to leave us. Because if you say wear a condom and he says,"why? Don't you trust me or are you being unfaithful to me? – that is why you want me to wear a condom". So I think if men are cautious, infection will be, will go down.*

Theme 1 has highlighted the fact that teachers are not confident about or comfortable with integrating HIV education and sexuality issues into their teaching, and that what they teach is shaped by their own cultural beliefs and practices. This would suggest that there is a need to raise their critical consciousness (Freire, 2004) about how their own views could hinder or promote effective HIV & AIDS education.

Theme 2: "We are waiting. And we are always waiting." Teachers are hampered by structural constraints in their attempt to initiate a coherent response to address the challenges posed by HIV & AIDS.

Although the participating teachers were aware that they could not deal with the challenges that they were facing as a result of the impact of HIV & AIDS on the schools without working together with other roleplayers, they did not know how to begin to build the required cooperation. They complained of a

lack of coordination and cooperation from the Department of Education, and they found it problematic to work effectively with the Departments of Health and Social Welfare, as well as with the various non-governmental agencies and the parents in their communities.

Teachers find it difficult to cooperate with government departments and parents

All of the teachers complained that the training in HIV & AIDS offered by the Department of Education, via the various NGOs that were contracted to do this, had mostly been from a bio-medical perspective. This increased their knowledge about the facts of HIV transmission, but did little to help them address the related socio-cultural issues that impact on the academic performance of the learners and the quality of education in general. Teachers also had other needs that were not being addressed, such as help with stress management:

> *That is one thing the Department is failing us with. You know, the stress that we get from teaching is enormous. You can't believe it because every day there is something new and it is something very stressful. You go home feeling, you know, very tired and very down.*

Training by the Department of Education lacked ongoing support outside of the training experience:

> *There is no support system; we are stuck here with problems, learners who got problems, teachers who got problems.*

All of the schools had HIV & AIDS policies in place, but, according to the participants, these mostly remained unimplemented, apart from the introduction of Universal Precautions and the forming of Health Advisory Committees, the latter perceived as being totally ineffective and simply another administrative burden for Life Orientation teachers.

Interaction with the *Department of Social Welfare* was also problematic. Teachers reported financing food, clothes and medicine out of their own pockets for indigent learners, due to lack of access to external resources. Although this response is to be admired and in keeping with cultural values of *Ubuntu* and care of those less fortunate than themselves, it is impossible for individual teachers to provide for material needs of so many learners on an

ongoing basis. They highlighted the need for each school to have a dedicated social worker to whom they could refer. Under the present system, help was often not forthcoming and the frustration and stress of following official referral routes was adding to their burden, although their compassion motivated them to try to help:

> *My work is to refer these children. But the way to refer* [sic] *takes a long time, for instance, I must have the parent take the learner to the doctor; there must be a doctor's certificate; there must be a lot of things coming from the parent's side, and I feel that we as teachers must be parents to these kids because they are rejected and neglected by their own parents.*

Teachers complained that they could not locate parents or that the parents were expected to travel to the Department of Social Welfare, who needed identification documents before applications for assistance could be made; many parents and children did not have identification documents, so the teachers would hit a dead end in their efforts to access official help. The response from the Department of Education to their requests for assistance often added to their frustration.

> *His* [subject advisor] *answer was: Are you calling the parents? Are you involving the parents enough? I am telling him we do and some of these kids are parents, the learner is staying here with a brother who is also working. You call the brother, you find the difference, the age difference is about five years older, six years. So you really, I don't know.*

None of the schools had systems to accurately identify the learners who were HIV affected/infected or otherwise classed as vulnerable.

> *I don't think there are exact facts. We got some estimations* [sic]*, because people are ashamed to reveal their status and what happens to their families, for instance children who may be orphaned because of HIV/AIDS. So you cannot say that in this area we have statistics, it's all just estimates.*

Although one school had attempted to compile statistical records, the approach they used indicates that they could have benefited from some guidance. They had, with every good intent, circulated a form among learners and parents asking them to identify themselves if they thought they fell into the category of 'destitute children'. Not surprisingly, very few responses to this form were received.

The teachers also expressed a need for training in recognising and dealing with the social problems facing learners, such as sexual abuse, pregnancy and drug abuse. Although referral is the correct procedure in such cases, it was evident

that teachers required help to deal with the repercussions of these social problems as displayed by the learners in the classroom. In many cases, social workers did not respond to teachers' requests for help.

In terms of the *Department of Health*, teachers complained that the clinics were often staffed with poorly trained volunteers, who passed moral judgement on learners who were HIV positive or had a sexually transmitted infection (STI). These volunteers were also perceived to break confidentiality and disclose information to the wider community. As a result, learners preferred to go to clinics in other communities where they were not known. However, they often could not afford the fares or would miss school because they would spend an entire day travelling and waiting in queues. The clinics and school do not cooperate in terms of notifying each other when children have health problems:

> *The clinics will have to work hand in hand with us. But right now I don't know if they can give us those stats without it being a legal issue. We never sort of, how can I say, approached this issue of getting statistics here. We know there are children who have been treated for TB, but we don't know if they are also HIV positive or even if we know of all the children who are ill.*

Teachers repeatedly cited the behaviour of parents as a problem; mainly their refusal to engage their children in discussions around sexuality and the many social problems they faced.

> *Well, the parents here need. . . socially* ***these people*** [my emphasis] *need to be uplifted.*

The words used to describe the parents included 'illiterate', 'drug abusers', 'sexual abusers', and 'neglecters of their children'. Such perceptions are not exactly conducive to the creation of equal partnerships with parents in HIV & AIDS education. While it is clear that teachers would like the help of parents in approaching HIV education, they do not seem to be aware that their attitudes might be working against this.

Teachers experience problems in sustaining relationships with NGOs

Although many teachers did have links with church organisations or other helping agencies, they found that the latter tended to prefer once-off or limited

interventions, rather than working together to come up with a strategic, sustained plan to address issues.

> *Yes, we do have H. . ., but H. . . is not assisting us with the whole school. H. . . is assisting; having a few learners who are willing to be part of H. . .They are just learning how to abstain and how to deal with themselves when they get the boyfriends. Then we take up the difference. So we have H. . . and the NGOs are sometimes calling us for the short courses about HIV/AIDS in different schools here in Motherwell. But it only ends there when they call us, they do not come up here to visit us about the exact things that is* [sic] *happening in the school.*

The programmes offered by the NGOs are 'ready-made' and not geared specifically for the problems facing that particular school, as the quotation suggests. Often, there is no follow-up since no feedback can be given to the teachers, because of the confidentiality aspect:

> *Sometimes they* [specific NGO] *arrange a play around HIV & AIDS and prevention and all that, they do the play. Then they went along, the kids in the classroom. But they said to us that we cannot tell you, but we do get serious cases and things but they begged us not to tell you, their teachers.*

Theme 3: "We are stuck." Teachers are overwhelmed by concomitant social problems.

Teachers felt incapacitated by the vast array of social problems facing the learners, the schools, the parents and the community, especially in terms of prevailing stigma and extreme poverty, often aggravated by traditional cultural beliefs.

How do we overcome the community stigma?

Community stigma was blamed for the lack of disclosure of HIV status, making it difficult for the teacher to identify vulnerable learners:

> *The granny says, when the teacher asks: Where is your mother and father? the granny says, you must not tell that your mother died. So when I ask: Where is your mother? the learner will say, I don't know. Where is your father? Where is he? I don't know where is he*[sic]. *We are dealing with stigmatization. So they hide.*

This is consistent with findings (Gilborn, Nyonyintono, Kabimbuli and Jagwe-Waddaa, 2001; Nagler, Andropoz and Forsyth, 1995) that the stigma

experienced by people affected by HIV & AIDS leads to secrecy, as they attempt to maintain their sense of worth in the face of stringent community ideals and morals. Children, even although they are often not told of the real reason behind a family member's illness for fear of them exposing the 'secret' (Cree, Kay, Tidsall and Wallace, 2004), do pick up on the feelings of shame and tend not to talk for fear of being disloyal to their parents and caregivers (Daniel, Apila, Bjoprgo and Lie, 2007).

Teachers complained of the stress caused by not knowing how to offer support to vulnerable learners without adding to stigmatisation:

> *But we do need their* [DoE] *support, because even if, for instance, even if I form a support group here at school because of stigmatisation, you will find that those kids will be labelled, you see. So I don't know what must be done and how the Department must help us.*

No solutions for overcoming the stigma were suggested by the teachers, indicating that the call for teachers to adopt a humanising and critical pedagogy (Macedo, 2006) to address cultural silence may go unanswered, unless they are helped in this regard.

How can we deal with the effects of poverty?

Teachers felt overwhelmed by the social consequences of poverty. The lack of nutrition, adequate clothing, parental alcohol abuse, neglect and sexual abuse, were all linked by the teachers to the underlying problem of poverty.

> *Poverty is a challenge for all the parents of the school's learners. Poverty and TB. These are really challenges. Because, you can't teach a child who is hungry. As a result, in the first period in the morning, she has stomach aches, you take them, if we don't have the medicine here, take them to the clinic, only to find that she had nothing to eat in the morning.*

Poverty also means that learners and parents cannot access adequate health care and that many students drop out of school, due to lack of funds or the need to work to earn some money. Poverty was regarded as a main reason why girls entered into relationships that increased their vulnerability to abuse, pregnancy and HIV and STIs.

> *Another thing is the family's poverty whereby the females depend on the men for support and then they do everything the men do because they want to get money.*

> *Even then the kids here at school, they depend on men, some of them live at school with men, they do not live with parents, who will support them with their school things. So as a result is that they will do whatever the men want them to do.*

The helplessness felt by the teachers is evident in their voices and points to the fact that they need to assisted to view the pandemic, not as a paralysing catastrophe, but as an opportunity to mobilise community assets and strengths (Ebersöhn and Eloff, 2006) to find workable solutions.

How do we change cultural perceptions?

The teachers were aware that cultural barriers were hampering HIV education, such as the taboo about addressing sexual issues, gender inequalities and the tendency to attribute HIV to something other than a virus.

> *The other thing is the lack of respect, because the boys tend not to respect the girls. They wish to do whatever they feel like doing with the girls. So that is one of our problems, because I would say it is in our culture that the boys are supposed to be superior to girls. So that means that when they have engaged themselves in affairs they don't tend to respect the girls.*

> *There are circumstances in this community and culture, uhm, in their, in their culture that they don't really believe that there is such an illness as HIV/Aids.*

The teachers complained that education did not have any impact on the behaviour of the learners – they still engaged in unsafe sex and displayed gendered attitudes. They were at a loss as to how cultural attitudes and beliefs could be changed towards practices that rendered learners less vulnerable to HIV infection.

Cultural beliefs are indeed hard to change, since they are usually accompanied by cultural silence (Allen and Heald, 2004), that prohibits discussion about issues that underlie social structures that preserve existing power relations. Cultural silence also helps to promote denial, since it is easier to hide behind the 'we don't talk about this in our culture' attitude than to cope with the difficult questions and challenges that critical discussion would entail (Daniel *et al*., 2007).

Conclusion and discussion

The themes emerging from the data provide robust evidence to support literature that portrays schools as spaces where the consequences of the HIV & AIDS pandemic are acutely experienced by teachers (Lessing and De Witt, 2007; Theron, 2007; Jackson and Rothman, 2006). There is also a strong indication that teachers would benefit by interventions to raise their critical consciousness (Freire, 2004) around how their own attitudes and beliefs may influence their teaching. This would be a first step in enabling teachers to break free from culturally imposed constraints to seek more workable, appropriate ways to educate learners to become critically aware themselves of alternative responses to HIV.

The predominant view of HIV & AIDS presented by the teachers focused on the destructive impact of the pandemic on education, ignoring the potential for positive change. This created a vicious cycle of hopelessness, helplessness and despair at schools. Despite previous studies highlighting the need for a response to support teachers to adopt a more critical stance to HIV & AIDS education (Wood, 2009; Bennell, 2005; Simbayi, Skinner, Letlape and Zuma, 2005), it appears that teachers continue to position themselves as the helpless victims of a dysfunctional society, thereby increasing their sense of powerlessness and frustration.

The Department of Education tenders HIV & AIDS training to non-governmental agencies that develop programmes suited to their own particular strategic objectives. These may not take into context the reality of trying to educate in an environment characterised by numerous physical, social and psychological barriers to learning. Policy emanating from the Department of Education exerts additional pressure on the schools to protect the quality of education by mounting a 'coherent response' (Department of Education, 2003,) to address HIV & AIDS; the White Paper for Education (2001) shifts the responsibility for supporting vulnerable learners to the school (Hoadley, 2007); the Norms and Standards for Educators (2000), calls for teachers to take on a pastoral role normally regarded as the domain of social workers and other health professionals and encourages engagement with the community, while the literature calls for schools to become nodes of support and caring for those affected by HIV & AIDS (Badcock-Walters, Görgens, Heard, Mukwashi, Smart, Tomlinson and Wilson, 2005; De Lannoy, 2005).

Based on the picture painted by the participating teachers in this study, such demands for action from teachers and schools are based on ignorance of the current experiences of teachers in trying to deal with the challenges of the pandemic. Schools cannot be expected to become "agents for establishing, promoting and maintaining networks of care and support to protect the rights of children both in and out of school" (De Lannoy, 2005, p.2), when teachers perceive themselves to be helpless, 'stuck' in a hopeless situation, waiting aimlessly to be 'rescued' by the powers that be, and suffering while they wait.

The development of teachers to implement HIV & AIDS education needs to be prioritised. This could be facilitated by a critical pedagogical approach (Freire, 2004), aimed at raising awareness among teachers of the need to interrogate, deconstruct and reconstruct their social and cultural identities in relation to how they educate around HIV & AIDS. Critical consciousness-raising will also serve as the first step in breaking down the culture of dependency that resonates from the thematic analysis, and help to reposition teachers to perceive themselves as agents of social change. Once such insight is nurtured, teachers will be in a better position to critically evaluate existing social, political and cultural structures and practices, to envision alternative realities, and to pass on this vision to learners.

It also needs to be acknowledged that many of the factors identified by teachers in this study that hamper their attempts to care for and support learners, lie outside their control. Given the current dysfunction of many Government departments that are supposed to render a support to people affected by HIV & AIDS, it is also unfair to expect teachers to take on the roles that should be filled by social workers and nurses. This calls for action on the part of Government, to ensure that education, welfare, health and other related departments find a way to cooperate to offer support to those in need.

The findings of this study seem to indicate that HIV & AIDS education for teachers has to be radically transformed both at pre-service and in-service levels. We need to find ways to encourage teachers to critically engage with the causes and consequences of the pandemic; to create an emotionally supportive environment in which to do this; to protect their own well-being and that of the learners; and to view HIV as a catalyst for educational improvement rather than as an unmitigated, unstoppable disaster. This would entail a perceptual shift from *training* to *learning* about what shapes me and my teaching around HIV; from *giving answers* to *asking more questions*, enabling teachers to think differently as a precursor to behavioural change;

from *telling* them what to do, to *listening* what they need, involving them in their own development and encouraging reflective practice; from *prescribing* outcomes to helping them *challenge* instructional and regulative discourses (Bernstein, 2000).

In conclusion, the voices of the teachers in this study need to be heeded to promote the likelihood that teaching around HIV & AIDS is contextually relevant and contributes to a sustainable and just society. It is unfair to expect teachers to deal with the challenges of HIV & AIDS without first helping them to critically explore how the issues emerging from this study could be addressed.

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