

**HIV AND AIDS EDUCATION AND MEANING-MAKING AMONG
LEARNERS IN ONE RURAL SECONDARY SCHOOL IN LESOTHO**

Aletta 'Matopollo Monyake

A Thesis submitted in fulfilment of the degree of:

DOCTOR OF PHILOSOPHY

School of Education

University of KwaZulu-Natal

Durban, South Africa

2019

DECLARATION

The research presented in this thesis represents original work by the author. I declare that this work has never been submitted for examination in any other institution. Where use has been made of the work of others, it is duly acknowledged in the text.

Signed: _____

Researcher: Aletta 'Matopollo Monyake

Signed: _____

Supervisor: Professor Relebohile Moletsane

University of KwaZulu-Natal

Durban

2019

ABSTRACT

Using one rural secondary school in the district of Mafeteng in Lesotho as a case study, the study reported in this thesis sought to examine the meaning that young people in Lesotho attach to the HIV and AIDS education messages that they receive from the school curriculum. It further explored the various factors that informed the meaning and the implications that it may have for the curriculum development that targets HIV prevention. The study addressed the following research questions: *What meaning do young people make of the messages that they receive from the school HIV and AIDS programme and what factors inform it.?*

Located within the interpretive paradigm, the study used a qualitative research design to address the research questions. The methods of data collection included questionnaires, document analysis and participatory workshops (involving letter writing and role play) supplemented by focus group discussions with a purposely selected sample of 12 learners and 12 teachers. Using a Theory of Change adapted from Unterhalter et al. (2014) on what makes schools work for girls education, the symbolic interaction theory advanced by Mead (1959) to analyse teachers' role preparedness for HIV and AIDS teaching and Durkheim's theory of meaning-making (1933) to analyse the meaning that learners make of the HIV and AIDS education that they receive in schools as a theoretical framework, the thesis organises the analysis into three components. The first component focuses on curriculum policies that inform the teaching of HIV and AIDS education in Lesotho secondary schools and teacher training institutions. The second component examines how educators are prepared for the role of educating the youth about HIV and AIDS and how they understand and enact this role; the third component addresses the main objective of the study: Analysing the meaning that learners make of the HIV and AIDS education that they receive in (and around) schools.

The findings suggest that not all the teachers leave their teacher training programmes with training in HIV and AIDS education; those who do, do not have adequate skills to effectively teach the content in schools. Further, the in-service teacher education provided for teachers in the country since the introduction of Life Skills education is also not adequate. This leaves teachers without appropriate and relevant content and pedagogical skills needed to effectively teach the topic. The teachers themselves feel inadequately trained and the socio-cultural context, including the silence around young people's sex and sexuality, further curtail their efforts in the teaching of HIV and AIDS.

In relation to the learners' experiences and the meaning that they make of the messages that they receive from the HIV and AIDS curriculum, the findings suggest that on the one hand, the learners find the programme useful and informative. On the other hand, they find it inadequate, unrealistic and not relevant to their needs as young people. The learners have varying forms of understanding of HIV and AIDS, including myths, misconceptions and misinformation about the epidemic. In addition, linked to the taboos that surround HIV and AIDS and related issues (including sex organs and sexual intercourse), the learners use a number of metaphors and euphemisms to define and talk about HIV and AIDS. These metaphors include HIV and AIDS as danger, as punishment, as witchcraft and as a western conspiracy. Together, these metaphors tend to reinforce stigmatization, discrimination and the fear of HIV infected and affected people. Further, the euphemisms tend to distort the HIV and AIDS messages provided to the learners as some of them reportedly apply their understandings literally to their lives. Finally, meaning-making among the young people is informed by, among others, gendered power relations, gender roles, stigma and discrimination as well as by an inadequate and irrelevant curriculum, and poorly prepared teachers. These factors are likely to have a negative influence on the effectiveness of HIV prevention and the care messages that young people receive in the school. This has implications for curriculum developers, teachers and policy makers regarding programming aimed at addressing HIV and AIDS prevention and care among young people in schools.

DEDICATION

I would like to dedicate this work to the memory of the four most important people in my life: My late mother ‘**Mamakalo Monakale** and my grandmother ‘**Marabete Monakale** respectively, whose courageous words to me were “our daughter, you must persevere in schooling matters”. Such words still resound in my ears.

My late father, **Rabete Monakale** and my little brother, **Mohafa Monakale**, were my pillars of strength. They left me devastated when they fell in 2016 and 2017 respectively just before I saw the finish line. Thank you for being my friends and fathers. These four special people loved me unconditionally. May your souls rest in peace! **You are my angels.**

ACKNOWLEDGEMENTS

I wish to thank God, firstly, for making me a daughter, sister, wife, mother, woman and a teacher. Secondly, I thank God for lighting my path and giving me the strength on this journey on HIV and AIDS Education and meaning-making among the youth in one Lesotho rural secondary school. I am thankful to the Almighty for making it possible for me to come to the end of the journey successfully, in one piece and as a better person. Thank you, God, my creator, the Alpha and Omega, for giving me the physical strength and the mental ability to complete this very demanding work. The toil experienced in completing this thesis is likened to climbing the top of mount Pisgah in the Biblical era. On reaching the plateau, one has a better view of the surrounding areas and, of course, the Promised Land (Deuteronomy, 34:1. 2). Nevertheless, I cannot brag as if this is one person's work, for no author is an island, entire of itself. Every author has had many hands guide his/her pen and many minds to illuminate his/her thoughts (Leedy, 1993: v).

“No man is an island; entire of itself, every man is a piece of the continent, a part of the main.....” So wrote the greatest Dean of St Paul’Cathedral in the seventeenth century, as quoted by Leedy (1993; 3). So, I write now. Those who contributed immensely to this work, known and unknown, professionals and amateurs, academics and the department of Adult Education, University of Kwazulu- Natal and National University of Lesotho personnel, all are too many to be saluted individually. Moreover, those who have written in journals and books that I have used have added to my own thoughts. All the respondents and authors were informative and helpful, for each of them has been “a piece of the continent, a part of the main.” For that reason, my sincere indebtedness, humble and hearty thanks go to the following:

- ✓ My supervisor, Professor Relebohile Moletsane, for her academic mentoring as well as untiring and benevolent suggestions. She has professionally, expertly and patiently guided me through this thesis. I thank her for ‘travelling’ with me throughout this journey, my sincere gratitude. To her I say bravo!
- ✓ The five most important people in my life (my children): My oldest son Ledumile Monyake; my daughters; 'Makarabo Monyake, Ketsia Monyake, Manono Monakale and my lastborn son, Thapelo Monyake for their unreserved support and the prayers that they made for me throughout my studies. I thank them all for taking good care of my father and brother until

their last breath while I was always busy with my studies. I will forever be grateful to you for your love, support and encouragement. To them I say, challenge!

- ✓ Two special young ladies: Setungoane Semuli for being my ‘mum’ and a caring mother for my children while I was busy with my studies. Grace Seakhi who has been my academic friend and walked with me throughout this journey; without her contribution this work could not be what it is. May God bless you abundantly!

I would also like to express my sincere gratitude to the following individuals who have been my pillars of strength to me throughout this journey:

- ✓ Dr. Michael Setoi, Dr. Mofana-Semoko, Dr. ‘Maboleba Kolobe, Mr. Abiel Mapitse, Mrs. Makatiso ‘Mefi, Mrs. Mateboho Ntaba and Miss Lucy Mokoma for giving me the emotional and financial support when days were dark and I felt like giving up. Thank you for your support, prayers and being my academic ‘moms’ and ‘dads’. Thank you for listening when the road got too dark! To them I say bravo!
- ✓ The family of Mrs. Matemoho Lekhotsa (Lomile Monaheng) and Mr. Teboho Lekhotsa for their most unwavering emotional and financial support in times of dire need. May the Almighty bless you abundantly! You deserve my everlasting remembrance. You were my source of solace and inspiration. This family helped me in many respects as far as this thesis is concerned. To them I say that is what friends are meant for.
- ✓ My spiritual parents Mrs. Mampho Motsiba and Pastor Tanki Motsiba for their spiritual guidance. The Apostolic Faith Mission **Bochabela congregation** thank you for your prayers. Our God is the Lord of mercy and miracles. Alelluya!

I would be doing a great disservice to my research participants: teachers and learners, if I did not acknowledge my indebtedness to them. I therefore want to express my sincere gratitude to you, all without whom this work would have been a little more than a pipe dream. Thank you for allowing me into your school and for sharing your experiences. To them I say “you were really a piece of the continent, which forms part of the main.”

Lastly, I am thankful to all those people I interacted with during this journey who fed into my well-being and gave me moments of laughter and fun to ease the burden of studying.

ABBREVIATIONS & ACRONYMS

ABC	Abstain, Be faithful and Condomise
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARVs	Antiretroviral
HIV	Human Immunodeficiency Virus
KYS	Know Your Status
LAPCA	Lesotho AIDS Programme Coordinating Authority
LENEPWHA	Lesotho Network of People Living with HIV and AIDS
NAC	National AIDS Commission
PMTCT	Prevention of Mother-to-Child Transmission of HIV and AIDS
PEP	Post Exposure Prophylaxis
PrEP	Pre-Exposure Prophylaxis
SADC	Southern African Development Community
SAFAIDS	Southern Africa AIDS Dissemination
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WHO	World Health Organization
ECCD	Early Childhood Care and Development
TVET	Technical and Vocational Institutions
MOET	Ministry of Education and Training
NFE	Non-Formal Education
LSE	Life Skills Education
EFA	Education for All
MDGs	Millennium Development Goals
SDGs	Sustainable Development Goals
DHS	Demographic and Health Survey
NUL	National University of Lesotho
UKZN	University of KwaZulu-Natal
ToC	Theory of Change

LCE	Lesotho College of Education
CDHS	Cameroon Demographic and Health Survey
SSA	Sub- Sahara Africa
ESSP	Education Sector Strategic Plan
FPE	Free Primary Education
TSC	Teaching Service Commission
LGCSE	Lesotho General Certificate of Secondary Education
COSC	Cambridge Overseas Syndicate Certificate
DEOs	District Education Officers
DRTs	District Resource Teachers
BAGEDP	Beyond Access: Gender, Education and Development Project
CPWA	Children’s Protection and Welfare Act
CRC	Convention on the Rights of the Child
WLSA	Women and Law in Southern Africa
NSP	National Strategic Plan
IPPF	International Planned Parenthood Federation
SDSN	Sustainable Development Solutions Network
VCT	Voluntary Counselling and Testing
DBE	Department of Basic Education
STD	Sexually Transmitted Diseases

Contents

DECLARATION	i
ABSTRACT	ii
DEDICATION	iv
ACKNOWLEDGEMENTS	v
CHAPTER ONE	1
INTRODUCTION TO THE STUDY	1
1.1 Introduction	1
1.2 The Role of Education in the Fight Against HIV and AIDS	3
1.2.1 HIV and AIDS Education in Education Institutions in Lesotho	4
1.3 Rationale for the Study	11
1.4 Purpose of the Study	12
1.5 Overview of the Theoretical Framework	13
1.6 Overview of the Methodological Approach	16
1.7 Ethical Issues	18
1.8 Overview of the Thesis	19
CHAPTER TWO	22
HIV AND AIDS EDUCATION AND MEANING MAKING AMONG	22
YOUNG PEOPLE: A REVIEW OF THE LITERATURE	22
2.1 Introduction	22
2.2 HIV Prevalence among Young People	23
2.3 Factors that Influence Young People’s Vulnerability to HIV Infection	25
2.3.1 Unequal Gender Norms	26
2.3.2 Gender-Based Violence	29
2.3.3 HIV and AIDS-Related Stigma and Discrimination	32
2.3.4 Rurality and Young People’s Vulnerability to HIV Infections	34
2.3.5 Inadequate and Inappropriate Curriculum	38
2.3.6 Poor Teacher Preparation	41
2.4 HIV and AIDS Education Programming in Lesotho	44
2.4.1 Inadequate HIV and AIDS Education in Schools	44
2.5 HIV and AIDS Education and Meaning-making among Young People	53
2.5.1 Knowledge of HIV and AIDS	53
2.5.2 HIV and AIDS Metaphors	55
2.5.3 Myths and misconceptions about HIV and AIDS	57
2.6 Discussion	59

2.7 Synthesis.....	65
CHAPTER THREE	66
HIV AND AIDS EDUCATION AND MEANING-MAKING AMONG YOUNG.....	66
PEOPLE IN SCHOOLS: TOWARDS A THEORETICAL FRAMEWORK	66
3.1 Introduction.....	66
3. 2 Summary of the Findings from the Literature	68
3.3 Theoretical Framework.....	70
3.3.1 What Works in School-based HIV and AIDS Interventions? A Theory of Change.....	70
3.3.2 The Symbolic Interaction Theory	73
3.3.3 Durkheim’s Theory of Meaning-Making	75
3.4 Discussion.....	78
3.5 Synthesis.....	81
CHAPTER FOUR.....	83
RESEARCH DESIGN AND METHODOLOGY	83
4.1 Introduction	83
4.2 Research Paradigm	84
4.3. Research Design and Methodology.....	86
4.3.1 Negotiating Access to the Research Setting.....	88
4.3.2 Gaining Entry	91
4.3.3 Selecting Research Participants	93
4.3.4 Data Generation	97
4.3.4.1 Questionnaire.....	98
4.3.4.2 Document Analysis	99
4.3.4.3 Participatory Methods	100
4.3.4.4. Focus Group Discussions	103
4.3.5 The Pilot Study	105
4.4 Data Analysis Procedures	106
4.4.1 Familiarizing myself with data.....	106
4.4.2 Generating Codes	108
4.4.3 Generating Initial Themes.....	108
4.4.4 Reviewing Themes.....	109
4. 5 Developing Trustworthiness.....	109
4.5.1 Credibility	110
4.5.2 Confirmability	112
4.5.3 Transferability.....	112

4.5.4 Dependability	113
4.5.5 Locating Myself in the Research Process	114
4.6 Ethical Considerations	117
4.7 Limitations of the study	118
4.8 Synthesis.....	118
CHAPTER FIVE.....	120
TEACHERS' ROLE PREPAREDNESS FOR HIV AND AIDS EDUCATION.....	120
IN A LESOTHO RURAL SECONDARY SCHOOL.....	120
5.1 Introduction	120
5.2 The Curriculum Policy Context.....	123
5.2.1 The International Policy Context.....	123
5.2.2 The National Policy Context.....	127
5.2.3 School-level Policy	132
5.3 How are teachers trained for their role as HIV and AIDS educators?.....	136
5.3.1 Pre-service Teacher Education	139
5.3.2 In-service Teacher Education.....	145
5.4 How prepared do teachers feel for teaching HIV and AIDS Education?.....	149
5.4.1. Inadequacy of Pre-service and In-service Teacher Education	150
5.4.2 Socio-cultural norms as a barrier to HIV and AIDS education in schools.....	153
5.5 Synthesis.....	154
YOUNG PEOPLE'S EXPERIENCES OF HIV AND AIDS EDUCATION IN A.....	157
LESOTHO RURAL SECONDARY SCHOOL.....	157
6.1 Introduction	157
6.2 Learners' Experiences of the HIV and AIDS Curriculum	159
6.2.1. HIV and AIDS curriculum as informative.....	161
6.2.2 HIV and AIDS curriculum as inadequate.....	161
6.2.3 HIV and AIDS curriculum as unrealistic.....	164
6.2.4 HIV and AIDS curriculum as uncomfortable.....	166
6.3 Learners' Understandings of HIV and AIDS	169
6.3.1 HIV and AIDS knowledge among learners.....	169
6.3.2 Condoms reduce sexual pleasure	174
6.3.3 Abstinence causes madness.....	175
6.3.4 Condoms give people diseases	176
6.3.5 HIV is a western invention against African people and their culture.....	177
6.4 Metaphors for HIV and AIDS.....	180

6.4.1 HIV and AIDS as Danger	180
6.4.2 HIV as witchcraft	184
6.4.3 HIV as punishment.....	185
6.4.4 HIV as a conspiracy by the West	187
6.5 Factors That Inform Learners' Understanding	188
6.5.1 Disconnect between cultural beliefs in the home and the school curriculum.....	188
6.5.2 Power Relations and decision making	191
6.5.3 Gender roles.....	192
6.5.4. Stigma, discrimination and fear	196
6.6 Syntheses	199
CHAPTER SEVEN.....	201
HIV AND AIDS EDUCATION AND MEANING-MAKING AMONG LEARNERS IN A LESOTHO SECONDARY SCHOOL: CONCLUSIONS AND IMPLICATIONS.....	201
7.1 Introduction.....	201
7.2 Methodological Reflections.....	202
7.3 Overview of the Thesis.....	206
7.4 Analysis	210
7.4.1 From Curriculum Policy to Classroom Teaching.....	210
7.4.2 Teachers' Role Preparedness for HIV and AIDS Education.....	211
7.4.3 Young People's Experiences of HIV and AIDS Education	213
7.4.3.1 Learners' Experiences of HIV and AIDS Education	213
7.4.3.2 Learners' Understandings of HIV and AIDS	214
7.4.3.3 Factors Influencing HIV and AIDS Meaning-Making.....	216
7.5 Discussion.....	217
7.6 Contributions of The Study	223
7.7 Implications	224
7.7.1 Changing the Curricular Context.....	224
7.7.2 Changing the Policy Context.....	227
7.7.3 Changing the Socio-Cultural Context.....	229
7.7.4 Implications for Further Research	232
7.8 Conclusion.....	233
REFERENCES.....	236
PERMISSION TO CONDUCT RESEARCH.....	282
MAFETENG DISTRICT EDUCATION OFFICE	282
PERMISSION TO CONDUCT RESEARCH.....	285

SCHOOL PRINCIPAL	285
APPENDIX C	288
INFORMED CONSENT	288
YOUTH/STUDENTS	288
APPENDIX C	291
INFORMED CONSENT	291
YOUTH/STUDENTS	291
Sesotho Translation	291
APPENDIX D	296
INFORMED CONSENT	296
PARENTS/ GUARDIANS	296
Sesotho Translation	296
APPENDIX E	298
INFORMED CONSENT DOCUMENTS	298
TEACHERS	298
APPENDIX F	300
TEACHERS, HIV AND AIDS EDUCATORS QUESTIONNAIRE	300
APPENDIX G	303
PARTICIPATORY WORKSHOPS (for learners/youths)	303
APPENDIX G	304
APPENDIX H	307
APPENDIX I	308
FOCUS GROUP INTERVIEW SCHEDULE FOR LEARNERS/YOUTH	308
APPENDIX J	310
TEACHERS AND HIV AND AIDS EDUCATORS	310
FOCUS GROUP DISCUSSION	310
APPENDIX K	311
DOCUMENT ANALYSIS SCHEDULE	311
ADDENDA	314
ADDENDUM B: Turnitin Report	316
ADDENDUM C: Editor’s Letter	317

LIST OF TABLES AND ILLUSTRATIONS

TABLES

Table 2.1 Regional Comparisons of People Living with HIV and New HIV Infection in 2017.....	24
Table 2.2 Prevalence rates among young people between 15-24 years in Southern Africa.....	25
Table 2.3 Sexual Reproduction, health, HIV and AIDS.....	47
Table 2.4 Syllabus for Grade 8 to Grade 10 for Sexual and reproductive health.....	49
Table 2.5 Dealing with HIV and AIDS (Grade 8 to Grade 10 Life Skills Education syllabus) ...	49
Table 4.1 Profile of Learners who participated in the Study.....	96
Table 4.2 Participant Teacher Profiles.....	98

ILLUSTRATIONS

Figure 2.1 Young People and HIV and AIDS Meaning-making.....	65
Figure 3.1 What might work in addressing young people's vulnerability of HIV infection.....	81
Figure 7.1 Factors influencing meaning-making among young people.....	221
Figure 7.2 Features of Effective HIV and AIDS education programming.....	231

LIST OF APPENDICES

Appendix A	Letter to the Senior Education Officer Mafeteng
Appendix B	Letter to the principal and School Board
Appendix C	Letter of informed consent for learners/youth (English) and (Sesotho)
Appendix D	Letter of informed consent for parents/ guardian (English) and (Sesotho)
Appendix E	Letter of informed consent for teachers
Appendix F	Teachers/HIV and AIDS Educators' questionnaire
Appendix G	Participatory workshops for learners/youth (Role-play)
Appendix H	Participatory workshops for learners/youth (Letter writing)
Appendix I	Focus group interview schedule for learners
Appendix J	Teachers/Educators' focus group discussion
Appendix K	Document analysis schedule

ADDENDA

ADDENDA: A Ethical Clearance Certificate

ADDENDA: B Turnitin Report

ADDENDA: C Editor's Letter

CHAPTER ONE

INTRODUCTION TO THE STUDY

1.1 Introduction

The HIV and AIDS pandemic is one of the major public health challenges that undermine the well-being of people and development globally. According to UNAIDS (2016), 2.1 million people were infected with HIV in 2015. In the same year, 36.7 million people were living with HIV. Of these, 150,000 were under the age of 15 (UNAIDS, 2016). This means that every day about 5,753 people contract HIV at the rate of about 240 people every hour. Within this context, sub-Saharan Africa remains the hardest hit by the epidemic. For example, more than 67% of the adult population and nearly 90% of children infected with HIV were found to live in this region and 75% of all AIDS-related deaths in 2007 occurred in this region (UNAIDS 2016).

Since the first reported case of HIV in 1986 (Kimaryo, Okpaku, Shongwe and Feeney, 2004), Lesotho, where this study was conducted, is now estimated to have one of the highest rates of infection in the region. According to UNAIDS (2014), in a population of about 2.1 million, it was estimated that the country had an HIV prevalence of 23.6% (Global UNAIDS, 2014). Further, an estimated 360,000 people were living with HIV, while 16,000 died from AIDS-related illnesses in 2013 (Lesotho Ministry of Health, 2012). Prevalence is highest among young adults, with those between the ages of 15-24 being disproportionately affected by HIV and AIDS. In particular, UNAIDS (2014) reported that HIV was almost twice as prevalent amongst young women (10.5%) than young men (5.8%) aged 15-24 years of age in 2013.

Available research suggests that unequal gender norms, and in particular as precursors to gender-based violence, play a huge role in the high rates of HIV infections among women (SAfAIDS, 2015) in the sub-Saharan region. For example, studies have found that large numbers of men and women in Southern African countries believe that women do not have the right to refuse sex (SAfAIDS, 2015). Lesotho is no exception. As a patriarchal society, the country tends to privilege men and boys over women and girls. This contributes to a high prevalence of gender-based violence. To illustrate this point, in one study, 62.5% of men in the country were reported to believe that they had the right to threaten or beat their wives if they refused sex, while 37.1% of women believed that men could beat their wives if there were good reasons for them to do so (Lesotho Ministry of Health, 2012; Mathlo, 2016). These beliefs suggest that women have limited power in families and society and, as a result, are vulnerable to gender-based violence, including rape, which puts them at risk of HIV infection.

The literature further suggests that the lack of adequate and effective sex, sexuality as well as sexual and reproductive health and the right appropriate programmes for the young tend to put them at risk of sexually transmitted infections (STIs), including HIV, as well as unwanted and unplanned pregnancies. To illustrate this point, in Lesotho, the SACMEQ 111 Project (2010) found that more than three quarters of Grade 6 pupils did not have the minimum level knowledge of sex and sexuality and HIV and AIDS. This was an alarming observation because at age 11, Grade 6 pupils enter a stage of mental and physical development where they may become sexually active and/or may choose to become involved in high-risk behaviour (Lesotho Education Sector Plan, 2016-2025). Targeted programming, particularly interventions that are characterised by open discourses about sex, sexuality and HIV and AIDS are therefore key to meeting the needs of young people.

1.2 The Role of Education in the Fight Against HIV and AIDS

According to UNESCO (2008), education is the key to the efforts that are made to curb the spread of HIV infections globally. Specifically, HIV and AIDS education not only provides information about prevention but it also contributes to addressing the stigma and discrimination against those who are infected and affected. This is vital for prevention of HIV and AIDS, because stigma tends to shame people into avoiding getting tested for HIV. For those who need testing, the fear of discrimination prevents them from accessing treatment and care (UNDP Iran, 2008).

Of particular interest to the studies reported in this thesis is scholarship which suggests that with their capacity to reach large numbers of young people, schools can play a very important role in providing HIV and AIDS education for this population (Lesotho Education Strategic Plan, 2016-2025). A study by Holderness (2012) on equipping educators to address HIV and AIDS in Sub-Saharan Africa identifies several impacts of the epidemic in classrooms at all levels of education. These include, among others, teacher absenteeism and attrition due to illness and death. This in turn leads to overcrowded classrooms, learner absenteeism and school dropouts as children are withdrawn from school to care for sick family members. The study also found that in the context of the epidemic, learners tend to be traumatized by the death of those around them (a teacher, parent or peer). Studies have also found that the epidemic pushes the resources for poor schools and communities into further poverty. Within this context, teachers are expected to assume roles such as care givers, grief counsellors, HIV prevention officers which are outside their scope of teaching. In other words, these additional responsibilities tend to derail them from their main duties as teachers in the classroom (UNESCO, 2009; UNAIDS/UNICEF, 2010 & Lesotho Education Strategic Plan, 2016-2025).

The Government of Lesotho has responded vigorously to the challenge of curbing the rising HIV infections among young people by implementing prevention programmes in communities and schools. These have included educational campaigns and support services for young people aged 15-24 years across the country (UNAIDS (2014). For example, according to Education Sector Strategic Plan 2005-2015), the government of Lesotho committed 2% of its 2003/2004 resources to “arrest the spread of HIV and AIDS infections through prevention and education campaigns; giving support to people living with HIV and AIDS; implementing the use of anti-retroviral drugs; and give support to the increasing number of orphans” (p. 112). Targeting young people in particular, in 2005, the Government of Lesotho, in collaboration with UNICEF, embarked on an interactive educational ‘road show’ designed to increase awareness among young people. The road shows implemented life skills activities through the so-called edutainment, including, among others, sports, poetry and dance (Kimaryo, Okpaku, Githuku -Shongwe, Feeney, 2004). In schools, HIV and AIDS is integrated into the curriculum at both primary and secondary school levels (National AIDS Commission, 2016), albeit inadequately, as will be illustrated in this thesis.

1.2.1 HIV and AIDS Education in Education Institutions in Lesotho

In Lesotho, the provision of education generally, and HIV and AIDS education in particular, is informed by both the international and the national policy frameworks. As it will be discussed further in Chapter Five, at the international level, the 1990 Conference on Education for All (EFA), held in Jomtein, Thailand, pledged to achieve universal primary education by 2000. In this conference, countries committed themselves to provide their citizens with basic education as a fundamental human right. The EFA targets were bolstered by the launch of the Millennium Development Goals (MDGs) in a United Nations (UN) summit in 2000. MDG 6 aimed to combat HIV and AIDS. The Summit aimed to begin to reverse the spread of HIV and AIDS, HIV prevalence among the

population aged 15–24 years and to increase condom use at least among 15–24- year olds with comprehensive knowledge of HIV and AIDS (UNGASS, 2001). Among other outcomes, the continuing increase in new infections among this population seems to suggest that interventions aimed at achieving these goals, including education, have not been successful. Thus, in anticipation of the adoption of the post-2015 Sustainable Development Goals (SDGs) by nation states, including Lesotho, a summit was held in Rio de Janeiro, Brazil, in 2012 to replace the Millennium Development Goals once they expired at the end of 2015 (United Nations Agenda -25 September 2015). The SDGs require that nation states would have to ensure that by 2030, there are zero HIV infections, zero HIV related deaths, zero HIV related discrimination, and all people who are living with HIV would have access to anti-retroviral therapy (ART). For example, SDG 3 seeks to ensure healthy lives and to promote the well-being for all at all ages. Target 3.3 aims to “end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis C, water-borne diseases and other communicable diseases by 2030” (United Nations Agenda, -25 September 2015. p. 16). Other SDGs also potentially play a significant role in addressing HIV and AIDS. For example, SDG 2 aims to end poverty and hunger, to achieve gender equality and to reduce inequality while SDG 5 aims to address some of the underlying factors that leave people vulnerable to HIV infection. In addition, the SDG targets linked to these, including the promotion of economic growth and decent work, making cities safe and resilient and promoting peaceful and inclusive societies are key to addressing HIV and AIDS (Plot et al., 2015).

At the national level, education in Lesotho is protected by the Constitution, which is the supreme law of the nation. Section 28 of the Constitution provides for education for all. It further provides for the adoption of the policies aimed at ensuring that “education is directed to the full development of the human personality and a sense of dignity and strengthening respect for human rights and fundamental

freedoms” (Lesotho Constitution Order No. 5 of 1993). In this regard, the government of Lesotho has taken specific measures to eliminate discrimination and to provide universal education. In line with this, The *Vision 2020* Policy document is a statement of intent that outlines the vision of the government of Lesotho as to see “Basotho as a functionally literate society with well-grounded moral and ethical values; adequate social, scientific and technical knowledge and skills by the year 2020” (Ministry of Finance and Development Planning, 2004, p.7.).

Specifically, through the Education Sector Strategic Plan (2005-2015) and the Ministry of Health and Social Welfare (2010), the government of Lesotho developed and adopted policies to ensure that teachers, the youth and children have access to education, including access to HIV prevention education, as well as care and support for those who need it. The Plan aims to ensure that *Basotho* (people of Lesotho) are provided with quality education that is aimed at changing their lives for the better. The Plan views good quality education as an important strategy in HIV prevention and care. Among others, the plan focuses on six core areas: Integrated Early Childhood Care, Basic Education, Secondary education, Technical and Vocational Institutions (TVET), Higher education and Lifelong learning and non-formal education (NFE). In addition to the provision of formal education, lifelong and non-formal education has been instituted for those outside the formal education system. The goals of the Non-Formal Education (NFE) policy (2016) include ensuring health and wellbeing and reducing mortality through primary health care programmes that include prevention. Further, because schools enrol young people and employ adults, HIV prevention and support programming are aimed at addressing the needs of these groups. Specifically, the plan includes interventions that seek to equip people with relevant skills and knowledge in their fight against HIV and AIDS. As a road map, it provides strategic direction for education stakeholders and service providers, such as teachers and teacher educators in thinking about curriculum planning and implementation.

In line with the international policy framework presented above, from the year 2000, the government of Lesotho progressively made basic education free and compulsory to all. Under the Free Primary Education (2000) policy, the government aims to integrate HIV and AIDS education into the school curriculum and to conduct or commission regular studies on the impact of HIV and AIDS on the basic education sub-sector (Education Sector Strategic Plan 2005- 2015). At the national level, the Life Skills Education (2007) syllabus mandates the development of HIV and AIDS education strategies and establishment of support systems in schools for children affected by the epidemic. The aim is also to incorporate HIV and AIDS issues in the teacher training and school curricula. The Ministry of Education and Training seeks to reduce HIV infections among the youth and the education community by providing HIV prevention and support programmes.

The HIV and AIDS Education Sector Policy, finalized in 2012, emanates from the National Policy on HIV and AIDS (2000). The policy provides a framework for the delivery and implementation of interventions to fight in a coordinated and harmonized way against the pandemic by different stakeholders in the Ministry. As argued in Chapter One, the Education Sector Strategic Plan notes that the HIV prevalence rates have been increasing over the years, particularly among young people, a large number of which are in schools and higher education institutions. The strategic plan aims to change the institutions (including schools) in which young people are educated in various ways. For example, it aims to promote excellence in teacher education. It encourages greater involvement of stakeholders, good governance and an effective and efficient system of administration and financing of teacher education. In line with the strategic plan, the Ministry of Education and Training established HIV and AIDS guidance and counselling centres at the country's two tertiary education

institutions. These were aimed at reducing HIV prevalence rates among the students in these institutions (Education Sector Strategic Plan, 2005-2015). Other initiatives focusing on HIV and AIDS in the education sector included the finalisation of the Ministry of Education and Training's (MOET) School Health and Nutrition Policy, the development of Life Skills Education (LSE) Curriculum, the establishment of support structures in schools (training teachers in lay counselling), the establishment of youth-friendly health services and the School Feeding Scheme (Ministry of Education and Training and Ministry of Health, 2015).

Recognising the persisting high HIV prevalence among young people in the education system and aiming to strengthen intervention efforts, in its Education Strategic Plan 2016-2025, the Lesotho MOET identifies further strategies to address the challenges posed by HIV and AIDS in the education sector. In the homes, and out of necessity, children often assume adult roles such as providing care for an ill or dying parent, and this can restrict their access to education. To address these challenges, the Strategic Plan aims to strengthen the national and institutional policy frameworks for HIV and AIDS interventions and to mobilise a wide range of stakeholders (e.g., Faith-Based Organizations, traditional leaders, and Non-Governmental Organizations) to collaborate in the fight against the spread of HIV.

Of particular relevance to this thesis is the focus of the Strategic Plan on the schools as focal points for sexual and reproductive health education and services, including those linked to HIV and AIDS (for example, testing and counselling) for both students and sector employees as an entry point for HIV prevention. Further, the plan is to develop effective support system for infected and affected learners, teachers and sector employees. This will be done through providing adherence counselling

for clients on chronic treatment including Antiretroviral Therapy, managing and maintaining a sound wellness programme for the Education sector, providing psychosocial support for the affected and infected clients and referring them accordingly, information dissemination on comprehensive Sexuality Education, Sexual Reproductive Health to learners, teachers, sector employee, adolescents and young people, mobilizing communities to expand and increase voluntary support groups, working with Non-Governmental Organizations and Faith-Based Organizations to provide advice to learners, teachers and sector employees and to disseminate information to teachers on the already existing support structures to refer orphaned and vulnerable children to.

Despite these efforts, studies have found that young people's knowledge of HIV and AIDS is still limited, with only 38.6% of young women and 28.7% of young men having comprehensive knowledge about this issue (UNICEF, 2014). One explanation possibly lies in the fact that, at present, most HIV and AIDS interventions are dependent on health education or behaviour change models (Kimaryo, Okpaku, Shongwe & Feeney, 2004). However, if the high prevalence rates are anything to go by, especially among young people, it is clear that these programmes have not worked.

One reason for this lies in the silences around HIV and AIDS, particularly around discussing sex and sexuality, a major factor in the spread of HIV among young people in the country. The school curriculum is silent on issues of importance to young people. It does not ensure that HIV and AIDS is taught at classroom level (Masinga, 2013). In other cases, churches do not allow teaching of issues related to sex and sexuality to young people in their schools (Motalingoane -Khou, 2010). This has led to moralistic teachings on sex for procreation only which promote abstinence and be faithful. The Abstinence, Be faithful and Condomise (ABC) approach is also not fully taught to young people

because condoms promotion is not accepted by the church. As a result, abstinence usually receives more emphasis.

Linked to the fact that talking about sex is taboo, especially between children and adults, teachers tend to avoid teaching the HIV and AIDS content. Often, teachers and other adults in the community believe that talking about sex with young people encourages sexual activity (Kirby, Laris & Lori 2007; Jewkes 2009). Yet, scholarship suggests that without adequate attention to sexual and reproductive health education as well as including sexuality education in the curriculum, young people's vulnerability to sexually transmitted infections such as HIV will remain high.

Within this context, this thesis is premised on the understanding that the best entry point into planning HIV and AIDS education that targets young people is the young people themselves (Khanare, 2008). As Francis (2010) argues, allowing the target population, in this case the young people, to ask questions and identify possible solutions, is likely to enable them to express what they want from the HIV and AIDS curriculum. Obtaining perspectives from this population also enables teachers to identify the knowledge and skills gaps among young people (UNICEF, 2014). In line with this view, in this study I was interested in young people's experiences of HIV and AIDS education programmes provided in Lesotho secondary schools and the meaning that they make of the message that they receive from these programmes. I wanted to understand the factors that inform their responses to these messages.

Furthermore, the thesis is premised on the notion that teachers play a vital role in ensuring that young people are provided with the necessary knowledge and skills for negotiating their lives in the context of HIV and AIDS, particularly in the context of HIV-related stigma and discrimination against those who are living with or are affected by HIV and AIDS. Yet, available research suggests that teachers tend to shy away from teaching HIV and AIDS content in the curriculum. The reasons for this behaviour include lack of training, HIV-related stigma and taboos against talking about sex and sexuality, particularly to young people. Thus, this study further focused on the preparedness of teachers for their role as young people's HIV and AIDS educators in schools.

1.3 Rationale for the Study

This study is motivated by my professional experiences as a long-serving primary school principal (1982 to 2014) and now a lecturer at National University of Lesotho (NUL), as well as my personal experiences as a family and community member. Firstly, as a teacher, and later a primary school principal, I spent more than 35 years teaching pupils, parents, the community and adult learners about HIV and AIDS. During this time, I saw the number of people infected and dying continuing to increase. Research findings confirmed this, suggesting that there were 250 000 adults and children living with HIV and AIDS in 2001 and this increased to 670 000 in 2010 in Lesotho (Demographic Health Survey, 2010). Further, while 13 000 adults and children died of AIDS in 2001, the number of deaths increased to 18000 in 2007 (Sefeeane, 2008). In particular, as discussed above, HIV infection rates among young people aged 15-24 ranges from 24.8% to 51.4 % among women, while among boys and young men of the same age range they are between 11.3% and 23.5% (HIV and AIDS Policy Facts, 2005). Furthermore, in 2009 alone, there were 89 0000 new infections among young adults aged 15-24 (UNAIDS/ UNCEF, 2010). In 2010, 5 million 15-24-year olds were living with HIV (WHO/UNAIDS/UNICEF, 2011). Furthermore, the Lesotho Demographic and Health Survey (DHS)

(2009) states annual new infections as 18 000, and the annual incidence rate as 2.1%, while 67 000 people were already on treatment in 2010. This is despite the huge efforts taken by the government of Lesotho in combating the HIV and AIDS pandemic through education programmes (UNAIDS (2014).

The study reported in this thesis is informed by the belief that the success of HIV prevention programmes is dependent on the meaning that people make of them (Charon, 2009). This means that the meaning that young people attach to HIV and AIDS will influence the ways in which they respond to it and to the educational programs meant to address it. Thus, informed by these trends and my experiences, I developed an interest into how the young people I teach understand the HIV and AIDS messages and how they respond to them. In particular, since the inclusion of HIV and AIDS in the formal curriculum, I have been interested in how young people (learners) understand and make meaning of the messages that they receive from the curriculum.

This study is significant for developing awareness among education stakeholders of learners as active actors in their own lives and learning, and as critical thinkers capable of imagining alternatives for action. This has implications for classroom practice, in which teachers develop conducive learning spaces for learners to think critically about the information they receive. Such active participation in learning is likely to lead to increased interest in the HIV and AIDS content among the learners, and promote ownership of the process of learning and content being learned.

1.4 Purpose of the Study

Using one rural secondary school in Mafeteng district in Lesotho as an illustrative case study, this thesis focuses on the meaning that young people in the school attach to HIV and AIDS education messages and the factors that inform them and how these meanings influenced the extent and ways

in which they respond to HIV and AIDS epidemic. The key research question asked in this study was: *What meaning do young people make of the messages that they receive from the school HIV and AIDS programmes and what factors inform the meaning that they make?* To address the key research question, data collection was organised around three sub-questions:

1. *What is the curriculum policy informing the teaching of HIV and AIDS education in Lesotho secondary schools?*
2. *How are teachers trained for their role as HIV and AIDS educators in schools? How do they understand and enact their roles?*
3. *How do young people in schools experience the HIV and AIDS education programmes?*

Understanding the meaning that young people make of the HIV and AIDS messages that the school curriculum provides, as the thesis aimed to do, has implications on how social institutions/agents work towards improving their strategies to help young people in the fight against the HIV and AIDS epidemic. Such understanding may inform the content and pedagogy of the interventions aimed at addressing the epidemic.

1.5 Overview of the Theoretical Framework

The main question in this study is: *What meaning do young people make of the messages that they receive from the school HIV and AIDS programmes and what factors inform the meaning that they make?* According to Ignezi (2000), meaning-making involves the ways in which individuals make sense of the information and messages that they hear about a phenomenon, as well as the relationships that they have with others. From this perspective, in this thesis, meaning-making is used to analyse how young people understand the messages that they hear about HIV and AIDS, as well as how they

act on their understanding, including how they change their personal values and goals as a result of their new knowledge and skills. The thesis asks: *How do young people understand, define and interpret HIV and AIDS education intervention programmes in the educational institutions that they are enrolled in?*

Various researchers have commented on the factors that inform the meaning that people attach to HIV and AIDS education and HIV and AIDS interventions. For example, socio-economic factors, distrust of public health officials, denial, religious issues, gender role expectations, attitudes to sex and sexuality and taboos about talking about sex individually and interactively influence the ways in which people understand the messages about HIV and AIDS and the extent to which they are prepared to heed them (De la Vega, 1990; Airhihenbuwa and Collins et al, 1992). The ways in which people understand and interpret the messages about HIV and AIDS have implications for how they respond to the epidemic, including disclosure, health seeking, open and honest communication about sex and sexuality and about HIV and AIDS as well as their agency in the fight against HIV infection (Charon, 2009).

Data analysis in this study is informed by three theories. To analyse data related to the first sub-question: *What is the curriculum policy informing the teaching of HIV and AIDS education in Lesotho secondary schools*, a theory of change (ToC) proposed by Unterhalter et al. (2014) was used. The ToC views the improvement of education as influenced by factors in and around schools. It posits that factors in the local, national, and global contexts have an influence on interventions aimed at improving education. Such factors include support for education, relevant policies, resources for policy implementation and the participation of key stakeholders in the wider community. Informed

by this view, the ToC focus on “changing the institution, programs that target the individual and programs that focus on changing gender norms in and around schools” (Unterhalter et al, 2014: 1). Programmes that target institutions for change are premised on the notion that in order for such programmes to work, the school environment must be conducive to their implementation. Such programmes tend to work best when teachers are trained in teaching approaches and methods and when they are supported through continuing professional development, adequate resources, and when gender equality is infused into the curriculum and policies at all levels of the education system. In addition, effective interventions are characterized by “a quality mix...a combination of different approaches to enhancing quality; [including] explicit concern with gender equality in teaching, learning and management, attention to curriculum, learning materials and pedagogical practices for schools and classrooms; and close attention to local context” (Unterhalter, et al., 2014: 3).

To analyse data related to the second sub-question: *How are teachers trained for their role as HIV and AIDS educators in schools? How do they understand and enact their roles?* the study utilized the symbolic interaction theory advanced by George Herbert Mead (1959). This theory emphasized the concept of role. It posits that role has to do with the roles played by individuals as they live their lives (Schumacher, 1995) and views the role and interaction from an object angle and believe in the predictable, repetitious and measurable aspects of role. Thus, an individual occupying a given position has to learn the appropriate behaviour and then enact the role accordingly. In this study, my intention was to examine how educators are prepared for the role of educating the youth about HIV and AIDS and how they understand and enact this role.

To analyse data related to the third sub-question: *How do young people in schools experience the HIV and AIDS education programmes,* the study used Durkheim’s theory of meaning-making. This

theory posits that social institutions and the process of collective meaning-making fundamentally shape the human psyche (Schein, 1996; see Pedersen and Dobbin, 2006). Durkheim observed that meaning varies from society to society, from individual to individual and argued that to understand social action one must understand its meaning to the actor (Nisbett et al, 2001). This means that people in the same and different contexts describe the same picture in very different ways. Some of them focus on the subject while others focus on context. The key element of this theory is the individual's interaction with society/social institutions and the meaning she/he attaches to the symbol. Thus, this study examined the ways in which young adults in Lesotho negotiate the meaning that they attach to HIV and AIDS and the various interventions aimed at addressing it from their interactions with others in their families, communities and institutions. (The theoretical framework will be discussed in more detail in Chapter Three of this thesis).

1.6 Overview of the Methodological Approach

The study is located within the interpretative paradigm, which allows for a focus on people's subjective experiences, how they construct the world by sharing meaning and how they interact with or relate to each other (Neiuwenhuis, 2010). In this study, I sought to understand the experiences, perceptions and needs of participating school-teachers and learners in Lesotho concerning the teaching of HIV and AIDS. The interpretative paradigm holds that it is imperative that the meaning that participants attach to issues must be held in high regard in the research process (Creswell, 2005). This means that reality is subjective and determined by those who are involved in various social systems in interaction with each other. People's reactions depend on how they make meaning of their worlds. Interpretivists believe that knowledge is socially constructed and is, therefore, dynamic; It changes according to how people make meaning of their situations. It is informed by this paradigm. The study used qualitative methodology to understand the learners' (as insiders) view, in which

participants themselves interpret their own situation individually and when they interact with others (Bailey, 2007).

The study involved one rural secondary school from which to gain a rich understanding of the lived experiences of young people in the context of HIV and AIDS (Descombe, 2007; Visconti, 2010). The participants were selected through purposive sampling. I used a multiple method approach that involved questionnaires, document analysis and participatory workshops (such as letter writing, role-playing and focus group discussions) as methods of data production. A key analytical focus was on the meaning that the youth attach to HIV and AIDS education interventions and factors that inform them.

In order to address the first sub-question (*What is the nature and content of the formal HIV and AIDS education curriculum for youth in Lesotho? What discourses underpin the curricula?*), document analysis was utilized. This included an analysis of curriculum policy on HIV and AIDS in the education sector; the national curriculum framework; institutional level policies and materials, as well as resources that teachers use in their classrooms. The second stage address sub-questions 2 and 3 (*What meaning do young people make of these programmes and What factors inform the meaning that the youth make?*), In-depth, semi-structured qualitative interviews with teachers in the school were conducted (see Appendix J) to address this question. The objective of qualitative interviews is to understand the phenomenon from the perspectives of the participants (Nieuwenhuis, 2007). In addition, focus group discussions (FGDs) with selected ‘information rich’ groups of learners in the school were conducted (see Appendix I). FGDs bring to light common experiences and views; they pinpoint the differences within the group and further act as a prompt to thought among participants

(Morgan, 1998). To supplement these interviews, participatory methods, including drawings, role-plays and storytelling were (see Appendix G, H) used. Participatory methods were chosen to supplement the data collected through interviews and specifically because of the factors such as the type of questions (on HIV and AIDS, sex, sexuality, for example), the ages of the participants (and mine) and the power relations that may negatively impact on the interview process.

Data analysis was continuous throughout the study. Phase one of data analysis started as soon as the data collection process began and continued throughout the study. This involved the collection and becoming familiar with the data. During this phase, transcripts from in-depth interviews and focus group discussions were analysed. The analysis took emerging patterns, issues and themes into account. Through assigning codes (see Miles and Huberman, 1994), I categorized the data into themes responding to the research questions. Once data collection was complete, the second phase of data analysis began. It involved the analysis of transcripts and the visual data produced from participatory methods. This was done in order to understand the meaning that participants make of HIV and HIV prevention messages as well as their representations thereof. Textual analysis was used to analyse the visual artefacts and stories produced as texts through the participatory methods (I discuss the research design and methodology used in this study in Chapter Four of the thesis).

1.7 Ethical Issues

Ethical concerns form an important part of any research project (Fin, Eliot-White & Walton, 2000). They were pertinent during data collection and analysis in this study. The Humanities and Social Sciences Research Ethical Committee of the University of KwaZulu-Natal granted ethical approval for this study (Protocol Reference number: HSS/ 0063/013D). Regarding gaining access to the

school, permission was obtained from the Mafeteng District Education Office to conduct the study in secondary schools in the district (see Appendix A). Access into the school was negotiated with the gatekeepers who were the principals and the School Governing Bodies (See Appendix B). Informed consent was obtained from all the participants (the principal, teachers, parents and learners) based on their understanding of the purpose of the study and their willingness to participate in it, as suggested by Leedy and Ornmrod (2005) (see Appendices C, D, E). At the commencement of the data collection process, the participants were assured of their anonymity and confidentiality of the interaction as well as the anonymity of their schools throughout the research process and in the thesis. Hence, throughout the study and in this thesis, I use pseudonyms. Focus group interviews and role-plays were audio recorded on tapes with the permission of the participants. All the participants were assured that the contents of the conversations would be used solely for the research reported in this thesis and the subsequent publications ensuing from it.

1.8 Overview of the Thesis

The purpose of this study was to examine the meaning that young people make of the messages that they receive from the school HIV and AIDS programme and the factors that inform the meaning that they make. This thesis is organized into seven chapters. This chapter (Chapter One) has presented an introduction to the study and discusses the background to it. It provides the rationale and motivation for the study, its purpose and objectives. It concludes with a brief overview of the research design and the ethical issues that emerged from the study.

Chapter Two presents a review of the literature pertaining to the critical question that guided the study. Firstly, this chapter presents a review of literature that focuses on HIV prevalence rates among

young people in Lesotho and locates these rates within international rates. The review then discusses the continuing vulnerability of young people particularly young women and girls to HIV infection, and the factors that influence it. Secondly, scholarship related to HIV and AIDS interventions aimed at combating the epidemic is reviewed. The literature review ends with an examination of the meaning that young people attach to the messages that they receive from the school HIV and AIDS education programmes.

Chapter Three focuses on the theoretical framework that informed the study. It addresses the interpretive paradigm as a guiding theoretical framework of the study. Further, this chapter discusses the Theory of Change that posits that effective programmes should change the institution, the individual and the gender norms in and around the school; it presents the symbolic interaction theory which posits that individuals should be socialised into the new roles and the Durkheim's theory of meaning making which posits that meaning varies from individual to individual and that the same picture can be described differently by different people. It concludes with a number of key propositions about the meaning that young people attach to HIV and AIDS messages that they receive from the school curriculum and the factors that inform these meanings. These propositions guided the data collection and data analysis in this study.

Chapter Four focuses on the research design and methodology as well as the procedures followed in conducting the study. It locates the study within the interpretive paradigm, describes and explains the research approach, data collection and analysis methods, ethical issues and limitation to the design.

The subsequent chapters present the findings of the study. Chapter Five provides a broad discussion on the policies that support the teaching of HIV and AIDS in educational institutions. It addresses the first and second sub- questions:

1. *What is the curriculum policy informing the teaching of HIV and AIDS education in Lesotho secondary schools?*
2. *How are teachers trained for their role as HIV and AIDS educators in schools? How do They understand and enact their roles?*

Chapter Six addresses the third research question: *How do young people in schools experience the HIV and AIDS education programmes?* It examines the ways in which the participants understand the HIV and AIDS messages that they receive through the curriculum as well as the factors that influence their understanding.

Chapter Seven addresses the main research question posed in this study: *What meaning do young people make of the messages that they receive from the school HIV and AIDS programmes and what factors inform the meaning that they make?* In particular, the chapter presents an analysis of the findings from the study and develops conceptual and theoretical understanding of the meaning that young people attach to the messages that they receive from the school HIV and AIDS programme and the factors that inform them. It concludes by developing implications for policy, practice and further research.

The next chapter focuses on a review of the literature related to the research question and sub-questions in this study.

CHAPTER TWO

HIV AND AIDS EDUCATION AND MEANING MAKING AMONG YOUNG PEOPLE: A REVIEW OF THE LITERATURE

2.1 Introduction

The study reported in this thesis sought to examine the meaning that young people in Lesotho educational institutions attach to HIV and AIDS programmes that they are exposed to, with the aim of combating the HIV and AIDS epidemic. The key question asked in this study was: *What meaning do young people make of the messages that they receive from the school HIV and AIDS programme and what factors inform the meaning that they make?* To address this question, the following three sub-questions informed data collection and analysis processes:

- *What is the curriculum policy informing the teaching of HIV and AIDS education in Lesotho secondary schools?*
- *How are teachers trained for their roles as HIV and AIDS educators in schools? How do they understand and enact their roles?*
- *How do young people in schools experience the HIV and AIDS education programmes?*

In the previous chapter, I presented the introduction to the study, outlining the research problem, its purpose and the research questions. This chapter presents a review of the literature pertaining to the critical question that guided the study. In my examination of the literature, I assumed that the ways in which people respond or behave in a situation is based on the meaning that they ascribe to such a situation (Charon, 2009). Firstly, this chapter presents a review of the literature that focuses on HIV prevalence rates among the young people in Lesotho, locating these within the rates internationally. The review then discusses the continuing vulnerability of young people,

particularly young women and girls, to the HIV infection and the factors that influence it. Secondly, the scholarship related to HIV and AIDS interventions that combat the epidemic is reviewed. The review discusses the international and national policy initiatives that govern HIV and AIDS education as well as the literature which reports and assesses prevention strategies implemented in educational contexts. The literature review ends with an examination of the meaning that young people have been observed to attach to the messages that they receive from the school HIV and AIDS education programmes.

2.2 HIV Prevalence among Young People

As argued in Chapter One, the HIV and AIDS epidemic continues to be a major public health issue globally. For example, according to UNAIDS (2016), estimates from 2015 indicate that 36.7 million people, including 1.8 million children, were living with HIV, resulting in a global HIV prevalence of 0.8%. According to the report, in 2015, there were roughly 2.1 million new HIV infections worldwide, 150,000 of which were among children. The report indicates that the epidemic is also spreading rapidly in some areas. Table 2.1 illustrates this situation.

REGION	PEOPLE LIVING WITH HIV IN 2017	NEW HIV INFECTIONS IN 2017 AGED 15 AND UP
Eastern and southern Africa	19.6 million	710 000
Asia and the Pacific	5.2 million	280 000
Western and central Africa	6.1 million	310 000
Latin America	1.8 million	99 000
The Caribbean	310 000	14 000
Middle East and North Africa	220 000	17 000
Eastern Europe and central Asia	1.4 million	130 000
Western and central Europe and North America	2.2 million	69 000

Global Totals	36.9 million	1.6 million
----------------------	---------------------	--------------------

Table 2.1: Regional Comparisons of People Living with HIV and New HIV Infection in 2017 (UNAIDS, 2018, p.5).

As Table 2.1 suggests, eastern and southern Africa accounted for the highest number of the people living with HIV and AIDS as well as for new infections among those aged 15 upwards in 2017. The literature has long established that globally, young people are generally more vulnerable to HIV infections and are therefore, disproportionately affected by the HIV and AIDS epidemic. For example, according to a 2013 UNICEF report, HIV prevalence among young people, aged 15-24, is higher than what it is among other age groups. To illustrate, Table 2.2 presents the prevalence rates among young people between 15-24 years of age in four Southern African countries:

Country	Males	Females
Mozambique	2.7%	6.1 %
Zimbabwe	4.1%	6.6%
Swaziland	7.1%	12.4%
South Africa	4.0%	13.1%

Table 2.2 Prevalence rates among young people between 15-24 years in Southern Africa

Linked to the above, a UNICEF report found that of all adolescents, aged 15-19, who were diagnosed as being HIV-positive during the year 2012; two-thirds of them were girls (UNICEF, 2013). Lesotho is no exception. For example, while the rates of infection seem to be levelling off, the prevalence rates in Lesotho remain unacceptably high, with the adult HIV prevalence rate at 22.9% and as the second highest in the region and in the world. Only Swaziland reports a higher prevalence rate (UNICEF, 2014). Specifically, the 2014 Lesotho Demographic Health Survey

(LDHS) report shows that 13% of young women and 6% of young men aged 15-24 were living with HIV (see also Lesotho Ministry of Health, 2016).

The prevalence rates discussed above suggest that HIV prevalence rates in Lesotho remain high, particularly among young people of ages 15-24 (Lesotho Ministry of Health, 2016). As will be argued throughout this thesis, this is in spite of the numerous interventions implemented in communities and institutions across the country. Therefore, the thesis asks: What factors influence young people's vulnerability in the context of the many HIV and AIDS interventions in schools and communities? The section below reviews the literature that examines the factors that influence young people's vulnerability to HIV and AIDS infections.

2.3 Factors that Influence Young People's Vulnerability to HIV Infection

The UNAIDS terminology guidelines state that no person should be defined by his or her social condition or medical condition (UNAIDS, 2011). In view of this statement, referring to young people as 'vulnerable to HIV and AIDS' potentially stigmatises them and positions them as powerless or lacking agency. However, in the context of HIV and AIDS and other barriers to schooling, such labelling seems justified and necessary. For example, the Department of Basic Education (DBE) in South Africa uses the term 'vulnerable learners' to describe any young person who faces factors that are keeping him or her out of school or from achieving success at school (Department of Basic Education, 2010). Such barriers may arise from social, economic, political, cultural, and day-to-day contextual factors. These factors, on their own or in combination, may create multiple vulnerabilities in individuals. Examples of such factors include young people living in child-headed households, those living in extreme poverty and those who are infected or affected

by HIV and AIDS, among others (Department of Basic Education & MIET Africa, 2010). Linked to the disproportionately high infection rates among young people, this study focuses on secondary school children, and how they experience and respond to the many HIV and AIDS interventions that they are exposed to in the schooling system and in their communities.

While the level of vulnerability differs from region to region and from institution to institution, there are underlying factors that contribute to young people's general vulnerability to HIV and AIDS. These factors include, among others, unequal gender norms, gender-based violence, HIV-related stigma and discrimination as well as inadequate and inappropriate curriculum.

2.3.1 Unequal Gender Norms

There is increasing recognition among researchers and practitioners that the epidemic affects women and men differently. As illustrated by the prevalence rates discussed in the section above, HIV infections tend to be negatively skewed against girls and young women. For example, a 2014 survey found that 13% of young women compared to 6% young men aged 15-24 were living with HIV (Lesotho Demographic Health Survey, 2014). As discussed in Chapter One, researchers have argued that one of the reasons for this disparity lies in the generally lower status of women in society and their subordination and restricted opportunities for them to control the circumstances which may expose them to risks (Harrison, Colvin, Kuo, Swartz, & Lurie, 2015). According to Tuyizera (2007), the experiences of womanhood and manhood are inseparable from the relations of power and domination. This means that within the relationships, women (who are less powerful) tend to lack the power and agency to negotiate their safety, including safer sexual practices. Specifically, according to Lewis (2008), in a patriarchal society, the male figure dictates important decisions in the family

(and community), including whether or not to have children, when to have them, how many to have and how they are to be spaced. In relationships, women's sexuality is placed under the control of men.

Letuka's (2008) study on Gender, HIV and the Law in Lesotho found that gender inequality limits women's autonomy over their own bodies and their ability to control their sexual and reproductive lives. Similarly, the Lesotho Modes of Transmission Report (2009) states that power imbalances between men and women, and in particular women's lack of economic independence, tend to limit their access to services, including health, education and others. As argued in Chapter One, this means that gender inequality, and the resultant gender-based violence in communities and families, means that women have little power to choose when, with whom and how to engage in sex (Meyer-Weitz et al., 1998). Linked to this situation is Ahmed's (2011) research on property and inheritance laws in which Lesotho found that women's economic dependence on others influence their vulnerability to HIV, especially where these laws come into question resulting from the passing a male partner. Ahmed contends that such property and inheritance laws are discriminatory and that they may both prolong economic dependence and restrict the ability of women living with HIV to seek care, support and treatment. As a result, many women are left unprotected and are exposed to HIV infection from their male partners. Men, on the other hand, are often influenced by societal pressures and prevailing masculinities that can make it difficult for them to adopt protective behaviours both for themselves and for their sexual partners (de Bruyn, 2000).

Explaining this gender influence, the UNAIDS Global Report (2013) suggests that as a result of gender inequality and harmful gender norms, the epidemic imposes a particular burden on women

and girls. These norms limit women's autonomy to access sexual and reproductive health services and, therefore promote unsafe sex. Moreover, while the effects of HIV and AIDS are, on the whole, disastrous for all sectors of the population, women carry a heavier burden of HIV infection in Lesotho, with more than 27 percent of women aged 15-49 infected, while 18 percent of men in the same age group are estimated to be living with HIV (National Action on women, girls and HIV and AIDS 2012 -2017). Further, women tend to carry the burden of care work in the family and community (Revised National Strategic Plan 2012/13-2015/16), but at the same time tend to be poorer, having little to no access to economic resources as compared to their male counterparts (Letuka, 2008).

In a policy document guiding the Lesotho Government on how best to respond to the escalating rates of HIV infections, Kimaryo, Okpaku, Shongwe and Feeney (2004) highlighted gender inequality as a major factor in increasing the spread of HIV. They argued that:

.... even when they have the necessary information and knowledge, women often lack the power to determine when and with whom to have sex, let alone to insist that their sexual partner uses a condom (Kimaryo et al., 2004, p.51).

Within this context in relationships, culturally women are expected to be submissive, unquestioning and respectful towards men. This gender imbalance hinders their ability to negotiate condom use and therefore, increases their vulnerability to HIV infection (Ngwenya, 2011). This is not to suggest that all women and girls are powerless in relationships. For example, research by Leclerc-Madlala (2014) suggests that in the context of gender equality policy framework and national discourse in South Africa, in asserting their equality, some young women have come to see sexual relationships with

older men as a way to a better life, with the potential for marriage and security, something same-age partners are often not able to offer. While this may be empowering from their perspectives, the unequal power relations that exist within the relationships may mean that young women have less decision-making power in matters that relate to their sex lives and that they may, therefore, be vulnerable to the risk of HIV infection among other negative impacts. This study examined the ways in which unequal gender norms may play a role in the ways in which young people in Lesotho schools understand and respond to the HIV and AIDS interventions that they are exposed to through the curriculum.

2.3.2 Gender-Based Violence

The literature reviewed in this study suggests that women in developing contexts are more likely to experience physical or sexual violence from their intimate partners (Matlho, 2016). For example, the South Africa Development Community Protocol (2013) suggests that one in every three women has been beaten and/or had non-consensual sex, most likely at the hands of someone she knows, such as a husband or another male family member. As a result of gender-based violence, such as rape and child abuse or threats thereof from boys and men, young women are exposed to HIV infection. For example, the results from the South African National HIV Prevalence, Incidence, Behaviour and Communication Survey (2017) found that HIV prevalence among 20 to 24-year-olds females is higher (26.3%) than it is among males (14.8% percent). Bhana and Reddy (2012), in their study on gender, sexuality and HIV and AIDS Education in South Africa found that gender inequality and gender-based violence increase young women's risk to HIV infection. Similarly, in a study on social, behavioral and structural factors that promote HIV infection among young women and girls, Harrison et al. (2015: 207) identified a strong association between the experience of "violence within intimate

partner relationships, sexual abuse, trauma, abuse, and other forms of sexual violence as risk factors leading to greater HIV infection rates.”

Linked to unequal gender norms discussed in the above section, the extent to which the community accepts or tolerates men’s abuse of power over women often leads to violence. Brown’s (2006) study on Sexual Violence found that there is an increase in the prevalence of gender-based and sexual violence in Lesotho. This heightens women’s risk to HIV infection. While more men than women tend to support patriarchy, large numbers of women also internalise, support and collude with the system (Matlho, 2016). For example, according to the Lesotho Demographic and Health Survey (2009), about 37 percent of married women believed that a man had a right to beat his wife if she argued with him and 23 percent were agreeable that a husband had an inherent right to get sex from his wife whether she wanted it or not (see also ICF Macro, “STAT compiler,” March 25, 2011).

Linked to this conclusion, a study by Women and Law in Southern Africa (WLSA) (2002) found that Lesotho victims of gender based sexual violence live in fear that they are never fully protected against those who violate them. After any short period of incarceration, they are likely to be released back into society. The study indicated that this fear may be attributed to threats made by the perpetrator or what the victim thinks that the perpetrator might do in retaliation to having been reported; this fear leads to underreporting of sexual violence. For example, the Rapid Assessment on Sexual and Gender Based Violence and Food Insecurity (UNFPA, 2010) found that while sexual abuse is on the increase in Lesotho, it tends to be underreported in police stations due to the fear of victimization and violence by perpetrators. Matlho ‘s (2016) assessment study on the Legal environment for HIV and AIDS in Lesotho found that the victims had been discouraged from reporting gender sexual violence because

of the law being either too lenient or not helpful at all to them. The study found that the process is long and taxing on victims and the rate of convictions in such cases is disappointingly low.

In the context of unequal gender norms, particularly in rural communities, girls and young women face a number of threats to their sexual health and well-being. For example, the Women and Law in Southern Africa Research and Education Trust (2012) found that the fact that under customary law, young (underage) girls can be forced or coerced into early marriages is one of the major contributing factors and drivers of the HIV and AIDS epidemic and impacts significantly on young women. Similarly, Matlho's (2016) report on assessment of the legal environment for HIV and AIDS in Lesotho acknowledges the importance of the Children's Protection and Welfare Act (CPWA) (2011) with its provisions that promote access to sexual and reproductive health and the rights of young people. However, Matlho observes an inconsistency between the age of consent to medical treatment and HIV testing and the age of consent to sex. She argues that, on one hand, the laws that determine the age at which young people may lawfully consent to sex are intended to protect them. On the other hand, these laws may also limit young people's access to sexual reproductive health services. For example, at community and institutional level, staff members' perceptions of young people's ability or right to access these services may be linked to their understanding of the age of consent and its implications (International Planned Parenthood Federation, 2014). This not only creates barriers to young people's access to these services and uncertainty among health care workers of the services that they should provide to this clientele but it also increases stigma surrounding young people's sexuality. The International Planned Parenthood Federation Report (2014: 20) notes that "where ages of consent are low, young people could be more vulnerable to sexual violence and health risks associated to early sexual activity. Alternatively, where the age of consent is set high, young people are likely to be denied the education and services that they need to make informed, healthy and

independent decisions about their sexual and reproductive health. Lack of education and services may have serious emotional, social and health implications.”

The discussion in this section suggests that gender inequality and gender-based violence tend to put pressure on girls and women. This situation may lead to coerced and unsafe sexual encounters. Lack of power to control their sexual encounters or to negotiate condom use, in particular, often renders young women and girls vulnerable to HIV infections.

2.3.3 HIV and AIDS-Related Stigma and Discrimination

The literature suggests that prevalent HIV-related stigma and discrimination tend to expose people to HIV infections. For example, according to UNAIDS (2015) in 35% of the countries with available data, over 50% of people admitted stigmatising people living with HIV. Sontag (2008) asserted that AIDS is a stigmatized condition, often omitted from obituaries, and is often viewed as punishment from God and/or the ancestors. According to Valdiserri (2000), the silence that often surrounds HIV and AIDS is due to the fear and shame associated with the epidemic. Such stigma and discrimination lead to isolation, loneliness and low self-esteem as well as to lack of motivation to take preventive measures (Nyabblade & Macquarrie, 2006). For example, the fear of stigma and discrimination hinders the success of HIV-testing programmes because it discourages individuals from testing (Cameron, 1993; Herek & Glunt, 1998; UNAIDS, 2000) and leads to reduced care-seeking behaviour (Parker & Aggleton, 1998). Monjok, Smesny & Essien’s (2010) study on HIV and AIDS-related stigma and discrimination in Nigeria found that stigma and consequent discriminatory reactions accelerate the epidemic within the society. They argue that little to no knowledge about the disease in society as

well as among health care professionals contribute to the prevalence of stigma and discrimination, which in turn influence people's decisions about prevention. Similarly, Balogun's (2012) study on HIV and AIDS vulnerability of students at NUL found that stigma, discrimination, denial and silence are the factors that undermine young people's judgement to seek and or adhere to treatment. These findings support those of Campbell, Skovdal, Mupambireyi, & Gregson (2010) conducted an arts-based study with Zimbabwean young people to explore how they represent peers who are affected by HIV and AIDS and found that young people are discriminated against and excluded from social activities such as play. In turn, the infected and affected people distance themselves from the other youth for fear of being bullied or teased. Similarly, the Egyptian Anti-Stigma Forum (2012) conducted a study focusing on combating HIV and AIDS-related stigma. The study found that people believed that HIV is only transmitted through sex and is always associated with death. As sex is considered a taboo subject in some communities, HIV positive people from certain groups (such as the LGBTI, drug users and sex workers) tend to be stigmatised and their status viewed as punishment due to their perceived immorality. Such HIV-related stigma, coupled with fear, may lead people to irrational behaviour and misperceptions of personal risk (Egyptian Anti-Stigma, 2012).

Existing scholarship suggests that HIV-related stigma and discrimination is associated with the silencing of people around HIV and AIDS. The fear of death, being negatively judged, punished and or bullied promote silence and denial among young people. This in turn, acts as a barrier to taking preventive measures against HIV, thereby increasing young people's vulnerability to HIV infections. Of particular relevance to this thesis are studies which suggest that young people living with HIV and who are discriminated against are likely to experience psychological depression due to rejection and feelings of isolation by their peers (Richter, 2013; Mahlomaholo, 2012; Mitchell & Murray, 2012; Campbell, Skovdal, Mupambireyi & Gregson, 2010; Zhao et al., 2010 & Ogina, 2007). Under such a

situation, young people may not take HIV testing or disclose their HIV status and continue to infect their relatives and partners. As this thesis will illustrate, the education interventions provided in the schooling system tends to be inadequate and/inappropriate, and therefore, has a limited influence on reducing the vulnerability of young people to HIV infection.

2.3.4 Rurality and Young People’s Vulnerability to HIV Infections

Some scholars (such as Ralebitso, 1994) suggest that people are products of their environment. This means that people tend to be who they are because of where they come from and who they interact with (physical and social environment). For example, Richter (2013) argues that the development of any child, regardless of any implications related to HIV and AIDS, is highly dependent on her or his environment. From this perspective, this section reviews scholarship on the influence of rurality on the vulnerability of young people to HIV infection.

This contributes to increased vulnerability of young people to HIV infection. In the Southern African contexts, “...rural areas are places that are ‘located far outside of town – where there are no bridges – ... places far from tar and gravelled roads’.... It is (also) where one finds *Emaphandleni* ... simply ‘dust and deprivation’ (Nelson Mandela Foundation, 2005: 31). In this context, rurality is a delineation of geographical position. Hence, rurality implies remoteness, mountainous terrains, sparse populations, open land and other aspects not associated with urban areas (Moletsane, 2012; OSISA, 2012; Redding & Walberg, 2012). In the same manner, Lesotho (a country known as the roof of Africa because of its mountains) is a geographically rural country. It is divided into four geographical regions: mountainous, lowlands, foothills and the Senqu valley. The mountainous area forms three

quarters of the country. The majority of rural families living in relatively mountainous and remote areas of Lesotho depend on subsistence farming and livestock rearing for their livelihood (Motalingoane, 2010). Scholars in the region have argued that living in rural areas has several implications. For example, the provision of infrastructure, access to essential services such as education and healthcare facilities, are often insufficient, corresponding with the low income and lower educational attainment of its population (see Centre for Rural and Northern Health Research, 2008; Meintjies & Hall, 2013; Moletsane & Ntombela, 2010; Zaid & Popoola, 2010). This contributes to increased vulnerability of young people to HIV infection. Within this context, available literature suggests that the large number of ‘vulnerable’ young people in rural and marginalised communities, where infrastructure and services are inadequate, makes the task of addressing HIV and AIDS, and the required care and support for those infected with HIV or affected by HIV and AIDS, difficult (Mitchell & Murray, 2012; McGrath, 2011). Thus, young people of school-going age in rural communities tend to be more ‘vulnerable’ to HIV infection and are less likely to develop to their full potential. For example, Khanare’s (2015) study in South Africa found that living in a rural area has many challenges including the fact that the majority of young people made ‘vulnerable’ by HIV and AIDS in South Africa are of school-going age. This is because rurality tends to pose challenges for school attendance itself, and for accessing quality learning in particular, including learning about HIV and AIDS. Similarly, scholars such as Argall & Allemano (2009) and Taukeni (2012) argue that apart from a place of teaching and learning, a school is also a space for socialisation and belonging. They argue that when young people are deprived of education, they are likely to be exposed to HIV infection. Mitchell & Murray (2012) as well as Wood (2012) found that school is vital for cultivating social relationships, creating networks for HIV prevention and awareness and for developing skills that are needed beyond school. Therefore, lack of access to schooling puts young people at risk of HIV infection.

Overall, young people living in rural households experience more challenges, including being affected by HIV and AIDS (DBE and MIET Africa, 2010). For example, studies undertaken by Hall (2013a, 2013b) found that this group lives in extremely poor conditions, resulting in the higher risk of being affected by HIV and AIDS. This is related to the fact that rural areas experience high levels of poverty (Hall, 2013a; Moletsane, 2012; Shackleton, Buiten, & Bird, 2007). The 2013 World Bank & IMF Global Monitoring Report states that the impact of HIV and AIDS is going to have a long-lasting effect on the lives of young people living in rural areas, reshaping their futures, expectations and their participation in ways that are currently difficult to predict.

While healthy life and quality education are critical for shaping young people's physical, psychological and holistic development, Hall's (2013c) study found that children living in poor rural communities are not likely to have access to free health services. This is the case because most health care facilities operate on a schedule of weekdays from 08:00 to 16:00, thus making it inaccessible to many young school people in rural areas, including those who would have to walk long distances from school to clinics to home even when they are ill. According to Delva, Vercootere, Loua, Lamah, Vansteelandt, De Koker, & Claeys (2009), in spite of compulsory basic education in South Africa and other ways of ensuring access to education (such as no-fee and free-meal policies in the majority of public schools (DBE, 2013) young people in rural communities' experience difficulty in accessing quality education as well as health-care. One reason for this difficulty includes the inability of governments to attract and to retain competent human resource personnel such as teachers and health workers in many rural communities. This observation is similar to Monk's (2007) argument that "rural schools have below-average share of highly trained teachers...using seasonal and immigrant workers

to minimise labour costs” (p.155). Untrained teachers and high staff-turnover in rural schools complicates efforts to respond adequately to the diverse needs of ‘vulnerable’ young people, including those at risk of HIV infections. Rural schools, including those in Lesotho, continue to have many teachers who do not live in these areas (Motalingoane- Khau, 2010; Pillay & Saloojee, 2012). With the multiple socio-economic difficulties facing rural communities, the majority of teachers in most rural schools opt to commute to and from the school. The result is that such teachers spend less time at school and are less likely to interact with ‘vulnerable’ young people in settings outside the school. They often do not facilitate what Namulundah (1998) refers to as “engaged pedagogy” within and beyond the school (n.p.). Khanare (2015) argues that those teachers who happen to stay in the community are not necessarily native residents but might have migrated there because of employment opportunities. These teachers rent houses in the school community but they travel back to their place of origin, in most cases an urban area, for the weekend. Dissemination of information on HIV and AIDS as well as on care and support for these young school children in rural areas is dependent on active and engaged teachers who work during school hours and contribute to after-school activities, including after-school care and support. In the absence of qualified teachers, no access to learning materials and information technologies such as the internet, children in rural schools have to seek information wherever they can. This exposes them to wrong sources of information which can lead them to making wrong decisions, misunderstanding and misinterpretation of the HIV and AIDS messages.

Available research suggests that poverty in rural areas also exposes young people to the risk of HIV infection (Dlamini et al., 2012; Schenk, 2009; Schenk, Michaelis, Sapiano, Brown & Weiss, 2010). Young people are often targets of harassment and abuse because of their poverty (Irvin, Meece, Byun, Farmer, & Hutchins, 2011). In an effort to alleviate their poverty young people of school going-age

may take up employment. A study by Erulkar and Ab Mekbib (2007) in Addis Ababa on ‘vulnerable’ and marginalised adolescents found that children as young as ten years of age in this urban area are required to add to the economic assets of their family. The same situation occurs in rural areas. For example, a study by Mitchell et al. (2010) in rural KwaZulu-Natal in South Africa found that children aged 11 to 13 stayed away from school every Friday because they had to go to the local market to buy the basic food needed for the family. Scholars have argued that while the South Africa government continues to allocate a healthy proportion of its budget to education, there is still a high teacher-learner ratio in rural schools which has serious implications for addressing the needs of children, especially those infected or affected by HIV and AIDS (Dlamini et al., 2012; Hlalele, 2012).

The study reported in the present thesis was located in a rural school in Lesotho. As such, the thesis analyses the ways in which rurality and factors associated with it put young people at risk of being infected with HIV.

2.3.5 Inadequate and Inappropriate Curriculum

Available literature suggests that in spite of many interventions, including educational interventions, HIV infections remain high among young people globally. In Lesotho in particular, the HIV and AIDS curriculum has not effectively addressed young people’s vulnerability to HIV infection. One of the reasons for this omission is the inadequate or inappropriate educational programming and particular, the silence around issues of importance to young people. In the context of South Africa, Masinga’s (2013) study argues that including particular content (for example, HIV and AIDS education) in curriculum policy does not necessarily ensure that it is taught at classroom level. According to her, teachers tend to avoid teaching HIV and AIDS content because some issues, such as sexuality-related

topics, are regarded as taboo and teachers find it difficult to tackle them in the classroom. Scholars have found that talking openly about sex in classrooms tends to produce anxiety among teachers. Teachers believe that talking about sex might encourage young people to engage in sex. Their reluctance to talk about sex with young people is also influenced by their fear that parents may object to children being exposed to the content that they generally perceive as inappropriate (Francis, 2010). Linked to this opinion is the observation made from a study conducted by Ahmed, Flisher, Mathews, Mukoma and Jansen (2009) that teachers experienced conflict as what they were expected to teach tended to clash with their own personal beliefs and values. For example, due to the fact that talking about sex is taboo, especially between children and adults, they found teaching about condom use particularly problematic and often turned to abstinence as a safer topic to discuss with the learners. Similarly, in their study, Woolner, McCarter, Wall, and Higgins (2012) found that teachers were afraid to engage in sensitive topics in their classrooms. The curriculum tended to be largely inadequate as it focused only on abstinence in sex education classes. Teachers took the approach that sexuality education meant warning young people about diseases (Francis, 2012). This is in spite of Bhana and Reddy's (2012) warning that promoting young people's sexual health as well as preventing HIV and AIDS remains key to improving educational and health outcomes. Their study found in an integrated HIV and AIDS education approach that takes children, gender and sexuality seriously, what is missing in the country's educational programming.

Studies conducted by the Lesotho Planned Parenthood Association (LPPA) (2002) and Family Health International (2005) found that Basotho children engage in sexual activity early, before they gain any knowledge on issues of sexuality. This is why the spread of HIV is alarmingly high among them. These studies recommend that the youth be educated about their sexuality and how to prevent new HIV infections. A study conducted by Motalingoane-Khau (2010) on the ways in which women

teachers experience the teaching of sexuality education in rural schools found that it is easier for teachers to teach about HIV and AIDS prevention and the negative health outcomes of infection than to teach other aspects of the curriculum. This restricted focus may result from the fact that the Lesotho's grades 4-10 HIV and AIDS curriculum does not include a section on pleasurable sexuality and desire, as well as the empowerment of girls and healthy decision making. The Life Skills Education syllabus is also silent on healthy and pleasurable sexuality. Jolly (2007) and Ingham (2005) argue that promoting sexual pleasure in education can contribute to empowering sexual minorities such as LGBTs who may have been subject to social expectations that sexual pleasure is not for them. They, however, observe that in developing countries sex has been associated with risk, vulnerability, ill-health and violations of rights. It has never been associated with pleasure and love. If young people do not receive enough or inappropriate information, they are not likely to make informed decisions and this could lead to their vulnerability to HIV infection.

As the literature reviewed in this thesis suggests, inadequate HIV and AIDS curriculum intervention does not help young people in the fight against HIV and AIDS. The absence of sexual pleasure in sexuality discourses in Lesotho therefore means that moralistic teachings on sex for procreation only are not successful. With schools not being able to teach children that sex should be pleasurable and that safer sex could be even more pleasurable because risks are reduced, young people end up with inadequate or even wrong information from peers and the media, and therefore, remain at risk of HIV infection.

2.3.6 Poor Teacher Preparation

Evidence from research suggests that training and equipping teachers with the skills to deal with HIV and AIDS is crucial in order for learners to gain accurate information that will not only protect them in terms of risky behaviour but also reduce their vulnerability to HIV infection. In particular, in the context of South Africa, HEAIDS (2010) concludes that more needs to be done to train teachers in the teaching of HIV and AIDS education. Several scholars writing in the context of South Africa have noted that teachers are simply not adequately trained to teach HIV and AIDS education in schools (see Bhana, Morrell, Epstein and Moletsane, 2006; Schulze and Steyn, 2007; Theron, 2007 and Wood, 2008; Themane, 2010); Francis, 2012). As a result, most teachers lack the skills and knowledge to tackle this task (Helleve et al. 2009; Mukoma et al. 2009; Rooth 2005). As mentioned above, in many schools there is a culture of silence where issues related to sex and sexuality are not discussed. Teachers and learners are uncomfortable, unable or unwilling to engage publicly on them (Morrell 2003). Researchers (such as Dlamini et al., 2012, Ogina, 2012, Wood & Goba, 2012, Ferreira, 2013) found that some teachers complain that they lack proper skills and are inadequately prepared to respond to issues of ‘vulnerable’ school children (including HIV and AIDS infected and affected children). According to Francis (2010), due to their poor training, teachers fail to see young people as knowers and sexual beings who have valid inputs to make regarding what they want and need to know.

A few studies have been conducted on sexuality education and on adolescent sexualities in Lesotho (see for example, Motalingoane-Khau, 2007; 2010). This scholar found that in Lesotho, sexuality education is based on moralistic and health discourses at the exclusion of other ideologies. This means giving a privileged space in the sexuality education curriculum to moral and warning teachings over

other aspects of human sexuality. This restriction points to the domination of churches in the teaching of sexuality education in Lesotho schools. Motalingoane-Khau's studies found that the teaching of sexuality education clearly shows how the curriculum serves the interests of the elite and how schools perpetuate the beliefs and values of those in power, the church in this case.

Research reviewed in this thesis suggests that as a result of being poorly trained, teachers tend to teach HIV and AIDS content poorly and to use inappropriate pedagogy. For example, scholars such as Helleve et al. 2009, Mukoma et al. 2009 and Rooth 2005 argue that teachers display very different approaches and attitudes towards the teaching of sexuality education. In a study conducted in Swaziland by Sukati, Vilakati and Esampally (2010), learners lamented the dominant use of the lecture method in teaching the course. For them, the alternatives included the use of more visual materials, guest presentations by HIV-positive people and field trips to places of relevance to make the course more engaging and educative. Poor teaching leads to poor or no learning, lack of behaviour change and continuing HIV infections among young people.

Research shows that teachers are not adequately prepared for their roles to deal with vulnerable children. For example, studies by Cluver, Orkin, Gardner & Boyes (2012), Richter (2013), Parag (2009) and Van Vollenhoven & Els (2010) have reported that teachers have experienced difficulties with regard to 'vulnerable' young people. Some teachers regard this role to be solely the responsibility of the Life Orientation teachers at their school (Bhana et al., 2006; Wood & Goba, 2012) while others complain that the teachers lack proper skills or are inadequately prepared to respond to issues of 'vulnerable' young people in schools (Dlamini et al., 2012; Ferreira, 2013; Ogina, 2012; Wood & Goba, 2012).

The literature suggests that more training has to be carried out in order to help teachers and teacher trainees to provide them with relevant skills for teaching HIV and AIDS education. Inadequately and inappropriately trained teachers often add to the silence surrounding topics of sex and HIV and AIDS (Morrell, 2003). For example, in a study conducted by Wood, De Lange and Mkumbo (2013) among Tanzanian teachers, some teachers reported experiencing some difficulty in coming up with innovative strategies to facilitate open discussions with school children. Similarly, in Woolner, McCarter, Wall and Higgins' (2012) study, some teachers reported a fear of engaging in sensitive topics. Similarly, in a study conducted in South Africa by Beyers (2013) on Sexuality educators, the study found that the majority of the teachers reported that they viewed their sexual encounters as negative, because nobody gave them knowledge. This is probably why Masinga (2013) argues that teachers require not only training but also a total re-orientation to the content and focus of their work. Moreover, Francis' (2014) study in the Free State Province of South Africa found that "teachers may attempt to reconcile aspects of the two (abstinence-only and comprehensive sexual education programmes) into a hybridised perspective. They promote abstinence as the only appropriate choice for young people while recognising the value of some of the broader issues of comprehensive sexuality such as relationships and sex" (p. 1). According to Masinga (2013), if this is not done, it can have negative effects on sexuality education where teachers may feel that certain aspects (of the curriculum) such as safe sex practices are in conflict with their own moral and religious beliefs. These scholars suggest that for sex and sexuality education targeting young people to be useful, it must be balanced to present the risks involved (such as unwanted pregnancies and HIV infections) as well as sexual desire and pleasure (Francis, 2014).

The literature suggests that without adequate training, educators do not succeed in the effective implementation of the curriculum policies and the teaching of HIV and AIDS to young people. Poor teacher preparation is not only detrimental to the teaching of the subject itself but it might also produce stress for the teachers tasked with teaching it, with negative effects on young people's vulnerability to HIV infections. This study therefore, addresses the question: How are teachers in Lesotho schools trained for their role as HIV and AIDS educators?

2.4 HIV and AIDS Education Programming in Lesotho

Lesotho, like many countries globally, has implemented a number of interventions and education programmes in schools and teacher training institutions to curb the spread of HIV and to address the needs of people who require care. However, available literature reviewed in this thesis, especially on the high HIV prevalence rates among young people, suggests that such interventions and programmes have not been successful. This section reviews literature related to the nature of these interventions and what renders them ineffective in addressing HIV and AIDS among young people.

2.4.1 Inadequate HIV and AIDS Education in Schools

As argued above, the HIV and AIDS curriculum in Lesotho schools tends to be largely inadequate and inappropriate for addressing the needs of young people. One explanation that scholars have advanced is the misalignment between the modern educational system and curriculum on the one hand and the traditional practices and educational strategies of Basotho people on the other hand. For example, the Basotho are an oral society that passes history and wisdom from generation to generation through telling stories (Coplan, 2006; Fandrych, 2003; Mda, 1993, Mats'ela, 1979). Using these approaches, the traditional education system aimed at producing individuals who were socially

responsible and committed to serving their societies and families (Coplan, 1992, 1993; Mochaba, 1992; Mohapelo, 1982). For example, traditionally, upon reaching adolescence, young boys in Lesotho were expected to join an initiation school where they were taught how to become men who could fight for their chief and protect their families, as well as about sex and sexuality (Mats'ela, 1979). Similarly, Goduka (1999) reported that young girls also attended traditional initiation schools where they were taught about sex, how to be good wives and to please their husbands sexually. While these studies were conducted some decades ago, my observations and experiences in rural Lesotho suggest that these initiation schools are still the norm, particularly in rural villages.

The high rates of gender-based violence, with perpetrators that include graduates of these initiation schools, and the high rates of HIV infections among young people lead to the question: To what extent and in what ways has the content of the traditional education system changed or not changed to cater for the needs of young people in the 21st century? For example, the arrival of the missionaries in Lesotho in 1833 brought some changes in the traditional sex education to include sexuality education based on moralistic and health discourses. According to some scholars, missionaries wanted to tame the wild African sexuality (Correa, 2002; Klugman, 2000; Petchesky, 2005). This meant giving a privileged space in the sexuality education curriculum to moral and warning teachings over other aspects of human sexuality (Bhattacharyya, 2002). Thus, informed by Western standards, the formal missionary education has not done much to teach Basotho children about their sexuality except where they were taught about the “birds and the bees” (Gay, 1993; Kendall, 1998; Maitse, 2000). It can be argued that the sexuality education that is offered for African children has been dominated by moralistic teachings of the evils of sex out of heterosexual wedlock or sex without the aim of procreation (Hull, 2006 and Rubin, 1993). The missionaries used education as a means to an evangelical end (MoE, 1982) to lead the converts to steady sober Christian ways of living. Thus, the

legacy of moral education continues to be felt within the missionary schools' sexuality education curriculum and beyond.

With the first diagnosis of HIV in 1986 in Lesotho, the country's approach to sexuality education needed to change. However, evidence suggests that the moralistic approach to sexuality education has continued to influence the curriculum. To illustrate this approach, and in response to the increasing HIV infections among young people of school-going age, policies such as the Population and Family Life Education Framework (POP/FLE) were developed and used for the infusion and integration of sexuality education into existing subject areas in 2004; the Life Skills Education syllabus, which came into effect in 2007 and teaching support materials were developed and put to use in schools from Grade 4 -7 in primary schools and from grade 8 -10 in secondary schools since 2007. From the framework, teachers are expected to infuse or integrate cross-cutting issues such as sexuality and HIV and AIDS into their lessons. Table 2.3 shows part of the POF/FLE framework on Human sexuality as a topic in Sexual reproduction, Health and HIV and AIDS.

Theme	Sub-theme	Knowledge and Understanding
4. Human Sexuality	Sexual abuse	<ul style="list-style-type: none"> ▪ Define sexual abuse ▪ Describe different forms of sexual abuse ▪ Identify groups of people who are vulnerable to sexual abuse e.g. people with disability, children, women, prisoners, the elderly and herd boys etc.
	Personal Hygiene and Sexuality	<ul style="list-style-type: none"> ▪ Describe the importance of personal care and cleanliness of sexual reproductive organs of males and females ▪ Explain the norms related to sexuality
	Sexual Orientation	<ul style="list-style-type: none"> ▪ Define sexual orientation (sexual inclination/preference)

Table 2.3 Sexual Reproduction, health, HIV and AIDS (*Adapted from the Lesotho 2004 POP/FLE framework pp.38- 39*).

This contributes to increased vulnerability of young people to HIV infection. Looking at the framework above, the moralistic teaching of the church on sexuality is clear. The theme and the sub-theme imply danger. This suggests that young people should be wary of their sexuality because it could place them at risk of being sexually abused. Issues of hygiene imply some warning about diseases that they could contract if they are sexually active and do not take hygienic precautions. These scary tactics are stressed more while pleasurable sexuality and desire are avoided. Motalingoane's (2010) study in Lesotho concludes that this kind of approach paints a scary picture of sex and sexuality for young people.

In 2000, HIV and AIDS were declared a national disaster by His Majesty King Letsie III. This led to the development of the first National Policy Framework (Government of Lesotho 2000). To signal its commitment to the fight against HIV, Lesotho signed several declarations responding to the pandemic. The country prioritised the Millennium Development Goal (MDG) 6 which is about eradicating HIV and TB. These initiatives show Lesotho's commitment to curbing the spread of HIV and AIDS among its citizens. In the education system, the government opted for sexuality education as a subject to be infused and integrated into existing subject areas using the POP/FLE framework. Thus, in 2007 and funded by UNICEF, Lesotho introduced Life Skills Education (LSE), a standalone subject, as the niche for sexuality education and HIV and AIDS education in schools and teacher training institutions. In-service workshops for dissemination and training were held country-wide for teachers who would be responsible for facilitating LSE. The LSE syllabus includes what should be taught to Basotho children from Form A (Grade 8) to Form C (Grade 10). Tables 2.4 and 2.5 show the syllabus for Grade 8 to Grade 10 for Sexual and reproductive health and Dealing with HIV and AIDS respectively.

Form A (Grade 8) (p. 4)	Form B (Grade 9) (p. 19)	Form C (Grade 10) (p. 34)
Importance of abstinence during adolescence	Managing sexual feelings during adolescence	Support services available to victims of sexual abuse
Resisting negative peer and other pressures during adolescence	Importance of abstinence	Support services available to teenage parents and victims of sexual abuse
	Activities that may help one to abstain	
	Reporting sexual abuse	

Table 2.4 Sexual and Reproductive Health *(Adapted from the Lesotho 2007 Life Skills Education syllabus)*

Form A (p. 12)	Form B (p. 26)	Form C (p. 41)
Ways of Ways of HIV transmission	Factors promoting the spread of HIV and AIDS- lack of knowledge and poverty	Support service given by international organisations (UNAIDS, World Vision, Red Cross, WHO, UNICEF, Churches)
HIV and AIDS prevention	Prevention of HIV infection- abstinence	Voluntary counselling and testing services
Prevalence of HIV and AIDS at national level	Stigma and discrimination	Support services available for people infected and affected by HIV and AIDS
Impact of HIV and AIDS		

Table 2.5 Dealing with HIV and AIDS *(Adapted from the Lesotho 2007 Life Skills Education syllabus)*

Looking at the syllabus, the approach to sexuality education is from the perspective of both danger and morality. Adolescent desire and pleasure are silenced. The moral teaching of the church remains visible in the absence of many aspects of sexuality, including homosexuality, adolescent desire and comprehensive sexuality education in the Life Skills Education syllabus (Bhattacharyya, 2002). Further, Epprecht (2000), Gay (1986) and Kendall (1999) have argued that while Basotho communities believe that homosexuality does not exist among their people, this does not deny the fact that there are homosexual individuals within Lesotho who are not free to “come out” and enjoy their sexual identity. The teaching of the church on homosexuality is that it is an evil existence and a curse on those who practice it. Reddy’s (2005) study found that “for the majority of our societies, African homosexuals constitute “improper” bodies and homosexuality a “subversive pleasure” (p. 6).

Moreover, Reddy's (2009) study found that "homosexual individuals are regarded by some Christians as more detestable, immoral and baser than animals" (p. 353). Researchers observe that sex in developing countries has been associated with risk, vulnerability, ill-health and violations of rights rather than with pleasure and love. According to Correa (2002); Klugman (2000) and Petchesky (2005), sexuality is seen as something to be controlled and contained and sexual pleasure remains a taboo. Motalingoane -Khou (2010) in her study in Lesotho concludes that:

... The absence of sexual pleasure in sexuality discourses in Lesotho therefore means the perpetuation of the church's moralistic teachings on sex for procreation only. With schools not being able to teach children that sex should be pleasurable and that safer sex could be even more pleasurable because risks are reduced, young people end up with wrong information from peers and the media (p. 52).

This contributes to increased vulnerability of young people to HIV infection. Within this context, the school syllabus is silent on healthy and pleasurable sexuality among adolescents, which researchers such as Jolly (2007) found to be important in reducing HIV transmission and improving health. Researchers have argued that promoting sexual pleasure in education can contribute to empowering young people and sexual minorities such as LGBTs who may have been subject to social expectations that sexual pleasure is not for them (Jolly (2007; Ingham, 2005).

A related silence in the curriculum concerns condom usage, even when dealing with prevention of HIV infections. As a major teaching of the church and the syllabus in relation to adolescent sexuality, as illustrated by the examples above, abstinence is emphasised throughout. This emphasis is based on the belief that teaching young people about sex would make them want to experiment with it, thus leading to early sexual activity and promiscuity (Guzman, 2003; Izugbara, 2005; Lewis et al., 2001).

The common belief is that young people are sexually innocent and should be protected from any corrupting sexual knowledge. As argued above, this kind of teaching was prevalent in church schools and because most schools in Lesotho are church owned, it became a countrywide practice. For example, the ethos of the Catholic Church prohibits the teaching of sex education because it includes teaching about contraception and abortion (Motalingoane- Khau, 2007). From my experience as a long serving primary school principal, I can attest to the fact that Catholic schools in Lesotho still frown upon the teaching of sexuality education to children. Motalingoane - Khau's (2010) study found that this became a problem as teachers did not include these issues in their teaching, assuming that other teachers were covering the work. Despite evidence that sexuality education can reduce the incidences of unintended pregnancies and STIs (including HIV) (Kirby et al., 2006; Kirby et al., 2007; Ferguson, 2006; Stone & Ingham, 2006), Lesotho has not yet (in 2019) given priority to sex, relationships and HIV education in its formal curriculum.

Lesotho is not unique. In the developed countries context, for example, Coulter's (1995) study found that in Canadian schools it is common for boys to make nasty comments in relation to women teachers' bodies, how they are dressed and how they move. These kinds of comments are also common in Finnish schools (Kivivouri, 1997). This situation contributes to teachers' fears of addressing issues of sexuality within their classrooms. Oshi & Nakalema (2005) observe that in African rural communities where young people often start school late in life, sexualization of female teachers is a common phenomenon. This situation creates fears in these particular teachers who feel that they are not safe teaching about issues of sexuality, thus reducing their effectiveness. Similarly, experiences of teachers being sexualized by their students have also been documented as creating challenges for effective teaching of sexuality education (Aapola & Kangas, 1996; Cunnison, 1989; Lahelma et al., 2000).

In the South African context, scholars have suggested that the teaching of sexuality education and HIV and AIDS is largely ineffective. For example, Bhana, Morrell, Epstein and Moletsane (2006) argue that in many South African schools, there is a culture of silence, because of the taboo nature of sexuality, which causes the inability and unwillingness of teachers and learners to personally reflect on issues of gender and sexuality. According to them, such a culture undermines AIDS prevention initiatives and places learners and teachers at risk of HIV and AIDS. This means that in order for AIDS prevention strategies to be effective, there is a need to challenge the prevailing norms and practices in our societies so that the environment is conducive for sexuality education. Further, a study by Masinga (2013) found that South African learners, as is the case with others in African countries, expressed discomfort regarding teachers and learners publicly talking about HIV and AIDS and issues of sex and sexuality. One explanation might be the fact that Christianity tends to privilege its moral (religious) education over sexuality education for young people (Bhattacharyya, 2002; Motalingoane-Khau, 2007). Teachers experience embarrassment when talking about sex and sexuality. For example, a study by Francis (2012) found that teachers whose personal or religious beliefs conflict with the requirements of the curriculum felt the discomfort of teaching the content. They regard teaching young people about sex and sexuality as a sin.

In the context of HIV and AIDS and gender-based violence, and in particular, sexual violence, preaching abstinence only for adolescents is clearly not a realistic option. For example, an adolescent girl could choose to abstain, but be raped; and abstinence will not help her against infection (Leach, 2002). Further, looking at the rate at which parents and guardians die from AIDS-related illnesses, adolescents find themselves having to fend for themselves and their siblings and end up in risky practices such as relationships with older men and prostitution. Knowing ways of preventing HIV infection (such as proper condom usage) could save their lives. In addition, such silence in the

curriculum ignores the fact that young people are sexual beings too. Motalingoane-Khau's (2010) study found that while curriculum developers wish that young people could wait until marriage to indulge in sexual intercourse, the reality is that classrooms are filled with sexually active youngsters who need to know how to care for themselves so that they do not get infected with HIV and other sexually transmitted infections. The implication is that sexuality education has a lot to contribute to the development of a healthy, HIV free Basotho nation, despite the challenges that still face its inclusion and practice within the school curriculum. While it may be difficult for parents and other adult stakeholders in education to accept that children need to be taught about safer sexual practices, this discomfort is better than having to face children who are infected with HIV because they do not have the necessary knowledge and skills to protect themselves and their partners. When teachers avoid teaching children about their sexuality, they inadvertently expose them to the risk of unwanted pregnancies and STIs, including HIV. Thus, this thesis argues that young people who are taught only about abstinence do not learn about their bodies enough for them to understand its desires. This exposes them to the risk of infections and pregnancies.

To what extent and in what ways has the curriculum policy addressed the silence around the essential elements that could help young people in the fight against the HIV and AIDS epidemic? Chapter Five addresses this question and, in particular, focuses on the first research question posed in this thesis: *What is the curriculum policy informing the teaching of HIV and AIDS education in Lesotho secondary schools?*

2.5 HIV and AIDS Education and Meaning-making among Young People

Research suggests that HIV and AIDS literacy level among young people can influence how young people make sense of their situation and how to respond to such a situation. Available literature suggests that young people's experiences of HIV and AIDS education programmes in schools are varied. On one hand, interventions over the years have ensured that young people have facts about HIV and AIDS and how it is transmitted. On the other hand, various socio-cultural factors discussed above tend to influence how young people understand and make meaning of HIV and AIDS messages that they receive from curricula interventions within and outside the education system.

2.5.1 Knowledge of HIV and AIDS

The literature reviewed in this thesis suggests that globally, young people have varying levels of knowledge of HIV and AIDS. For example, population-based studies show that while more than 90% of young people ever heard of HIV and AIDS, they still have varied levels of understanding of the epidemic (Burgoyne and Drummond, 2008; Vinod, Agrwal, Alva and Gu, Shanxiao Wang, 2009). In a study in Uganda, Mutonyi (2007:195) found that "students identified various media as their sources of information which provide factual information on how HIV is transmitted and how it can be prevented." Mutonyi concluded that "the Ugandan government had designed messages aimed at preventing the spread of HIV and AIDS among the large populace in general and among the youth in particular. Thus, students had a basic understanding of how the disease was transmitted and prevented and the risks that can lead to infection" (p. 196). However, while the study found "that HIV and AIDS messages seemed to have penetrated most strata of Ugandan society (from urban to rural) and had been somewhat successful in conveying messages about healthy sexual practices, there was, nonetheless, a significant and dangerous knowledge gap, particularly for adolescents, about critical

topics like sexual health and HIV and AIDS” (Mutonyi, 2007 p.189). The author concluded that “this is primarily due to cultural constraints that dictate selective presentation of sexual health matters and limited accessibility to information, which prevents holistic HIV and AIDS education” (p. 190).

Researchers have also found that knowledge about HIV and AIDS tends to be gendered. For example, the Cameroon Demographic and Health Survey (CDHS, 2004) found that among 15-29 years old, 27% of females and 35% of males reported accurate HIV knowledge. Similarly, Selikow, Zulu and Cedras (2002) and Zierler and Krieger (1997) indicate that while women at high risk of HIV infection may know that condoms can prevent transmission, they are often restricted from insisting on the use of condoms because of their economic dependence on men. According to them, being at the mercy of men denies women the choice to decide whether or not to have sex, or whether a condom is used or not. Similarly, a quantitative survey by Taylor, Dlamini, Kagoro, Jinabhai, Sathiparsad & De Vries, (2002) who studied 901 secondary school learners in Ugu North in Rural Kwazulu-Natal, South Africa, revealed that although 64.8 per cent of the learners viewed the threat of acquiring HIV and AIDS as discouraging multiple sexual partners, 16.5 per cent indicated that they would want to have more than one partner. In addition, Sathiparsad and Taylor’s (2006) study in rural KwaZulu-Natal in South Africa found that even though teenagers were informed about sexually transmitted infections, including HIV and AIDS, this information did not inspire a positive change concerning sexual behaviour, they still did not engage in safe sexual behaviour.

Key among the factors that continue to influence understandings and discourses about HIV and AIDS is the HIV-related stigma as well as the taboo related to talking about sex and sexuality, particularly between adults and young people. As a result, young people in particular, have found strategies for

talking about sex and sexuality and about HIV and AIDS, including the use of metaphors and analogies.

2.5.2 HIV and AIDS Metaphors

As argued above, in many communities, messages about sex and sexuality are considered taboo as topics for public dialogue and discussion. Thus, community members, including teachers and learners, tend to use analogies, metaphors and similes to talk about sex and sexuality and to discuss HIV and AIDS. While there might be some benefits in this strategy, as it enables young people to talk about difficult content, some researchers argue that using it for instruction can lead to misconceptions, especially if students do not understand the communicated meaning (Pittman, 1999; Hamilton, 2000; Nashon, 2004). An area that demonstrates misconceptions of young people about HIV and AIDS is in the metaphors and analogies that they use to talk about the epidemic and their understanding thereof. These metaphors are linked to various experiences, issues and occurrences in young people's lives as well as to the myths and misconception about HIV and AIDS. For example, Mutonyi's (2007) study among Grade 11 students in four Ugandan schools found that students expressed their views of HIV and AIDS through analogies including that "HIV and AIDS is a weapon of mass destruction; AIDS is a terrorist; AIDS is like a polythene bag; and AIDS is a passport to death" (p.196). The study found that in their view of HIV and AIDS as 'a weapon of mass destruction', some students suggested HIV and AIDS kills people in large numbers, while others used the analogy because they believed that HIV 'was man-made', explaining that if people could produce the anthrax virus, they could also manufacture HIV and AIDS (Mutonyi, 2007). Similarly, when explaining AIDS as 'a terrorist', some learners suggested that people never know when a terrorist might strike and therefore, live in fear. In the same study, students also used other metaphors to express their understanding of HIV and AIDS. These included:

- “HIV and AIDS is a guardian angel because if you are going to mess, remember HIV and AIDS is watching you”;
- “Remember not to peel the banana before you eat, you will get HIV”;
- “HIV and AIDS is a monster, it has come to rob us of life, making us not enjoy life because we fear AIDS will eat us”, and
- “Girls should remember not to open their ‘bibles’ until they are sure the boys are wearing those ‘glasses’” (Mutonyi, 2007 p.197).

Similarly, Sontag’s (2008) study in the United States found that AIDS has been associated with metaphors. In particular, two very powerful metaphors are often used to discuss the disease. The first is the notion of HIV and AIDS as an enemy (invader) that enters into a country (the body) unannounced to fight (cause pain) the country’s residents (white blood cells that protect the body against diseases). Thus, the body has to protect itself from its enemy (HIV and AIDS). Sontag argued that “society had become more accustomed to fighting ideological wars” (p. 3) and as such, it had become easy to theorize starting/excelling in a war against a disease. Secondly, HIV transmission is linked to pollution. This creates hostility between the general population and the disease carriers who are seen as contaminated. “Because HIV is sexually transmitted and because the groups most at-risk for AIDS in its earliest years were populations seen as engaging in behaviours condemned by society (homosexuality, illegal drug use, sex work), AIDS was seen as a judgment or punishment on the patient” (Sontag, 2008, p. 3).

In Namibia, a study conducted in the Caprivi, the region hardest hit by HIV and AIDS, found that people referred to HIV and AIDS as *simbandembande* (fish eagle), which takes away small fish from the water. This reflects the belief that HIV and AIDS take away people’s lives and is meant to scare

and to discourage them from engaging in risky behaviours (Thomas, 2008). For the same reasons, another study conducted among the Ovambo people found that HIV and AIDS was referred to as *ekiya* (thorn), and *Katanga kamufifi* (hot ball) (Thomas, 2008). The metaphors are drawn from the socio-cultural world. For example, a thorn and a hot ball represent pain and danger that can be caused by a piercing and hot object in the same way that HIV and AIDS bring pain in individuals and family members as well as society at large. In addition, scholars such as Boers (2003) and Boerger (2005) argue that metaphors can lead to message distortion and hinder effective communication between and among communities, especially when they do not share the same understanding, symbols and language used.

The literature suggests that on one hand, the use of metaphors can be helpful in passing messages that the society regards as taboo to be discussed openly. On the other hand, the use of metaphors may distort messages, particularly where the meaning of such metaphors is not shared by the communicators or where communicators come from different socio-cultural backgrounds. This thesis argues that metaphors tend to influence how young people understand and make meaning of HIV and AIDS messages that they receive from curricula interventions within and outside the education system.

2.5.3 Myths and misconceptions about HIV and AIDS

The literature suggests that regardless of the gigantic efforts made to provide HIV and AIDS messages to young people by various social institutions, young people still strongly hold some myths and misconceptions about the epidemic. One area where myths and misconceptions are prominent is in relation to condom use. This idea is often related to perceived trust or mistrust between the two individuals involved in an intimate relationship. For example, one of the early studies by Worth (1989) on resistance to condoms among high risk minority women in New York City found that they resisted

using condoms because they viewed condoms as unnatural and unpleasurable. Similarly, in a study by Mutonyi (2007) in Uganda, condom use was presumed to be an indication that one is having a promiscuous relationship, mainly outside one's home or within an external relationship; this presumption had the propensity of creating conflict between partners. In an effort to want to show love and trust and because of one's fear of being rejected, partners may find themselves taking the risk of unsafe sex. This is evident in various studies (see for example Greig et al, 2010; Halpern et al, 2010; Malta et al, 2011; Brêtas et al 2011 and Marques et al, 2012) which found that in a new sexual relationship young people usually use condoms during sexual intercourse. However, as the relationship progresses, they believe that they are not at risk and start engaging in unprotected sex. They believe that being in a long-term relationship means that they can trust each other.

In addition, the perceived poor architecture or quality of the condom has led to misconception about condom use and safer sexual practices. For example, Mulwo's (2009) study among students at three universities in South Africa found that while government supplied free condoms to universities, a quarter of the students were found to have not used condoms at the last sex because of their perceptions that the government-distributed free condoms of poor quality and that they are 'unsafe' in comparison to brands that could be purchased. Kempner (2014), writing in the context of the US, in a commentary titled: "The Much -Maligned Condom: Why We Can't Be Surprised That Use Is Down Among Teens" explains that HIV and AIDS is surrounded by messages suggesting that condoms are not effective because they break. This misconception can prevent individuals from taking precautions to protect themselves against HIV infection. Such misconceptions might make it difficult for people to engage with and respond to the various contextual factors that impact on their responses to the epidemic.

A related misconception is that using condoms decreases sexual pleasure (Mutonyi, 2007; Francis, 2012). For example, in Latin America, Camargo et al. (2011) found that adolescents did not use condoms because of their belief that they impair sexual pleasure. Similarly, the study conducted by Mutonyi (2007) in Uganda found that boys felt that condoms reduced sexual pleasure. Boers' (2003) study among Ugandan students also found that boys were against the use of condoms, arguing that using condom is like eating an unwrapped sweet/candy. These misconceptions suggest that prevention education is either not addressing these misconceptions or is doing so inadequately. Unless addressed, such misconceptions might lead to risky sexual behaviour among young people, and increase the rates of HIV infection among this population.

The literature suggests that the HIV and AIDS information that young people get from varying social institutions, including schools, influence how they understand and respond to interventions. Thus, based on the notion that the ways in which people organise their behaviour towards situations is influenced by the meanings they ascribe to such situations, this study examined how young people in a Lesotho secondary school understand and respond to the HIV and AIDS messages that they receive from the school curriculum.

2.6 Discussion

This thesis addresses the question: *What meaning do young people make of the messages that they receive from the school HIV and AIDS program, and what factors inform the meaning that they make?* Firstly, this chapter has reviewed the literature on HIV prevalence rates among young

people in Lesotho, locating these within the rates internationally and in Africa. The review suggests that HIV and AIDS is impacting negatively on the lives of the people and implies that HIV and AIDS education interventions are ineffective in helping young people in the fight against HIV and AIDS as there is still a continuing high HIV prevalence rates and new HIV infections among young people, and in particular among young girls and women. Secondly, informed by the alarming statistics and new infections, the chapter reviewed the literature related to HIV and AIDS interventions targeting the education system. The review yields two broad themes: 1) Policies and interventions have arguably created a conducive environment for those who work and learn in educational institutions (schools and teacher training institutions). 2) Evidence (the continued spiralling of HIV infections) suggests that these policies have not had much impact on institutional policies and practice, including teaching and learning. This thesis argues that the success of these policies and interventions is dependent on the ways in which they are understood and implemented at the institutional level and ultimately on the extent to which they impact on the lives of young people of school-going age.

Thirdly, the chapter reviewed the literature on the factors that influence young people's vulnerability in the context of the many HIV and AIDS interventions in schools and communities across country, including Lesotho, contexts. These factors include unequal gender norms, gender-based violence, HIV and AIDS-related stigma and discrimination, inappropriate and inadequate curriculum and poor teacher preparation. Young women and girls continue to contract HIV and progress to AIDS regardless of the HIV and AIDS interventions put in place.

Fourthly, the literature in this thesis suggests that, influenced by various socio-cultural factors, young people tend to have a varied understanding of the various HIV and AIDS messages that they get from educational interventions in schools and communities. Socio-economic factors (poverty, deprivation, poor infrastructure and poor services) in rural schools affect young people living and attending school in rural areas. This situation contributes to how rural young people understand and interpret HIV and AIDS messages that they receive from the school and the community. To illustrate this, rural areas suffer from challenges of low socio-economic status, deprivation, lack of basic services and poor infrastructure. These factors impact negatively on the quality of the education of rural young people. Arguably, due to the lack of quality education and, in particular, HIV and AIDS education, young people may find themselves seeking information from sources that are not reliable. This may result in meaning that does not help them to make informed decisions or to take precautions against HIV and AIDS. They develop a particular meaning of phenomena, including HIV and AIDS, based on their experiences of these. Furthermore, for rural people, culture is very important to rural people and involves roles, status of men and women in society. It determines how men and women are expected to behave as well as what is good or not good for young people's ears (what they should or should not be taught about). Thus, those who teach any form of content to rural people have to take into consideration the culture and tailor content with respect to accepted norms, values, beliefs, practices and attitudes of the society. They are expected to value rural culture and rural ways of living, being and knowing. Thus, HIV and AIDS educators are likely to convey distorted messages. The fact that HIV and AIDS content can now be easily accessed electronically (television, internet or magazines) may contribute to learners seeking information for themselves, interpreting it and attaching their own meaning to what they find.

The literature suggests that the HIV and AIDS curriculum and the quality of teachers responsible for teaching it to young people in rural schools influence how young people understand HIV and AIDS as well as how they organise their behaviour towards the epidemic. To illustrate, first, limited or no access to resources such as libraries and books, information technology, rural school teachers are likely to be left behind in terms of new knowledge in the dynamic HIV and AIDS field. This means that there is an inadequate and inappropriate HIV and AIDS curriculum provided to young people. The fact that talking about sex is taboo, especially between the young and adults implies the silence of the curriculum around issues of importance to young people. As a result, learners might resort to other sources of information to address issues that the curriculum does not tackle. In the process, they try to make sense of (or interpret) the meaning that others have about HIV and AIDS (Charon, 2009). Secondly, rural schools suffer from the challenges of the poor quality of teachers and training level of teachers. These schools further face the challenge of teachers who are reluctant to work in rural areas. Some teachers reflect poor work ethics as they are under-qualified. There is also a huge shortage of teachers; teacher mobility occurs frequently as schools find it difficult to recruit and retain good teachers. These factors impact negatively on the quality of HIV and AIDS education offered in these rural schools and limit the quality of education offered to rural school young people. Teachers have a major role to play in providing comprehensive sex education and fostering skills and attitudes that protect learners against HIV infections. They need to be well prepared and equipped with the relevant attitudes, knowledge and skills to implement the HIV and AIDS education interventions programme in schools. However, they cannot give what they do not have. Hence, without adequate, appropriate and relevant training, they may teach the content poorly. Poor preparedness might be part of the reason why teachers avoid teaching the subject, with negative consequences for the country's efforts to curb the spread of the HIV and AIDS pandemic. In such a situation where they access varying sources of information, including in social interactions with others in

their schools or communities, young people are likely to have diverse understanding of the situation (Nisbett, 2001; Charon, 2009).

Young people organise their behaviour towards HIV and AIDS based on the meaning that they have attached to HIV and AIDS. The literature reviewed in this chapter suggests that such meaning-making is largely influenced by three factors: socio-cultural factors (unequal gender norms, and gender-based violence; HIV and AIDS stigma and discrimination), socio-economic factors (rurality and poverty) and factors within the education system (inadequate and inappropriate educational programming).

This is illustrated in the Figure 2.1 below:

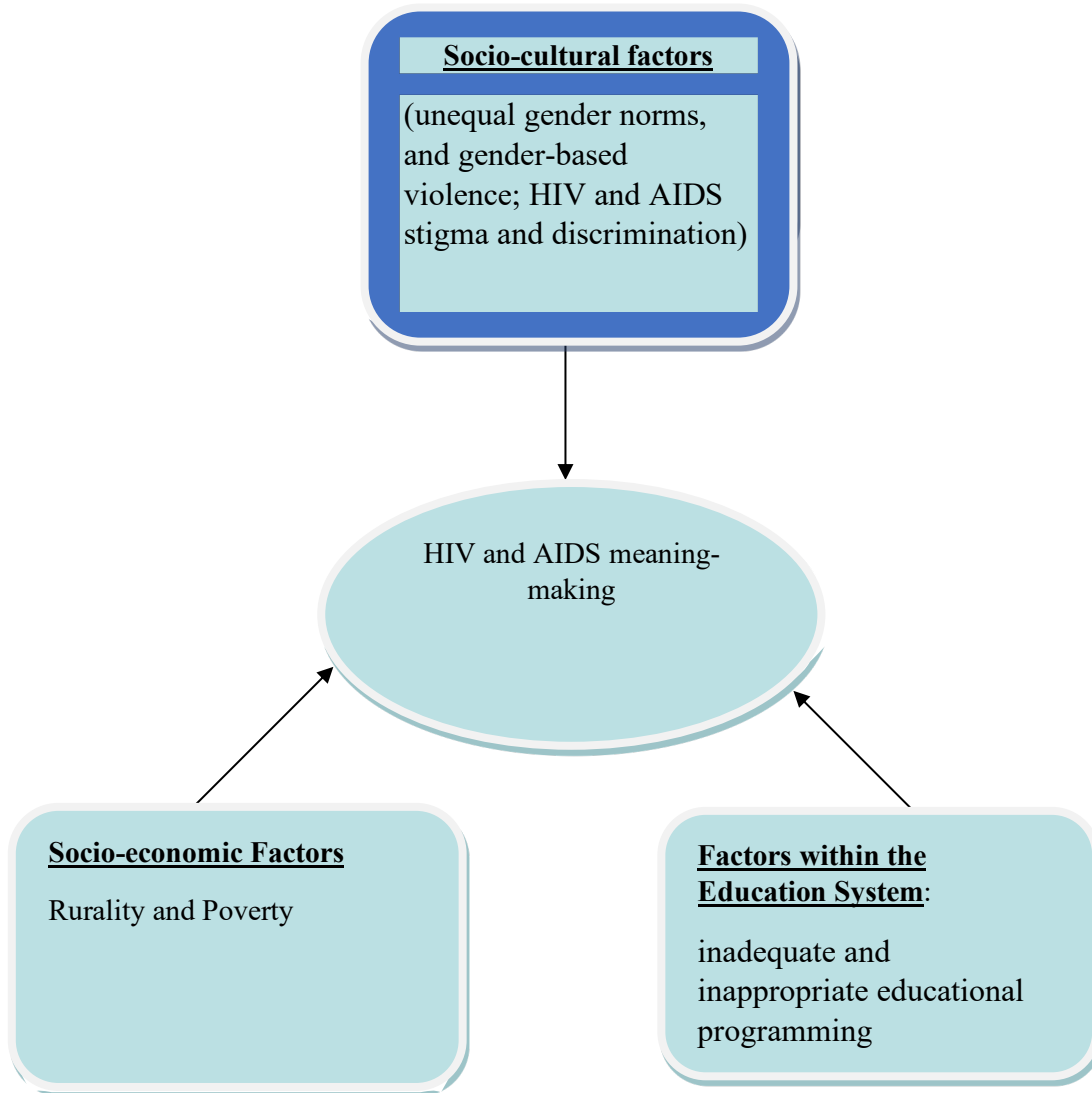


Figure 2.1: Young People and HIV and AIDS Meaning-making

Understanding the meaning that young people attach to HIV and AIDS message and the factors that influence it, as the thesis aims to do, may inform the content and pedagogy of the interventions aimed at addressing the epidemic. Importantly, such meaning has implications on how social institutions such as the school work towards improving their strategies to help young people in the fight against the HIV and AIDS epidemic.

2.7 Synthesis

This chapter has reviewed the literature related to the question: *What meaning do young people make of the messages that they receive from the school HIV and AIDS programme and what factors inform the meaning that they make?* Firstly, it reviewed the literature on HIV prevalence rates among young people in Lesotho, locating these within the African and international rates. Secondly, the chapter reviews the literature related to the factors that influence young people's vulnerability to HIV infection, particularly young women and girls. These factors include those that hinder young people from making informed decisions to protect themselves against HIV and AIDS to those that do not allow them to use the information that they have as well as those that do not allow them to have access to HIV and AIDS information. Thirdly, the chapter reviewed the HIV and AIDS policy interventions in the education system and HIV and AIDS interventions aimed at combating the epidemic, including international, national and school level policy initiatives that govern HIV and AIDS education. Together, these form a policy framework, which in theory guides the education sector in combating HIV and AIDS amongst young people. Lastly, the literature review focused on young people's experiences of HIV and AIDS interventions and the meaning that they attach to these them. Their meaning-making is reported to include the use of metaphors, analogies and myths about HIV and AIDS and its prevention. These efforts expose young people to risky sexual behaviour and tend to have a negative influence on HIV prevention. This study therefore, sought to examine meaning-making about HIV and AIDS messages among young people in a Lesotho secondary school.

The next chapter presents the theoretical framework which guided the process of data collection and analysis in the study.

CHAPTER THREE

HIV AND AIDS EDUCATION AND MEANING-MAKING AMONG YOUNG PEOPLE IN SCHOOLS: TOWARDS A THEORETICAL FRAMEWORK

3.1 Introduction

As discussed in Chapter One, meaning-making refers “to the ways in which people conceptualise, understand or make sense of life events, relationships, situations and the self. It is the ability to integrate challenging or ambiguous situations into a framework of personal meaning using conscious and value-based reflections” (Ignezi, 2000, p. 5). In the context of this study, meaning-making is used to refer to the ways in which young people make sense of the HIV and AIDS knowledge that they are exposed to from different sources of information. Specifically, meaning making is a complex process involving various social institutions and influenced by a variety of values, beliefs, attitudes, practices, discourses and norms of society (Bull, 2010). These factors interact to shape and reshape the meaning-making process and to influence the organisation of behaviours towards particular situations (Charon, 2009). Informed by this understanding, this thesis proposes that the meaning that young people attach to the messages that they receive about HIV and AIDS has a significant influence on how they respond to the epidemic, including how they prevent HIV infection. Such meaning has implications for how social institutions work towards improving their strategies to help young people in the fight against the HIV and AIDS epidemic. In the context of a plethora of educational campaigns and interventions aimed at curbing and managing the epidemic on the one hand, and little success in curbing the spread of HIV in Lesotho, particularly among young people, on the other, this study aimed to understand the reasons for the paradox. In particular, the study addressed the question: *What meaning do young people make of the messages that they receive from the school HIV and AIDS*

programmes, and what factors inform the meaning that they make? To address the key research question, the study addressed three sub-questions:

- *What is the curriculum policy informing the teaching of HIV and AIDS education in Lesotho secondary schools?*
- *How are teachers trained for their role as HIV and AIDS educators in schools? How do they understand and enact their roles?*
- *How do young people in schools experience the HIV and AIDS education programmes?*

In the previous chapter, I reviewed the literature, local and international, related to HIV prevalence rates among young people of school going age, HIV and AIDS interventions in schools as well as young people's experiences and meaning-making in the context of these interventions. From this review, a conceptual framework for understanding meaning-making among young people in the context of HIV and AIDS education in a rural secondary school in Lesotho emerged. The review suggests that such meaning-making is largely influenced by three factors: socio-cultural factors (unequal gender norms, and gender-based violence; HIV and AIDS stigma and discrimination), socio-economic factors (rurality and poverty) and factors within the education system (inadequate and inappropriate educational programming). This chapter outlines the theoretical framework which informed data collection and the analyses of the data. Informed by the conceptual and theoretical framework discussed in this chapter, I conclude by presenting a number of propositions for examining the meaning that young people in one secondary school might attach to HIV and AIDS education messages that they are exposed to in the HIV and AIDS curriculum and the factors that inform this meaning.

3. 2 Summary of the Findings from the Literature

Firstly, literature reviewed in this thesis suggests that there remain high HIV prevalence rates among young people, including those still of school-going age, in Lesotho. It suggests that the HIV and AIDS epidemic continues to be a major public health issue globally, and in Lesotho in particular, a country that ranks second with the highest HIV prevalence (UNICEF, 2013; Lesotho Ministry of Health and Social Welfare, 2014; Lesotho Demographic and Health Survey 2014; Lesotho Ministry of Health, 2016, UNAIDS, 2016). Prevalence rates in the country tend to be negatively skewed against girls and young women. This is in spite of a plethora of interventions that have been implemented to curb the spread of the virus since the first person was diagnosed in the late 1980s. This suggests that these interventions do not succeed in helping young people, particularly girls and young women, in the fight against HIV infections.

Secondly, the literature suggests that addressing young people's vulnerability to HIV infection will only be possible when they are in a position to make informed decisions about their own bodies and sexualities, when they are supported by all those around them and when they have adequate and appropriate knowledge and skills from well conversant and competent educators about HIV and AIDS. The literature suggests that a number of factors act as barriers to these conditions and contribute to young people's continuing vulnerability to HIV infection. These factors include unequal gender norms, gender-based violence, HIV and AIDS stigma and discrimination and ecology (e.g., rurality). Further, factors such as inadequate and inappropriate curriculum in the education system and poor teacher preparation make it difficult to address young people's vulnerability to HIV infection. Of particular relevance to this study is the literature which suggests that an inadequate and inappropriate curriculum often leads to silence about issues of importance to young people, thereby creating a gap in their knowledge about HIV and AIDS (Miller, 2010; Walcott et. al., 2011; Jackson,

2012; Francis et al., 2008; Motalingoane-Khau, 2010; Masinga, 2013) and denying them opportunities to make informed decisions about their sexuality. This puts young people at risk of HIV infection. That teachers tend to be poorly trained to teach HIV and AIDS means that they tend to teach it poorly, to avoid certain difficult or controversial or taboo topics and to use inappropriate pedagogies or teaching strategies for the content and the target population (young people). This contributes to the vulnerability of young people to HIV and AIDS.

Finally, the literature suggests that young people's experience of HIV and AIDS education in schools is varied and paradoxical. On one hand, young people find the curricula informative while on the other they find it inadequate, uncomfortable, unrealistic and not meeting their needs. Research suggests that as a result of the inadequacy and confusing nature of the HIV and AIDS curriculum and of the stigma attached to it and to those who are infected, young people not only have varying levels of knowledge but they also hold problematic myths about the virus that contributes to their vulnerability to HIV infection (Burgoyne and Drummond, 2008; Sukati et. al., 2010; Martha Kempner, 2014). Related to this situation is the fact that young people often use metaphors to talk about HIV and AIDS and by so doing they avoid talking about the pertinent issues, including sex and sexuality, that would contribute towards reducing their vulnerability to the infection. These trends, coupled with the high rates of infection among young people, suggest that the interventions, including those within the school curricula, implemented to curb the spread of HIV among this population, are not successful. This thesis focuses on the reasons for their lack of success.

Informed by the literature reviewed in Chapter Two, the study reported in this thesis is premised on the understanding that key to informing the meaning that young people make of the messages that

they receive from the school programmes in order to reduce their vulnerability to HIV and AIDS are influenced by three factors: socio-cultural factors (unequal gender norms, and gender-based violence; HIV and AIDS stigma and discrimination), socio-economic factors (rurality and poverty) and factors within the education system (inadequate and inappropriate educational programming).

3.3 Theoretical Framework

In order to address the main question posed in this study: *What meaning do young people make of the messages that they receive from the school HIV and AIDS programmes and what factors inform it*, data analysis was based on three theoretical lenses. The first lens was the Theory of Change, developed by Unterhalter, North, Arnot, Lloyd, Moletsane, Murphy-Graham, Parkes and Saito (2014) and used to analyse policies and programmes. In this study it was used to analyse the educational programme aimed at curbing the spread of HIV among young people in a rural secondary school in Lesotho as well as to analyse the pre- and in-service teacher training programme intended for teachers who follow the HIV and AIDS curriculum. Secondly, the Symbolic Interaction Theory, advanced by George Herbert Mead (1959), was used as the second lens to find out how educators are prepared to play the role of educating the youth about HIV and AIDS and how they understand and enact the role. The third lens was Durkheim's (1933) Theory of Meaning-making. It was applied in this study to deduce the meaning that learners make of the HIV and AIDS education that they receive from schools.

3.3.1 What Works in School-based HIV and AIDS Interventions? A Theory of Change

More than 30 years after the first HIV diagnosis in Lesotho, and following a plethora of government and non-governmental interventions to curb its spread, evidence suggests that the epidemic is far

from abating. Instead, as discussed in previous chapters, recent reports suggest that Lesotho is now estimated to have one of the highest rates of HIV infection in the Sub-Saharan African region and ranks second globally. HIV prevalence is highest among young people, with those between the ages of 15-24 especially hard hit and girls and young women bearing the brunt of new infections. One of the reasons for HIV prevalence has been identified as the inadequacy and inappropriateness of the curricula and programming in the education system as well as poor teacher preparation, which often leads to the silence around the issues of importance of the curriculum and the programme for young people, thereby creating gaps in young peoples' knowledge about their sexuality as well as about HIV and AIDS.

This thesis is premised on the understanding that the meaning that young people attach to the HIV and AIDS messages, provided through the school curriculum in particular, are dependent on the nature of the interventions that target and the ways in which young people respond to them. From this perspective, this study adopted a theory of change advanced by Untehalter et al. (2014). The theory was originally developed in order to understand what interventions work best in enhancing gender equality in schools. The authors identified approaches that have been found to improve and expand girls' access to education and improve gender equality. The theory posits that improvement of girls' education and gender equality is influenced by factors in and around schools. Further, it posits that factors in the local, national, and global contexts have an influence on interventions aimed at improving girls' education and at enhancing gender equality. "Such factors include support for girls' education, existence of appropriate legal and regulatory frameworks, government capacity to implement policy and the involvement of the wider community," according to Moletsane (2014: 28). In particular, the theory suggests that for interventions to be effective, they need to effectively focus

on three aspects, 1) changing the institution/school, 2) improving resources and infrastructure in the school and 3) changing gender norms in and around the education institution.

Moletsane (2014) applied the theory to explain interventions that address unplanned teenage pregnancy in South African schools. Her analysis suggested that “sexual reproductive health (SRH) programming must be informed by three broad principles: curricular relevance, pedagogical relevance and cultural relevance” (Moletsane, 2014, p. 3). According to Moletsane, to address or reduce teenage pregnancy in schools, interventions must focus on 1) “changing schools into institutions that respect gender equality, acknowledge adolescents’ SRH needs and develop programmes that support girls to succeed, 2) changing gender norms and eliminating gendered violence in and around the schools by teaching girls and boys (men and women) the necessary critical thinking skills to challenge the subordination of women and girls in families, communities and schools and 3) targeting individuals for change towards developing critical understanding and reflection among students and teachers on gender relations, sexuality and SRH issues” (Moletsane, 2014 p.3).

Similarly, and informed by this understanding, in this study I analyse the extent to and ways in which the school HIV and AIDS curriculum is informed by these principles. In particular, I ask the question: To what extent and in what ways are schools in a position to provide a curriculum that addresses the concerns of young people in this HIV and AIDS era? What methods are used to promote effective learning of the HIV and AIDS content among the young people and to what extent do these ways and methods address the needs of this group? In what ways do the context and methods take into consideration the local culture in which the young people live and learn? Unterhalter et al.’s (2014)

theory of change is used to analyse how and why the various HIV and AIDS education interventions (including policies and curricular) implemented in Lesotho secondary schools, as exemplified in this thesis, seem to be ineffective. Thus, although this theory was developed to understand what works in addressing gender inequality in education, I used it to analyse how the Lesotho education policies and programmes address the prevention of HIV and AIDS among secondary school learners. This study investigated the extent to and the ways in which HIV and AIDS education interventions are aimed at transforming the institution, the individual and the norms in and around the school in order to reduce, and eventually eradicate, HIV infections among young people.

3.3.2 The Symbolic Interaction Theory

The second theory used to analyse data in this study is the Symbolic Interaction Theory. Symbolic interactionism is usually traced back to the work of George Herbert Mead (1959) who was a professor of philosophy at the University of Chicago. Mead's influence on symbolic interactionism comes through the publishing of his lectures and notes by his students as well as through the interpretation of his work by various sociologists, including John Dewey, William James, Charles Peirce, William Thomas, Charles Cooley and one of his students, Herbert Blumer. For example, Blumer, writing primarily in the 1950s and 1960s, integrated much of this work and identified three core principles of symbolic interaction theory: Meaning, language and thought. He posited that humans react towards people and situations based on the perceptions and bias that they have about those people and situations (Charon, 2009). According to Blumer, language affords humans the means by which to negotiate meaning through symbols. It is by engaging in interactions with others that humans discover meaning and develop discourse (Nisbett, et.al, 2001; Charon, 2009). In addition, according to Blumer, one's thought system/mind uses language to engage in the interpretation of the situation that he/she finds himself/herself in. This interpretation has an influence on the action that the person

takes towards the situation. A key aspect of the symbolic interaction is that a role is a position that consists of norms of behaviour inherent in a position. The theory posits that an individual occupying a given position has to learn the appropriate behaviour and then enact the role accordingly (Burr et al., 1979; Stryker and Statham, 1985). From this perspective, for effective role performance and to avoid role strain, it is important to socialize role-players (in these case teachers) into their new role.

The symbolic interaction theory has been used to understand a variety of issues in different socio-political contexts. An example is a study by Chimwaza (2003) who used it to explore the experiences of care-givers of AIDS patients in Malawi. Chimwaza found that there is a need to adequately socialize caregivers for their roles to ensure effectiveness and efficiency of role performance. Such socialisation involves acquiring the symbols, beliefs and attitudes of a culture or role (see also Klein and White, 1996). According to Chimwaza, when care-givers are not adequately trained or socialised into their role, they are likely to experience role-strain. Another study which used the symbolic interaction theory was conducted by Milkman, Akinola & Chugh (2014). The study focused on 'How Race and Gender Biases Impact Students in Higher Education in the United States' top universities. The study concluded that educators need to be socialised into their new roles in order to perform satisfactorily.

In this study the symbolic interaction theory was used to examine the extent to which teachers have been adequately trained and socialised into their role as HIV and AIDS educators in secondary school classrooms. This examination was premised on the understanding that in order to effect change, teachers need age-appropriate and culturally relevant content, as well as pedagogical strategies that

are intended to address the unique needs of young people in the context of the HIV and AIDS epidemic.

3.3.3 Durkheim's Theory of Meaning-Making

The third theory that underpins this study is Durkheim's (1933) Theory of Meaning-making. Durkheim is regarded as one of the founding thinkers in sociology with his theories on the norms, values, and structures of society (Cole, 2018). His dissertation entitled *The Division of Labour in Society* (1933) as well as books on sociological method (1966) and suicide (1966) focused on the structure of society. He was mostly interested in the shared experiences, perspectives, values, beliefs and behaviours among a group of people and what brings them together and creates a sense of belonging and working together towards a common interest (Cole, 2018). For example, Durkheim focused on a micro theory of behaviour which is more collective in nature and more focused on meaning-making (Luke 1985; Swedberg, 2003). For him, the basic categories of meaning, time and space are produced collectively and the drive to make meaning becomes fundamental.

Durkheim's work was advanced by constructionists, symbolic interactionists and psychologists. For example, the social constructivist ideas explain learning, teaching and researching in terms of how, through dialogue and interaction and informed by their socio-cultural context, people analyse and interpret a situation to develop a shared understanding (Dewey 1934, 1963; Bruner 1996; Eisner 1998). Erving Goffman (1974) drew on Durkheim's notion of how meaning is created in social groups. Beyond Goffman's ideas, others in sociology have built on Durkheim's ideas about the connection between social structure and psyche and on the creation of the psyche. For example, Ann Swidler (1986) argues that people use the shared cultural elements to interpret the world and act upon

it. Marx and Weber (1978) share the same sentiment with Durkheim that human psyche is shaped quite fundamentally by social institutions. However, the process of collective meaning making was more fundamental to Durkheim than it was to either Marx or Weber. While Durkheim's theory of meaning-making (1933) posits that the process of collective meaning-making fundamentally shapes the human psyche (Nisbett et al, 2001), Weber (1978) observed that meaning varies from society to society and that in order to understand social action one must understand its meaning to the actor. Cultural psychologists such as Schein (1996) and Pedersen and Dobbin (2006) in the cross-national studies of human psyche have suggested that people in different cultural contexts tend to describe the same picture in different ways. For example, Americans may focus on the subject while the Japanese may focus on the context.

Several empirical studies have used Durkheim's theory of meaning-making as a theoretical framework. For example, Park, Folkman & Bostrom's (2001) study focused on HIV negative gay men who were caregivers. These scholars wanted to understand participants' changing appraised meaning of their situation and how it is consistent with a person's beliefs and goals. The study found that HIV negative gay men who were care givers had a common understanding of their work, based on their beliefs, goals and behaviours which allowed them to feel that they were part of a group working together to maintain common interest. Similarly, Nolen-Hoeksema (1997) used the theory of meaning-making to explain the bereavement of 30 partners of men who had died of AIDS, in particular, how they understood their loss and responded it. The study found that participants who had lost their partners as a result of AIDS recognized their situation (their loss) and reacted to it based on their own background, personal, cultural, and historical experiences. Thus, they created the meaning of their situation based on how the society viewed and behaved towards them, a situation which contributed to increasing their depression and reducing their morale. Further, Baumgartner &

Niemi (2013) used Durkheim's theory of meaning-making in their study on the 'Perceived Effect of HIV and AIDS on Other Identities'. The study found that identities were shaped by individuals and by society and that identity could be defined in numerous ways by different people. These scholars concluded that an identity could better be defined by committed individuals and in collaboration with the society. Thus, for them, it is not personality, past events, trait or quality that is central but what actors are doing in their situations. Thus, to understand human beings, there is a need to understand their actions, the causes of their actions, the consequences of their actions, the perception of own action, and perception of other people's actions. From this perspective, the human is seen as an actor rather than a passive person, a thinking actor rather than a responder, a decision-making actor rather than a formed organism.

Informed by the perspective advanced by Baumgartner & Niemi (2013) in particular, in the present study the theory of Meaning-making is used to explore secondary school learners' experiences of HIV and AIDS education in the classroom. Learners were asked to reflect on the Life Skills Education and on the messages that they were exposed to during HIV and AIDS special days held in the school. I wanted to understand how learners experience the epidemic itself, and how they respond to the HIV and AIDS education programmes that they receive in (and around) the school. This was premised on the notion that a person is socialised into a larger community through collective meaning-making and that humans behave according to the meaning that things and events have for them. The meaning that individuals attach to phenomena and events further stems from their interactions with others. In addition, I held the notion that the learners are active knowers in their own lives and that they are capable of understanding their own actions, the consequences of their actions, as well as other people's actions in the context of the HIV and AIDS epidemic.

3.4 Discussion

Informed by the research questions posed in this study and linked to the conceptual framework developed from the literature review, three theoretical lenses informed data analysis in this study. First, a Theory of Change advanced by Unterhalter et al. (2014) provided a framework for understanding what makes effective HIV and AIDS education programmes in secondary schools. Secondly, the symbolic interaction theory proposed by Mead (1959) provided a framework for examination of the importance of socialisation of teachers in preparing them for effective implementation of educational policies, specifically their new HIV and AIDS role in their classrooms. Thirdly, Durkheim's Theory of Meaning-making (1933) provided a framework within which social institutions, in this case, the school and the process of collective meaning making fundamentally shape the human psyche. These three theoretical frameworks were used to provide the lenses through which to examine meaning-making in the context of HIV and AIDS education among young people in one Lesotho rural secondary school.

Using these theories and in relation to the three research questions asked in this study, three propositions for data analysis were formulated. The first question was: *What is the curriculum policy informing the teaching of HIV and AIDS education in Lesotho secondary schools?* To address this question, the first proposition advanced in this study was based on the theory of change, advanced by Unterhalter, et al. (2014), which suggests that for intervention programmes to be effective, they need to effectively focus on three aspects: 1) changing the institution, 2) improving resources and infrastructure and 3) changing the norms that influence young people's understanding and responses to HIV and AIDS in and around the school (see Moletsane, 2014). Informed by this suggestion, this thesis assumed that for the education sector to effectively influence the fight against the HIV and AIDS epidemic, it must work to significantly change the culture of the schools, other education

institutions and the HIV and AIDS Education programmes that they offer by improving resources and infrastructure and by changing the norms that influence young people's understanding and responses to HIV and AIDS in and around the school. The study focused on the extent to and ways in which programming in Lesotho addresses these responses and understanding as well as where the shortcomings are and how they might be addressed.

The second sub-question in this study was: *How are teachers trained for their role as HIV and AIDS educators in schools? How do they understand and enact their roles?* To address this question, an analysis was informed by the symbolic interaction theory, first developed by Mead (1959) and later advanced by Burr et al. (1979) and Stryker and Statham (1985). According to the symbolic interactionists, a role is a position that consists of norms of behaviour inherent in the position (Schumacher, 1995). Thus, an individual occupying a given position has to learn the appropriate behaviour and then enact the role accordingly. From this perspective, the analysis of the study data was premised on the notion that teachers must be provided with adequate pre-service and regular in-service training to prepare them for their teaching about HIV and AIDS role. Failure to prepare teachers for their teaching about HIV and AIDS role might lead to teachers experiencing role strain, with negative effects on the teaching and learning as well as on their well-being and the well-being of the learners. In addition, under-preparedness or unpreparedness might be part of the reason for teachers to avoid teaching the HIV and AIDS content, with negative consequences for the country's efforts to curb the spread of the HIV and AIDS pandemic. To address this vacuum, the government, the Education Sector and the education institutions (teacher training institutions and schools) must provide rigorous, continuous and relevant professional staff development to prepare teachers for their new role of teaching about HIV and AIDS.

The third sub-question in this study was: *How do young people in schools understand and respond to the HIV and AIDS education programmes in schools?* Informed by Durkheim’s Theory of Meaning-making (1933), later advanced by Mark and Weber (1978), Nisbett et al. (2001) posit that meaning varies from society to society and from individual to individual. From this perspective, the analysis in this thesis was premised on the understanding that for interventions that target them to work, young people’s actual understanding of and responses to the HIV and AIDS messages that they receive must be used to inform the curriculum aimed at curbing HIV prevalence among this population. This move may ensure that the HIV and AIDS education programming is characterised by curricular relevance, pedagogical relevance and cultural relevance (Moletsane, 2014).

Guided by the propositions developed from the theoretical framework in this study, the analysis of data focused on the meaning that young people attach to HIV and AIDS and on the intervention programmes they receive in schools and the factors that influence them. Together, the three theoretical lenses provide a framework through which to examine the meaning that young people attach to HIV and AIDS and the factors that inform such messages. Figure 3.2 illustrates:

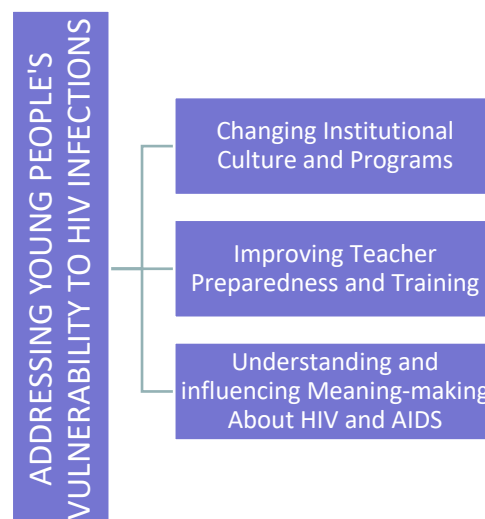


Figure 3.1: Factors that might work in addressing young people’s vulnerability of HIV infection

As Figure 3.1 illustrates, the data analysis is premised on the notion that addressing young people's vulnerability to HIV infection is dependent on three conditions: 1) changing the culture of the school and its programming around HIV and AIDS, 2) providing adequate and relevant pre- and in-service teacher education for the delivery of HIV and AIDS education, and 3) changing the extent to and ways in which young people understand and respond to the HIV and AIDS messages that they receive from the school.

3.5 Synthesis

The chapter has presented the theoretical framework that informed data analysis in this study. Firstly, a Theory of Change proposed by Unterhalter et al. (2014) suggests that any educational intervention programme has to be supported by curriculum policies. This theory argues that for a programme to be effective, it has to focus on three aspects: 1) changing the institution, 2) improving resources and infrastructure and 3) changing the gender norms in and around the school. Secondly, the Symbolic Interaction Theory, proposed by Mead (1959), posits that all individuals who occupy any given positions must learn the appropriate behaviour and then enact the role accordingly. Finally, the Durkheim's theory of meaning-making (1933) posits that meaning varies from society to society and from individual to individual and argued that to understand social action one must understand its meaning to the actor. This theory suggests that people can describe the same picture in different ways. Some of them may focus on the subject while others focus on the context. They attribute the behaviour of others to character while others attribute it to context. This framework is used to examine the meaning that young people attach to HIV and AIDS and the factors that inform such meaning. The chapter concludes with a set of propositions developed from the theoretical framework used to guide the processes of data collection and analysis.

In the next chapter I discuss the research design and the methodology used to address the research questions raised in study.

CHAPTER FOUR

RESEARCH DESIGN AND METHODOLOGY

4.1 Introduction

The purpose of this study was to examine the meanings young people in Lesotho attach to the HIV and AIDS education messages that they receive from the school curriculum. It addressed the question: What meaning do young people make of the messages that they receive from the school HIV and AIDS programme and what factors inform it. To address this question, the study addressed three sub-questions:

- *What is the curriculum policy informing the teaching of HIV and AIDS education in Lesotho secondary schools?*
- *How are teachers trained for their role as HIV and AIDS educators in schools? How do they understand and enact their role?*
- *How do young people in schools experience the HIV and AIDS education programmes?*

In the previous chapter, I focused on the conceptual and theoretical framework that guided the analysis that was employed in the study. In this chapter, I discuss the research design and methodology that I used to gather and analyse the data. Locating the study within the interpretive paradigm, I discuss the choice of the qualitative approach for engaging with young people in one secondary school context. This is followed by a discussion of the data generation process that included document analysis, participatory methods (role-play, letter writing, focus group discussions (FGDs), and questionnaires). The chapter then discusses the data analysis approach and how I

handled trustworthiness in this research. The final section of this chapter presents the approach that was followed to address some ethical concerns that arose during the course of the study.

4.2 Research Paradigm

This study is located within the interpretive paradigm, which allows researchers to focus on participants' ways of life, how they interact and relate with each other and, particularly, how they define their situation and ascribe shared meaning of such a situation (Neiuwenhuis, 2010). According to Denzin and Lincoln (2000: 102), an "interpretive understanding involves empathetic identification, phenomenological inquiry and analysis" of the phenomenon. It stresses the fact that researchers must put participants at the fore-front of the inquiry and particularly consider their perspectives, their situation and the meaning that they ascribe to the phenomenon (Creswell, 2005). The interpretive view takes into account the different contexts, life experiences, expectations and hopes of the participants in the research study. It acknowledges that, unlike non-living things, plants and animals, human behaviour is not influenced exclusively by external factors. Humans act on their environment as much as the environment may influence their behaviour (Tesch, 1990; Connole, 1998; Creswell, 1998; Denzin and Lincoln, 2000; Patton, 2002).

The basic tenets of the Interpretive Paradigm involve, firstly, understanding the meaning or the reason behind a particular behaviour. The interpretive paradigm emphasises the need to see through the eyes of one's participants and to understand behaviour in its social context (Strelitz, 2005). Researchers adopting the interpretive paradigm focus primarily on participants' interpretations at certain times and in particular settings and try to understand the ways in which they live their lives, how they interact with those around them and the meaning that they have for the phenomenon under study

(Struwig and Stead, 2001; Patton, 2002; Creswell, 2005). Further, interpretivists suggest that there is a need for researchers to understand participants' intentions, beliefs, values, reasons and how they understand themselves (Henning, Van Rensburg and Smit, 2004). According to the interpretive paradigm, the 'truth' is personal as it depends on each participant's perspective and is entrenched in the researcher's own understanding (Denzin and Lincoln, 2000). Researchers using qualitative methods of data collection and interpretation centre their search for knowledge on how participants live their lives, what they do, their values and their focus on the experiences, actions, values and various different perspectives (Strelitz, 2005; Creswell, 2005). In this study, this involved understanding the meaning that young people attach to HIV and AIDS messages that they receive from the school curriculum.

Informed by this paradigm, this study views the participants not as passive individuals whose input can be objectively and quantitatively assessed but rather as active thinking participants who can air their views, engage in fruitful qualitative interactions that could lead to informed decisions and actions towards social change (a world without HIV and AIDS) (Charon, 2009). The participants were encouraged to 'think out of the box' and to critically think about their lives, what was happening around them, how they might challenge the norms, beliefs, practices and values which guide their lives in their school as well as in the community (Motalingoane - Khau, 2010; Masinga, 2013; Unterhalter, et. al., 2014).

The study is premised on the understanding that reality is independent of the whole system within which meaning is sought. A phenomenon cannot be understood solely from the researcher's interactions with his/her participants. Rather, it is only when understanding is based on careful and

intentional effort to understand the participants in their social context that it can lead to social change. Change follows where there is a well-balanced and contextual interpretation of information recently acquired (Struwig and Stead, 2001; Patton, 2002; Creswell, 2005). In this study, learners were asked to comment on the messages they receive from the HIV and AIDS curriculum in the school. Locating this study within the interpretive paradigm enabled me to describe the experiences of young people in a Lesotho secondary school and the meaning that they make of the HIV and AIDS education messages that they receive in and around the school. The aim was to understand how they make meaning of these messages, in order to potentially inform strategies for curriculum change in the school.

4.3. Research Design and Methodology

As indicated in the previous chapters, the aim of this study was to examine why, in the context of various interventions aimed at curbing the epidemic, including curriculum interventions in schools, HIV prevalence is escalating amongst young people. Informed by the interpretivist paradigm within which this study is located and the purpose of the research (Cohen et al., 2012), this study adopted a qualitative research design. In this approach people interpret their own situation and the ways in which it influences their thinking and behaviour (Charon, 2009; Cohen et al., 2012). In this study, it enabled me to "... [explore the] attitudes, behaviour and experiences through in-depth enquiry from participants" (Dawson, 2002, p. 115). The qualitative approach illuminated how young people understood and interpreted the HIV and AIDS messages that they are exposed to in the school curriculum and the factors that influence their responses.

Qualitative researchers “typically [study] people or systems by interacting with and observing the participants in their natural environment and focus on their meanings and interpretations. The emphasis is placed on the quality and depth of information” (Nieuwenhuis, 2010 p.51). They are interested in what participants do, how they think about their situations, what they plan to do with their situation and what objects and the situation mean to them. This is based on the belief that only when they know what things mean to them will participants be able to make sense of their situation and behaviour (Orpen, 1989; Dawson, 2002). Further, qualitative methodology involves research processes which generate narrative data: people’s own written or spoken words (Bogdan and Taylor, 1975). In this study it was important to employ a methodology and tools that would generate thick descriptions (Henning et al., 2004) and allow an insight into how young people understand and define their situation in relation to HIV and AIDS and the role of society (agents of socializations) in meaning-making about HIV and AIDS.

Furthermore, qualitative research aims to find out why each person behaves the way he/she does in a particular setting (Nieuwenhuis, 2010). Construction of meaning continues as the researcher converts raw empirical data into thick descriptions (Henning et al., 2004). The whole process is often inductive and allows the researcher to construct a detailed picture of the problem or issue under investigation (Creswell, 2009; Marshall & Rossman, 2011; Merriam, 2009). Therefore, by choosing a qualitative approach, I was aiming to deepen my understanding of how young people experience the HIV and AIDS education program that is provided in the school, how they understand HIV and AIDS and what factors inform the meaning that they attach to the education messages that they receive in schools.

4.3.1 Negotiating Access to the Research Setting

There are about 40 secondary schools in the Mafeteng district located in the southern part of Lesotho. I was looking for a secondary school that would offer an information-rich context in which to investigate the meaning that young people attach to the HIV and AIDS messages that they receive from the school curriculum generally, and the Life Skills program in particular. Thus, from the 40 schools, I selected the Lilomo High School (a pseudonym), one of the rural high schools in the district.

In the processes of negotiating access to the school, I had to bear in mind that gaining access to the participants would have a major influence on the relationships that I as a researcher would have with them and that it would also influence the way in which they would respond (Yates, 2001). From my Masters dissertation, I had learnt that gaining access to a research site (and recruiting participants) is one of the most challenging responsibilities when conducting a study. To gain access to a research site usually requires careful planning as the researcher frequently operates through ‘gate keepers’ who can help to gain access to a site and participants or block it (Miller & Salkind, 2002). Thus, I first went to the district office to request permission to collect the research study data from the school. Permission was granted in writing, through an official letter (see Appendices A).

Secondly, and armed with the letter of permission from the District Education office, I approached the principal and the School Governing Board of Lilomo High School to ask for permission to conduct the study. The main challenge in terms of accessing the research site was ‘selling’ the research idea to gatekeepers in the district and in the school as well as to the potential participants.

This included giving them full details regarding the processes of my research. Luckily, for me, access to the school was not as challenging as I had envisaged that it would be because the principal was not only someone I had met on several occasions in the principals' meetings (when I was a principal of a school myself), but the primary school that I headed was one of the feeder schools for the school. Moreover, the principal held a Master's degree and thus understood the benefits of research. To prepare for the visit to the school, I made a telephone call to the principal describing the study, and set up an appointment to have a conversation with her. She was very keen to support the project.

I made three visits to the school before beginning to collect data for the study. In the first visit, I met the principal and the school board and I introduced myself as a researcher and explained the nature of the study and the purpose for collecting data using that particular school. I presented the letter from the District Education Office that authorised me to conduct research in the schools in the district. The letter helped me to easily convince the principal and the School Board about the purpose of the study because it had an endorsement from a person in authority. However, I clearly explained to the principal and the school board that the involvement of participants from their school would be voluntary. The principal and the school board granted permission for me to collect data from the school (see Appendix B).

At the time of data collection, the school had 12 teachers and 189 learners in grades 8, 9 and 10. The school serves several small villages in the Mafeteng District. Many of the learners have to travel long distances to and from school. To access the school, the learners and staff have to walk about three kilometres from the main road, or use the local mode of transportation, including horses or trucks that function as local taxis to travel the rest of the badly maintained gravel road. For this reason, a

number of the learners rented small huts in the villages closer to the school. In most cases, learners shared the huts to cut the costs and for security reasons. This arrangement seemed useful as learners were closer to the school, but it also created many challenges for the school, the community and the learners themselves.

During my fieldwork at the school, one of the biggest challenges was unplanned teenage pregnancies, which the teachers believed were a result of unsupervised dating relationships among the learners and sometimes between girls from the school and men from the village. In addition, girls living alone in these huts were also vulnerable to rape by schoolmates or villagers. Thus, in granting me access to the school and convincing the teachers to cooperate, the principal argued that even though they had tried their best as a school to implement the Life Skills Education (a subject in which HIV and AIDS education is integrated into) since 2007, their learners were still getting pregnant in large numbers. For her, this suggested that the curriculum was not working. She argued that the school might get the answers they were looking for through the findings of the research.

For the same reasons, and informed by the qualitative research design that I adopted for this study, I believed that participants' attitudes, behaviour and experiences are best understood in the context of their natural settings (Babbie & Mouton, 2010; Creswell, 2009; Denzin & Lincoln, 2008; Marshall & Rossman, 2011 and others). Thus, I wanted to "stay close" to the young people's natural setting (the school and community) throughout the research process (Babbie & Mouton, 2010, p.53). Like the learners, because of the distance that I had to travel to the school to collect data, I decided to rent a hut at the village chief's compound. In addition to ensuring easy access to the school, this gave me the opportunity to meet with the learners, the teachers and the community members informally

outside the scheduled times. I met most parents at the village water spring when they went to fetch water. This is where I learnt a lot about the norms and the practices in the school and village through informal communication.

4.3.2 Gaining Entry

In order for me to understand how young people understand the messages that they receive about HIV and AIDS and how they respond to them, I first needed to understand what and how they are taught. For this reason, I examined teachers' views on the training that they received for their HIV and AIDS teaching role in the classroom. My aim was to get close to the inside in order to "tell it like it is, give an insider's account, be true to the natural phenomenon, give thick descriptions and to deepen rich data" (Brewer, 2000, p. 37). Therefore, I employed a relatively open-ended approach in order to investigate how teachers and young people viewed the situations they faced, how they regarded one another and how they saw themselves in this context (Hammersley & Atkinson, 2007).

I further needed to spend an extended period in the school (Henning, 2004). Because I was in full-time employment during the data collection period, I had some challenges in this regard. Thus, the data collection process lasted for six months. At the beginning of the data collection process, I spent a week (7 days) at the research site (a school in a rural district in Lesotho). Thereafter, I was at the school every Wednesday, Friday and on weekends for the rest of the six-month period. During this period, I interacted with teachers, young people and community members. I observed, documented and interpreted their way of life.

To do this, I used my sporting and singing abilities to my advantage. Most Wednesdays I would be at the playgrounds helping teachers and playing netball with the learners. In addition, every week I attended the school's 'HIV and AIDS Wednesday'. On Fridays, I attended the singing sessions with teachers, parents and learners. In these activities, I managed to build a rapport with the participants and stakeholders (teachers, learners and parents) and this enabled smooth informal conversations through which I learnt a lot about the norms and practices in and around the school. The added advantage was that I had rented a hut at the chief's compound where people always went for various reasons.

Hammersley and Atkinson (2007) argue that although there is no specified length of time for data collection, the researcher can stay until s/he feels that she/he has sufficient data to address the critical questions. Thus, after six months, I felt that I had collected sufficient data to illuminate my key research question. I had already told the research participants in our meetings that I would be leaving and thanked them for taking part in my study. I then formally informed the school principal about my intention to leave. On my last Friday at the school, the principal made an announcement at the assembly that "the visiting teacher" (the way the teachers used to refer to me since my arrival at the school) would be leaving.

After the completion of the fieldwork phase of the study, I made at least two return visits to the school for the purposes of data verification and clarification. For my first return visit, I informed the principal that I would be there to verify the participants' responses. On my arrival, I found that the school had arranged a surprise farewell party for me, with the school board and parents in attendance. This illustrates the level of acceptance and trust that I had developed with the school and stakeholders.

4.3.3 Selecting Research Participants

In this study, I used purposive sampling to select the participants who I thought were likely to yield the richest information for the questions under study (Cohen & Manion, 1994; Cohen, Manion & Morrison, 2000). First, in this study, I wanted to examine learners' experiences of the HIV and AIDS messages in the classroom. These included their understanding of HIV and AIDS and the meaning they attach to the HIV and AIDS messages which they receive from the HIV and AIDS education programmes. Informed by the qualitative design that I adopted in this study, I requested the teachers to help me to recruit a small sample of learners from Grades 8, 9, and 10. For this purpose, the principal and teachers organized a meeting with all the learners in Grades 8, 9 and 10 in the school. The meeting took place in the school hall. In the meeting, I described the research design to the learners as well as what they would be expected to do. I made it clear that if they were willing to participate in the study, they would have to do so after school hours or on weekends because I could not disrupt their learning and the teaching processes. I explained all the envisaged activities to them in their home language (Sesotho). I assured them that participation was voluntary – they were free to withdraw at any time or at any stage during the course of the research. I gave them time to ask questions to clarify what we discussed. In response to some of their concerns, I assured them that their withdrawal would not be held against them. I explained that there were no direct financial benefits to them as participants but when necessary they would be reimbursed for any transportation costs incurred. Furthermore, I assured them that when we met on Saturdays and/or Sundays I would provide meals. I hoped that this information would help them to make informed decisions before agreeing or rejecting to participate.

In each class, I first introduced the purpose of the study (its focus and aims) to the various classes. After the presentation in each grade, I asked for five volunteers who would participate in the research study. To each of those (15) students who volunteered to participate I gave a copy of the informed consent form (Appendix C) to take home for parents or guardians to grant permission for them to participate. The letters were written in Sesotho (the local language) to ensure that the parents understood the contents. These letters gave a full description of the nature and purpose of the research study. They also assured the learners of confidentiality and anonymity during their participation in the study and the dissemination of the findings in the thesis and subsequent publications. The letters clearly stated that I would treat data with strict confidentiality and use it for research purposes only. Moreover, I gave them the assurance that the school, the principal, the learners and teachers would be given pseudonyms. I did that to encourage participants to give rich data. They were given a week to return the signed letters to their teachers. I relied on parents' willingness to allow their children to participate in the study because many of the learners were under eighteen (18) years of age and therefore regarded as minors (in Lesotho, 18 years is regarded as the age at which a person does not need parental consent in decision-making). The school principal collected the signed consent letters and called me to let me know that a handful of signed consent letters were available. In addition, the learners received informed assent forms (Appendix D) to sign provided their parents gave them permission to participate in the study. Of the 15 learners who had initially volunteered, 12 returned both the signed informed consent forms from parents and their own assent forms. Thus, only the 12 who returned the signed forms participated in the study. Table 4.1 shows the profile of the 12 learners, seven girls and five boys, who participated in the study:

Table 4.1: Profile of learners who participated in the study

NO	PARTICIPANT	SEX	AGE	GRADE
1	Thandiwe	F	16	10
2	Lerato	F	16	10
3	Palesa	F	15	8
4	Nthabiseng	F	15	8
5	Teboho	M	16	9
6	Mpho	F	16	9
7	Ts'eliso	M	16	9
8	Thabo	M	15	8
9	Lebohang	F	17	10
10	Thato	F	15	8
11	Thabang	M	16	9
12	Thabiso	M	17	10

I also asked research participants not to discuss the details of our meetings/activities or any part of the study with anyone who was not a participant in order to ensure confidentiality and anonymity. I informed the participants that although they had agreed to participate, they had the right to withdraw at any point during the data collection process. A clear description of what the participants would actually be doing was given to them. I had also attended some of their special HIV and AIDS days and talked to other learners who were not research participants so that the participants could not be easily identified by the school community. To safeguard the interests of the research participants, I was mindful of the fact that getting people to participate in research is both intrusive and obtrusive, involving personal interactions and requiring cooperation of the researcher and participants (Marshall and Rossman, 2006). Thus, I did the fieldwork during the times which were agreed on and suitable for the participants to still pursue their daily duties. I tried to respect their private and public spaces.

The study also sought to understand how teachers were trained to integrate and to teach about HIV and AIDS in their classrooms, as well as how they understood and performed their everyday teaching the content of the subject. All the 12 teachers from the school signed their letters of consent (Appendix E), agreeing to participate in the study. I presented the aims of the research to the teachers in a staff meeting. I outlined the nature of the study, the data generation process and how the data would be used. Table 4.2 shows the profiles of the 12 teachers, eight women and four men.

Table 4.2: Participant Teacher Profiles

NO	TEACHER	SEX	AGE	QUALIFICATIONS	GRADE TAUGHT
1	Phetheho	F	45	M.ED	10
2	Letsatsi	F	35	B. ED	10
3	Ts'epe	F	32	B. ED	10
4	Keletso	F	36	B. ED	10
5	Khare	M	30	B. ED	9
6	Mampho	F	31	Dip, Secondary Education	9
7	Seboko	M	37	B. ED	9
8	Lebopo	M	35	Dip. Secondary Education	9
9	Moru	M	30	Dip. Secondary Education	8
10	Mants'ebo	F	33	Dip. Secondary Education	8
11	Mabatho	F	34	Dip. Secondary Education	8
12	Matoka	F	33	Dip. Secondary Education	8

As will be discussed in Chapter Five, all the teachers had received some form of training in either Life Skills Education or Sexuality and HIV and AIDS during their pre-service either at the Lesotho College of Education or at the National University of Lesotho.

4.3.4 Data Generation

Informed by the interpretive paradigm, which calls for contextualising the experiences related to the phenomenon under study, and the qualitative research design used, which enables flexible ways of investigating what people do, what they know, how they feel (Marshall and Rossman's, 2011; Creswell, 2009), data for this study were generated using a variety of data collection methods in order to ensure that the limitations in one method were complemented by the strengths of another. As Yates (2004) states, qualitative research is not only about observing and measuring, but it is also about

collecting data from different sources and making sense of the data. Thus, the study used questionnaires, document analysis, participatory methods (letter writing and role-playing) and focus group discussions.

4.3.4.1 Questionnaire

Data collection started with the administration of the questionnaire to the 12 teachers (Appendix F). The questionnaire was meant to elicit the views of teachers regarding their training in the teaching of Life Skills Education and HIV and AIDS content. The questionnaire solicited the perceptions of teachers with regard to the nature of the curriculum policies that inform the teaching of HIV and AIDS content and how the teachers were prepared to be HIV and AIDS educators in their school. It also elicited information about what the teachers taught, what methods they used and how well they thought the programme was developing knowledge about HIV and AIDS among the young people that they taught in order to curb infections among this group. The teachers were also asked to comment on what they thought should be done in order to bring about appropriate content tailored to meet the needs of the local young people. My assumption was that this would give teachers a sense of what the research study was about and allow them to complete the questionnaire over a relaxed long period, free to ask me questions as I continued to collect data at the school. I also thought that once the questionnaire had been completed, I would be able to capture issues that teachers raised and follow them up in the focus group discussions and interviews.

From my observations, the teachers seemed anxious about completing the questionnaires. First, I thought their anxiety was caused by the focus (HIV and AIDS) of the research study which is regarded as taboo and is stigmatised in Lesotho. However, I later realised that their anxiety was caused by their

desire to provide ‘correct’ responses to the questionnaire. In order to counteract this, I had to explain and convince them, especially in my informal encounters, that what I needed was their authentic experiences, feelings and perceptions of their HIV and AIDS role and HIV and AIDS education intervention programs in the school. Further, I assured them that their responses would remain anonymous, and that since the questionnaire did not require them to write their names, their responses would not be linked to individuals in any way.

The questionnaire consisted of close-ended questions, wherein teachers were given a ‘yes’ or ‘no’ answer without being allowed to make remarks (McMillan & Schumacher, 2001). Open-ended questions, which allowed the teachers to expatiate on the ideas and issues that they identified in the close-ended questions (Mouton, 2001) followed. Since this study was mainly qualitative, 80% of the questions were open-ended, giving room for the teachers to provide reasons for their personal views. All the twelve teachers from Lilomo High School returned the copies of the completed questionnaire. These are analysed in the next chapter.

4.3.4.2 Document Analysis

To understand the policy framework and the curriculum framework that govern the teaching of HIV and AIDS Education in Lesotho education institutions, I analysed various documents including international, national and institutional educational policies. I tried to identify salient issues relating to HIV and AIDS and Life Skills Education within various policy documents. I also analysed school documents, including the syllabi, daily lesson plans, staff meeting records and timetables (see Chapter Five).

In addition, I carefully cross-checked all data for correlation between information gathered through questionnaires, focus group discussions and document reviews. This method provided valuable information that might not be accessible by other means (Valdez, 2004). For example, it provided me with information about aspects that I could not observe because they took place before I began my data collection process in the school. It also allowed me to reflect on plans that were made by international bodies, the Lesotho government and in particular, the Lesotho Ministry of Education and Training, the school itself and the extent to and ways in which they were implemented at classroom level. Another advantage of this method was that documents were generated at the same time as the events they referred to. Therefore, they were less likely to be subject to memory decay or distortion compared to the data obtained from interviews or questionnaires which often ask participants to recall past events (Tesch, 1987).

4.3.4.3 Participatory Methods

To examine the ways in which the learners experienced and made meaning of the HIV and AIDS messages that they received from the school curriculum, I used participatory methods to engage the participants. Participatory research is “built on the premise that communities must be catalysts of their own change and development” (Pinel, 1992, p. 4). As such, it views knowledge production as involving the active participation of the affected communities (Babbie & Mouton, 2010). It allows for the voices, the views and opinions of those previously excluded to be included and listened to, regarding the issues they face (Marshall and Rossman, 2011). Further, participatory research attempts to conscientize people so that they can explore alternative approaches to basic problems (Babbie and Mouton, 2010) and stimulate “self-critical awareness’ among participants (Rahman, 1993, p.81).

Significantly, participatory research privileges participants' local knowledge as they reconstruct their experiences within the context in which they occur (Fargas-Malet et al., 2010; Ferreira, 2013; Meyiwa, Letshekha, & Wiebesiek, 2013). As a qualitative researcher, I used data generation methods that would enable me to engage in on-going dialogue with the participants and for them to engage in dialogue among themselves. These dialogues, I assumed, create opportunities for social change (Barnes & Kelly, 2007; Moletsane, 2012) as participants collaborate in meaningful ways and actively participate in understanding the issues and identifying alternatives (Henning et al. (2004). Mukeredzi (2012) points out that participatory research does not only enhance the researcher's own reflexivity but can also develop new ideas that bring together different perspectives from the participants. Thus, in this study, to elicit data that helped me to understand the learners' experiences of HIV and AIDS messages and their role in the fight against the epidemic, I used three participatory methods: role-plays, letter writing and focus group discussions.

a) Role Plays

To address the question: How do learners understand HIV and AIDS and what factors inform the meaning that the young people attach to HIV and AIDS, I used role-plays with the 12 grade 8, 9 and 10 learners who participated in the study. Role plays are "a dramatic way of presenting a problem or an issue and stimulating discussion, as well as of providing clues to possible solutions and explore them without the dangers inherent in a real-life trial and error approach" (Bwatwa, 1990 p. 35). They have been used to examine delicate situations in human relations and to explore possible solutions to problems. Further, role-plays give participants a chance to empathise with others, by assuming the life of another human being, to imagine what that person thinks, how they feel and how they might act in the situation being role-played (HIV and AIDS Counselling and Psychosocial support training Manual, 2009-2010).

Using prompts (see Appendix G for an example) that address HIV and AIDS issues, the participants role-played various scenarios in pairs or small groups. In this method “some members act out a real-life situation in front of the group, but there is no script or set dialogue” (Bwatwa, 1990 p. 35). The participants make up the narratives that portray their understanding of the issues. Neff and Paterno (1972) contend that role-playing can be a valuable learning experience but that the complexity of the involves human interaction requires alert researchers to handle the method. Accordingly, I selected the participants for the role-play just before they were to begin in order to avoid them being influenced by the views of the group and to ensure that they portrayed the various issues with honesty and authenticity. After the role-play, the 12 learners discussed the role-play and the issues that it raised. Both the role-plays and the discussions were tape recorded and later transcribed for analysis.

b) Letter writing

To answer the question, what meaning do young people make of the messages that they receive from the school HIV and AIDS programme and what factors inform it, I engaged the participants in a letter writing activity. Connelly and Clandinin (1990) argued that letter writing is a way of having a conversation. My opinion is that there was a need for a tool that would permit young people to have deep conversations about HIV and AIDS and the issues around sex and sexuality which may not be possible by other means. This tool would provide learners with the opportunity to air their views in this matter which is which is regarded as a taboo. I asked the participants to write letters using pseudonyms to the principal on their views about the content of the HIV and AIDS curriculum in their school. As indicated throughout this thesis, HIV and AIDS and the issues that involve sex and sexuality are regarded as taboo and are, therefore, not talked about publicly, particularly between

adults and young people. The letter writing activity was used with the belief that learners would feel freer to express themselves through letter writing than they would in face-to-face interviews. I gave the participants different scenarios (Appendix H provides an example) on which they could base their letters. I prepared scenarios in order to focus their writing in the direction of my research questions. The letters were written anonymously and placed in sealed envelopes, which were then dropped in a box. In this way, the participants were assured of their anonymity.

The letter writing activities were followed by group discussions in which the learners discussed their views about HIV and AIDS in more detail. By so doing, participants exchanged ideas so that this could become a learning experience. The letters were analysed thematically and the discussions that emanated from them were recorded and later transcribed for analysis.

4.3.4.4. Focus Group Discussions

Within the African context, a community is the basic unit of social activity and therefore, using focus group discussions is ideal for data generation (Obeng-Quaido, 1987). As a Mosotho, I can attest to the fact that Basotho (people of Lesotho) are renowned for their communal practices and their reliance on group activities to solve community problems. Thus, in this study, first, to complement the participatory methods I used to address the question, how young people in schools experience the HIV and AIDS education programmes, I used focus group discussions with the 12 learners who participated in the study. I chose focus group discussions for their potential to highlight common experiences and views to identify differences within the group and to stimulate critical thinking for generating solutions and strategies among participants (Morgan, 1998). Focus groups are frequently used in HIV and AIDS research as a useful tool to help explore discourses surrounding sexual

identities and to challenge the norms of sexual relations (Reddy, 2004; Bujra, 2000). Gibbs (1997) points out that when participants interact in a focus group discussion, their views of the world and their beliefs and values are highlighted. Further, focus group discussion facilitates the exploration of complex relationships as well as the generation of collective knowledge (Pretty et. al., 1995). In this study, I carried out focus group discussions with the 12 learners. I divided the learners into two focus groups of six each, and, using open-ended questions (see Appendix I) I engaged them in discussing their perspectives about the HIV and AIDS curriculum. In this way I expected to deduce the learners' experiences with HIV and AIDS education and the meaning they attached to the content that they were exposed to in the curriculum.

Secondly, to identify the teachers' perspectives on the issues investigated in this study and particularly to address the questions: *How are teachers trained for their role as HIV and AIDS educators in schools and How do they understand and enact their roles*, I conducted two focus group discussions with the 12 teachers in the school (See Appendix J). Each focus group was composed of six participants. I decided to keep the group size small so that its members would not feel intimidated but would express their views freely. The aim was to understand the educators' experiences of being trained to teach Life Skills Education and HIV and AIDS content and their views about their training.

The focus group discussions were tape recorded and later transcribed for analysis. Ely et al. (1991) argue that having audio taped and transcribed conversations allows researchers to reflect on events and experiences so that they can supplement the details. Riessman (2002) also observes that the process of transcription is one excellent way of starting familiarising oneself with data. Commenting on the importance of transcribing as an aspect of thematic analysis, Bird (2005: 227) argues that

transcription should be regarded as “a key phase of data analysis”. It is also further argued that transcribing focus group interviews is an interpretative act where meanings are created. It also involves making decisions on correcting the language during translation, thus changing the voice and expression of the participants (Braun & Clarke, 2006; Crotty, 1998; Gay, 1992; Lapadat & Lindsay, 1999).

4.3.5 The Pilot Study

All instruments designed and used in this study were piloted in one rural secondary school in the Mophale’s Hoek district in Lesotho. I informed the teachers and learners about the study and the reasons for the different data production instruments. The pilot allowed for revision of some questions for more clarity and some of the data collection methods which were challenging for the pilot participants. For example, initially I had intended to use a drawing to elicit the participants’ views about their experiences of the HIV and AIDS curriculum. However, most of the participants in the pilot study found it challenging to use the drawing to express their views. While I was eager to see them express themselves through drawings, I was also aware of their feelings of unease and struggle with the drawing activity. In line with this observation, I decided to abandon the drawing activity and focused on letter writing, role-plays and focus group discussions with the learners. This pilot exercise gave me an insight into the likelihood of the challenges I might encounter in the use of planned data production methods. These included the influence of the power differentials between the participants. I had to acknowledge that differentials could not be completely removed. In the actual study, I did my best to ensure that I reduced the feelings of unease among the participants.

4.4 Data Analysis Procedures

In this study, data analysis began in the early stages when I began reading the literature and deciding on the appropriate theoretical frameworks, methodologies and the methods utilised in this study. This continued throughout the study, in terms of analysing the empirical data that I obtained from Lilomo High School as well as analysing the relevant documents that helped me to address the research questions. The analysis continued until I wrote the final sentence of this thesis.

Data analysis refers to the process of changing raw research data into organized and understandable information about a researched phenomenon (Wolcott, 1994). In this study, the social phenomenon under study is HIV and AIDS education and meaning making among young people in one Lesotho rural secondary school. In particular, I conducted a thematic analysis of the data collected in the study. Thematic analysis is described as inductive (Roulston et al., 2003). In this study, themes were generated from the teachers' experiences of their training for their teaching of HIV and AIDS-related topics role as well as their performance of this role at Lilomo High School. Themes were also generated from the learners' experiences of the HIV and AIDS education messages that they received from HIV and AIDS education programmes and the meaning that they made of the programmes. In this study, the analytical procedure proposed by Braun and Clarke (2006) and by Marshall and Rossman (2006) informed the analysis of the data, described in the sections below.

4.4.1 Familiarizing myself with data

In this study, I collected what Clandinin & Connelly (1994, p. 418) referred to as "field texts". My main field texts included data from documents, letters written by learners, questionnaires, and transcripts of the audiotape recorded focus group discussions and role-plays. Analysis of the data

produced during the fieldwork followed some complex, systematic and reflexive processes. The first level of data analysis began every day after each school visit. I typed and translated all the data that I produced for the day. This activity was meant to familiarise myself with the data. To do this, I first transcribed all the data from the interviews, role-plays and the learners' letters. Transcribing the data was an important task in familiarising myself with it. It helped me to gain a deeper understanding of the data (Braun & Clarke, 2006). After transcribing the data, I edited the transcripts by checking them against the recorded tapes. The aim was to ensure that the transcripts had retained the information from the verbal accounts of the interviews in a way which was true to the original accounts.

Following the transcriptions, another aspect of familiarising myself with the data was what Marshall and Rossman (2006) describe as absorption in the data, which involved reading and re-reading through it. Thus, I read and re-read through the data corpus, consisting of the transcripts from focus group discussions and role-plays, learners' written letters and questionnaire responses. The data sets were taken back to the participants for member checking and ensuring that they were comfortable with what was recorded and transcribed, thus allowing them to change their statements if they felt the need to do so. None of the teachers and the learners changed their documented statements.

Later, I coded the data according to themes that I identified as I read and re-read the data trying to make sense of it. I developed key concepts and ideas which enabled me to make sense of the data in the text (Miles and Huberman, 1994).

4.4.2 Generating Codes

The next step in the data analysis process involved data coding. This involved transforming raw data for the purposes of analysis. I started this process with open coding. This is described as manifest content analysis (Gay, 1992; Sarantakos, 2005), where the data are opened to identify ideas, themes, categories, or patterns emerging from the manifest content. Open coding is conducted “to identify first-order concepts and substantive codes” (Sarantakos, 2005, p. 349). I coded the data by using highlighters and writing notes in and on the margins of the text, to mark ideas. Coding involved reading and re-reading, coding and re-coding the data in order to identify segments of the data that reflected some ideas about the participants’ views of the phenomenon under study: the teaching and learning about HIV and AIDS in a Lesotho rural secondary school.

4.4.3 Generating Initial Themes

The third step in the data analysis process involved the generation of initial themes. Generating themes can be explained as the second level of coding (Sarantakos, 2005: 350) described as “axial coding”. At this level of coding, the codes generated under open coding were interconnected to construct higher-order concepts or themes. Sarantakos (2005) also describes this phase of generating initial themes as theoretical coding or latent content analysis. He considers it a more advanced level of coding than open coding, since it involves interconnecting “first-order concepts to construct higher-order concepts” (Sarantakos, 2005, p. 349). Whilst open coding merely opens data to theoretical possibilities, axial-coding finds relationships between the first order codes in order to reach a higher level of abstraction. Sarantakos (2005) labels this task as generating initial themes since it involves identifying relationships between and among the generated codes in order to come up with themes on the social phenomenon being studied.

The generation of initial themes was based on the generated codes, which led to the development of a thematic sketch on the experiences of teaching about HIV and AIDS in Lesotho rural secondary schools. Leininger (1985, p. 60) argues that themes can be identified through “bringing together components or fragments of ideas or experiences, which often are meaningless when viewed alone.” In keeping with my key research question, I engaged the codes to generate the themes reflecting meanings that young people attach to HIV and AIDS and HIV and AIDS education intervention programmes that they received from the school and the community. Terre-Blanche et al. (2006, p. 321) point out that the “key to doing a good interpretive analysis is to stay close to the data, to interpret it from a position of empathic understanding.”

4.4.4 Reviewing Themes

Sarantakos (2005) describes refining themes as selective coding, which denotes the selection of “higher-order themes with theoretical saturation and high explanatory power” (p. 350). Thus, after generating and reviewing a satisfactory list of themes from the data, I defined and organised the themes into categories which I used as my research findings. These themes are used to present the findings from the study in Chapters Five and Six.

4.5 Developing Trustworthiness

In this study, the trustworthiness of the data was assured by aligning with two criteria. The first criterion was triangulation (see McMillan & Schumacher, 2001; Cohen et al., 2007). This means that several data production methods were employed (Nieuwenhuis, 2007). Triangulation was used to get

different information and to supplement the weaknesses of one method with the strengths of another. In this study letter writing, role-playing, focus group interviews, document analysis and questionnaires were used. Richardson (2000, p. 934) argues that “reality emerges from various data gathering techniques and it represents our interpreted understandings of the phenomenon.” Thus, the meanings described in this study emerges from the themes and categories that have crystallised from the data, and are presented in such a way that the data and analysis present similar emerging patterns.

The second criterion for ensuring trustworthiness in the study involved seeking feedback from participants to establish the credibility of the data. Feedback from participants was continually sought during fieldwork and after the completion of fieldwork by means of member checking. I had to take several visits to the school to seek clarity and to verify whether the conclusions that I had arrived at were an accurate account of the participants’ experiences.

4.5.1 Credibility

Creswell (2009) describes credibility as the hallmark of qualitative research. De Vos (2005) indicates that credibility occurs when a qualitative researcher strives to provide research findings that are believable and convincing. This can be established, for example, when qualitative researchers produce a detailed description of the setting, the researcher’s familiarity with the natural setting, information about the time spent in the field, and clarification of the researcher’s own biases, negative attitudes and perceptions during the course of the study (see Creswell, 2009; Marshall & Rossman, 2011; Nieuwenhuis, 2007). In this study and drawing on Mishler’s (1990) notion of trustworthiness in social science research, I have provided a detailed description of the research design and

methodology that I adopted in this study. In so doing, I wanted to ensure that the veracity of my data sources is clear and so that others might use this methodology to generate ideas or questions for their own inquiries or practice in similar research contexts (Conle, 2000a, 2000b; LaBoskey, 2004b; Loughran, 2002; Nash, 2004).

To ensure credibility in this study, I first visited the research site (the school) in order to familiarise myself with the physical and social environment. Fortunately, I had headed a primary school in the same area, which also served as a feeder to this school with Grade 8 learners. I introduced myself as a Mosotho studying at the University of KwaZulu-Natal. I spent most of my Wednesdays, Fridays and weekends of my data generation six months in the participants' actual school setting.

I chose a research design that enabled me to use different ways of generating data on the same phenomenon, in order that the data generated using one method could be used to validate the accuracy of the data generated using another method (see Cohen et al., 2012). I did this with the aim of overcoming the bias that often comes with a single method. Hence, data generated by means of role-plays and letter writing collated with other sources such as focus group discussions and questionnaires to provide corroborating evidence. I also ensured credibility by writing detailed field notes, using audio recording with teachers and young people during data generation (Marshall & Rossman, 2011; Creswell, 2009). I also had discussions with my PhD supervisor not only to ensure that the results would be believable and rich but also to ensure that I had a coherent set of the findings related to the existing theory and literature reviewed.

4.5.2 Confirmability

Marshall and Rossman (2011) argue that in qualitative research, the researcher demonstrates how another person could confirm logical inferences and interpretation of the research. Similarly, Lincoln and Guba (1985) expand the concept of confirmability to include engaging someone who is not part of the study to critically check the procedures used and the results of the study in order to suggest changes where necessary. In this study, I engaged one of my colleagues to read my analysis chapters. My colleague asked critical questions in relation to my interpretations. I created time to go back to the research participants with the purpose of eliminating my own bias. We had an opportunity to clarify issues where there seemed to be uncertainties since multiple meanings were bound to be ascribed to the reality of the issue being studied. To avoid imposing my own ideas on the data, I decided to employ the expertise of an independent coder. My belief was that someone who did not know the research project or me would provide an objective interpretation of my research data. My aim was to obtain confirmable findings and conclusions, as advocated by Creswell (2009) and De Vos, Strydom, Fouché and Delpont (2005).

4.5.3 Transferability

Babbie and Mouton (2010) see transferability as the degree to which the findings apply to other contexts and settings or even other participants. However, this does not imply that the results of the study can be generalised. According to Lincoln and Guba (1985), De Vos et al. (2005), and Marshall and Rossman (2011), in qualitative research, generalisability of the findings to other contexts is problematic. However, there is a need for a qualitative researcher to demonstrate transferability so that those who wish to replicate the study in their own context can do so. To increase transferability, researchers have to create a thick description (Lincoln and Guba, 1985). According to Maree and Van der Westhuizen (2009), transferability and replication can be possible when the researcher clearly

explains the theoretical parameters of the research, provides a comprehensive description of the research context, the research design, data generation processes and how the issue studied relates to the body of the existing literature. To establish and ensure transferability in this study, I have provided a detailed account of the context of the study, the geographical area of research site and typical environment in which data generation took place. I explained the data generation procedures, the methods employed for data collection, and the period for generation. I explained the challenges encountered in the research setting and how I overcame them. This enables other researchers to replicate the study in their own context and to discover whether the findings relate to their context.

4.5.4 Dependability

According to Marshall and Rossman (2011) the notion of the world is premised on the assumption that it is socially constructed. This implies that meaning and understanding are always constructed and therefore the findings are not necessarily replicable. For qualitative researchers, dependability includes the researcher's clear explanation of the conditions of the study and how the researcher can account for the changing conditions in what is being studied (Lincoln & Guba, 1985; Marshall & Rossman, 2011). In this study, I ensured dependability through clearly stated research questions, explicit design and analysis procedures. The findings responded to the research questions. I conducted this study within the approved regulatory framework of the University of KwaZulu-Natal in order to maintain and enhance what De Vos et al. (2011) and Trafford and Leshem (2008) refer to as dependability of the study.

Furthermore, in reporting the findings, I represented the research participants by using their verbatim quotes without changing or editing the data. However, the participants' voices are not represented in

isolation from my researcher voice since qualitative research denotes the researcher as the main research instrument (Creswell, 2009); as the researcher, my analytical and interpretive voice is vital in this study and it adds breadth or depth to the analysis. I did this without drowning out the voices of the participants. Moreover, most of the discussions were conducted in Sesotho (the local language) and later transcribed and translated into English. Some of the meaning communicated by the participants may have been 'lost in translation'. To minimise this, I read and re-read the transcripts alongside listening to the audiotapes. I also took the transcribed transcripts back to the participants to check their accuracy. In addition, I asked my PhD supervisor, a native Sesotho speaker herself, to pay particular attention to the translation of the quotes that I have used in this thesis. My hope was that these measures would minimise the participants' views and meaning-making being 'lost in translation'.

4.5.5 Locating Myself in the Research Process

The researcher plays a vital role in the production of knowledge in any study. Largely, the researcher determines the kind of knowledge constructed. It is therefore vital for the researcher to be aware of his/her power in the research and to willingly examine her/his values, knowledge, position and purpose in order to uncover how he/she sees his/her influence in the construction and production of research knowledge. This is where the researcher brings forth the practices that can implicate her/him as a subjective research agent. In this study, I brought my own positioning as a parent, an educator, an affected community member, with values, power, strengths and weaknesses that might have influenced the data generation and analysis in this study.

This study adopted a critical stance to examine HIV and AIDS education programmes for young people in Lesotho, the policies that guide such interventions and meaning attached to such interventions. This, together with the HIV and AIDS curriculum in teacher training institutions and schools for teachers and learners respectively puts me beyond the “binary of insider/outsider polarity and familiarity and strangeness” (Atkinson and Hamersley, 1998, pp.110-111). My identity in this study, therefore, involves a hybrid of insider-outsider position. This position conjoins the outsider’s critical theoretical perspective informed by the policies that protect education and insider’s knowledge of the teachers’ roles in the HIV and AIDS era and the high HIV prevalence among the youth of school going age.

In this study, I was an ‘insider’ because I grew up and attended rural schools in Lesotho. I was trained as a teacher at the National Teacher Training College (NTTC) now known as the Lesotho College of Education (LCE). I taught at primary school level for 33 years, and was the principal of a rural primary school for 15 of those years. Concurrently, I worked as a part-time adult educator for 14 years at the National University of Lesotho (NUL) before I joined the university as a full-time lecturer in 2014. This is where I had the opportunity to experience the emotional and psychological pains of HIV and AIDS. I saw my family members, community members, colleagues and my students’ parents getting ill, suffering and sometimes dying of AIDS-related illnesses. Learners got ill, became orphans, dropped out of school to care for their sick parents. This meant that they were deprived of their childhood in order to head families, to hunt for jobs and to care for their siblings. Very often, I watched some of these young people die as well. I have also been aware of the plethora of interventions that have been implemented to curb the spread of the virus. As I argued in Chapter One and throughout this thesis, I have also noticed how infections seem to be increasing, particularly among the school-going adolescent population. These experiences motivated me to find out what was

wrong and why the many HIV and AIDS interventions are not contributing to behaviour change that can help to reduce the prevalence of HIV in the country. These experiences led to my interest in unearthing the meaning that individuals (especially young people) make of HIV and AIDS education interventions, their lives and the challenges that are brought by the epidemic.

While I was born and continue to reside in Lesotho, as a research student from the University of KwaZulu-Natal in South Africa, I was an outsider to the school and to the community. In qualitative research, the researcher acts as the most important instrument for data collection and data analysis (Denzin & Lincoln, 2005). His/her capability and understanding are important features in the research process. When collecting qualitative data, researchers must truly immerse themselves into the population that they are researching on. This makes it easier for them to fully understand the people and institutions that they are conducting research on (Denzin & Lincoln, 2005). This is so because people are their very real selves when they are in their natural setting. To minimise my outsider status, as discussed above, I lived in the community for the duration of the data collection period. This provided me the opportunity to interact with community members and other participants outside the school. By so doing, I was able to learn about the culture of the school and the community. Epistemologically, I construct my research to be situated and located to examine the curriculum policy, informing the teaching of HIV and AIDS education to the teachers, the youth and me. I explored the content to find out how it contributes to the meaning that the young people attach to HIV and AIDS and how it influences their behaviour change that can help them to avoid risky behaviours that can expose them to HIV infection.

The study took as its point of departure, the notion that young people in schools, including those from rural schools, are capable of making sense of their own worlds. Based on this notion, I located the study within the Interpretive Research Paradigm which posits that knowledge is socially constructed, therefore it is dynamic and changes according to how people make meaning of their situations and that it is fluid and accurate. In other words, young people's voices and participation in search of meaning is central to interpretive paradigm. I have used the interpretive paradigm. It is for this reason that I used participatory methods such as role-play, focus group interviews and letter writing to solicit participants' views of the phenomenon under study.

4.6 Ethical Considerations

For this study, ethical approval (Protocol Reference Number: HSS/0063/013D) was granted by the Humanities and Social Sciences Research Ethical Committee of the University of KwaZulu-Natal (see Appendix M). As the study involved human subjects, ethical issues had to be considered. This involved, first, negotiating access to the research site and participants. According to Silverman (2010) participants require planning and engaging in a dialogue with all the parties concerned. Thus, having gained ethical clearance for this study, as discussed above, I was granted permission by the Mafeteng Education District and by the school to conduct the study (see Appendices A and B). Furthermore, all the participants, including the minor participants whose parents consented on their behalf, gave informed consent for participating in the study.

4.7 Limitations of the study

This was a small-scale in-depth study that cannot be generalized across Lesotho or to other contexts. Its design was limited to a sample of only a few teachers and learners in one secondary school. This left out unheard voices of other stakeholders in education such as teachers and learners in other rural schools, parents and policy makers, who could have possibly added another dimension to the study. Given the constraints of time and money, I could not include them in this study. However, these are possible areas for further study and their involvement may raise significant issues and ideas that could be further explored in different contexts and/or on a larger scale. As discussed above, the study only allows for transferability of research findings (Swann & Pratt, 2003, p. 201). By providing a clear and detailed description of how I went about my study, I hope to offer some ideas and inspiration to others who are interested in undertaking similar work.

4.8 Synthesis

This study intended to examine the meaning that young people make of the messages that they receive from the school HIV and AIDS programme and the factors that inform the meaning that they make. In this chapter, the goal was to discuss and justify the choices made with regard to the research design, methodology and methods of data production and analysis. Thus, I discussed the research design as well as the methodology that was employed in the study. Guided by the propositions derived from theoretical frameworks discussed in the previous chapter, the study was located within the interpretive paradigm and employed a qualitative approach to research. Data collection involved document analysis, participatory workshops (role-plays and letter writing), focus group discussions and questionnaires. These enabled me to capture the feelings, views, understanding, experiences, interpretations and the meanings that participants had for school HIV and AIDS programmes and the factors that inform such meaning. The chapter also describes the data analysis methods used, the

ethical issues that had to be addressed, as well as the strategies that I adopted to ensure the trustworthiness of the study. The next two chapters present the findings from the study.

CHAPTER FIVE

TEACHERS' ROLE PREPAREDNESS FOR HIV AND AIDS EDUCATION IN A LESOTHO RURAL SECONDARY SCHOOL

5.1 Introduction

The study reported in this thesis focused on HIV and AIDS education and meaning-making among youth in secondary schools in Lesotho. It aimed at examining the meaning that young people in Lesotho attach to the HIV and AIDS education messages that they receive from the school curriculum. It further aimed to explore the various factors that inform this meaning and the implications they might have for curriculum development targeting HIV prevention. It addressed the question: *What meaning do young people make of the messages that they receive from the school HIV and AIDS programme and what factors inform it?* To address this question, the study addressed three sub-questions:

- *What is the curriculum policy informing the teaching of HIV and AIDS education in Lesotho secondary schools?*
- *How are teachers trained for their role as HIV and AIDS educators in schools? How do they understand and enact their role?*
- *How do young people in schools experience the HIV and AIDS education programmes?*

The previous chapter presented the research design and methodology used in addressing the research questions that this study set out to explore. The study is located within the interpretive paradigm. An interpretive paradigm emphasises the need to see a phenomenon through the eyes of the study participants and to understand it in its social context (Strelitz, 2005). The paradigm emphasises the

importance of participants' views, the meaning that they hold regarding the issues and the context in which they live (Creswell, 2005). The interpretive view acknowledges that, unlike non-living objects, human behaviour is not influenced exclusively by external factors. Humans act on their environment as much as the environment may influence their behaviour (Tesch, 1990; Connole, 1998; Creswell, 1998; Denzin and Lincoln, 2000; Patton, 2002). For these reasons, the study examined young people's experiences of HIV and AIDS education in schools and the meaning that they attach to it.

To address the research questions, the study adopted a qualitative research approach and data were collected from one rural school, Lilomo High School (a pseudonym), located in the Mafeteng district in Lesotho. The first question (*What is the curriculum policy informing the teaching of HIV and AIDS education in Lesotho secondary schools?*), was addressed through data that were collected through document analysis. I analysed the international and national policy frameworks that govern HIV and AIDS education in schools. These documents provided information on how international and national policies inform HIV and AIDS education in Lesotho teacher training institutions and in schools. To address the second research question: (*How are teachers trained for their role as HIV and AIDS educators in schools? How do they understand and enact their role?*), data were collected through questionnaires, interviews and focus groups discussions with teachers and the principal of Lilomo High School. To obtain data that addressed the third research question (*How do young people in schools experience the HIV and AIDS education programmes?*), the study utilized focus group discussions and participatory methods, including role-play and letter writing with a sample of learners in the school. This chapter focuses on the first and second research question. Chapter Six will focus on the third research question.

To analyse curriculum policies that inform the teaching of HIV and AIDS education in Lesotho secondary schools and teacher training institutions in Lesotho, I borrow from a Theory of Change (ToC) developed by Unterhalter et. al. (2014) (see Chapter Three). This ToC argues that for intervention programmes to be effective, they need to effectively focus on three aspects 1) changing the institution/school, 2) improving resources and infrastructures in the school and 3) changing gender norms in and around the education institutions (for example schools) (Unterhalter et al, 2014). Although this theory was developed with reference to prevention of unplanned teenage pregnancies in schools, I use it to analyse how the education policies in Lesotho address the prevention of HIV and AIDS in secondary schools and how they make provision for care and treatment for those who need it.

Second, the study is informed by the symbolic interaction theory (George Herbert Mead, 1959), and the structural role theory. According to both the symbolic interactionists' and the structural role theorists' perspectives, role has to do with the parts played by individuals as they live their lives (Schumacher, 1995). The structuralists view role and interaction from an object angle and believe in the predictable, repetitious and measurable aspects of role. According to structural theorists, role is a position that consists of norms of behaviour inherent in the position (Schumacher, 1995). Thus, an individual occupying a given position has to learn the appropriate behaviour, and then enact the role accordingly. In this study, analysis focuses on how educators are prepared for the role of educating the youth about HIV and AIDS and how they understand and enact the role. This thesis takes the position that the activities that HIV and AIDS educators undertake in their respective social institutions are not static. Rather, they vary from time to time due to the interaction between the concerned parties. This study investigated how teachers were prepared for their role as providers of

HIV and AIDS education in the schools. The interaction theorists' view, which posits that role acquisition would be an active process, is thus embraced in this study.

Using these theoretical lenses, first, the chapter provides an analysis of the curriculum policies that inform the teaching of HIV and AIDS education in Lesotho secondary school and teacher training institutions. Second it analyses the role expectation of teachers in terms of HIV and AIDS education in schools. Third, using one rural secondary school as a case study, the chapter presents data on educators' perspectives on their pre- and/or in-service training and preparedness for teaching the HIV and AIDS curriculum.

5.2 The Curriculum Policy Context

In this section I address the first research question: *What is the curriculum policy informing the teaching of HIV and AIDS education in Lesotho secondary schools and teacher training institutions?*

To do this, as stated above, I borrow from the ToC developed by Unterhalter et al. (2014). In relation to this, the analysis asks: *To what extent and in what ways do the education policies target the three aspects: changing the institution; improving resources and infrastructure in the school and changing gender norms in and around the education institutions in terms of HIV and AIDS education in Lesotho secondary schools and teacher training institutions?*

5.2.1 The International Policy Context

As discussed in Chapter One, the UNAIDS World AIDS Day Report (2011) indicates that Sub-Saharan Africa continues to be the region with the highest number of people affected by HIV, with

68% of all people living with HIV residing here at the end of 2010. Furthermore, reports state that 70% of all new infections occurred in this region in the same year. While research shows that HIV incidences have declined by more than 25% in 22 Sub-Saharan countries, and the epidemic in Lesotho seems to be levelling off, HIV prevalence among young people remains unacceptably high. According to UNAIDS (2014), Lesotho had moved upwards from the third rank globally to the second rank with high HIV prevalence after Swaziland. UNAIDS statistics (2014) indicated that HIV prevalence was 22.9% in 2013. This figure rose slightly from 22% in 2005 (UNAIDS, 2014). The report estimated that 360,000 people are living with HIV in Lesotho and that 16,000 died from AIDS-related illnesses in 2013 (Lesotho Ministry of Health (2012) 'Lesotho Global AIDS Response Country Progress Report'). The country has seen a slight decrease in HIV incidence from 30,000 new infections in 2005 to 26,000 new infections in 2013 (UNAIDS, 2014).

In view of this, the epidemic among young adults globally has highlighted the need to revisit the content of HIV and AIDS education and the meaning that young people attach to the messages therein. Because of the soaring numbers of infected and affected youth in Lesotho, the government, through the Education Sector Strategic Plan (2005-2015) and the Ministry of Health and Social Welfare (2010), has developed and adopted policies to ensure that teachers, the youth and children have access to education, including HIV prevention education, as well as care and support for those who need it. The policies are aligned with and seek to support the implementation of the global and regional conventions and agreements that address these issues. For example, as discussed in Chapter One, at the international level, the 1990 Conference on Education for All (EFA), held in Jomtein, Thailand, pledged to achieve universal primary education by 2000. In this conference, countries committed themselves to provide their citizens with basic education as a fundamental human right. The EFA targets were bolstered by the launch of the Millennium Development Goals (MDGs) in a United Nations (UN) summit in 2000. MDG 6 aimed to combat HIV and AIDS. The Summit aimed

to begin to reverse the spread of HIV and AIDS, HIV prevalence among the population aged 15–24 years and to increase condom use at least among 15–24-year olds with comprehensive knowledge of HIV and AIDS (UNGASS, 2001). The continuing increase in new infections among this population seems to suggest that interventions, including education, aimed at achieving these goals have not been successful. Thus, in anticipation of the adoption of the post-2015 Sustainable Development Goals (SDGs) by nation states, including Lesotho, a summit was held in Rio de Janeiro, Brazil in 2012 to replace the Millennium Development Goals once they expired at the end of 2015. The Summit came up with 17 SDGs as a proposed set of targets relating to future international development. The intention was to develop goals which are,

“... action-oriented, concise and easy to communicate, limited in number, inspirational, global in nature and universally applicable to all countries while taking into account different national realities, capacities and levels of development and respecting national policies and priorities” (UN Department of Public Information- Press Release. p.1).

The seventeen (17) SDGs and one hundred and sixty-nine (169) targets were adopted by the United Nations General Assembly, held in New York, at a meeting held from 25-27 September 2015. Replacing and building on the work of the Millennium Development Goals (MDGs) (2000-2015), the SDGs aim to guide economic, environmental and social initiatives for the next fifteen (15) years. These SDGs recognize the human rights of all, including the right to gender equality and the empowerment of all women and girls (United Nations Agenda, 25 September 2015). Of particular relevance to this study is the overarching goal on health, SDG 3, which seeks to “ensure healthy lives and promote the well-being for all at all ages, and Target 3.3, which aims to end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and to combat hepatitis C, water-borne

diseases and other communicable diseases by 2030” (United Nations Agenda, 25 September 2015. p. 16).

In addition, other SDGs among the 17 could arguably contribute to addressing HIV and AIDS by 2030. For example, by ending poverty and hunger (SDG 2) and achieving gender equality and reducing inequality (SDG 5), nation states would be addressing some of the underlying factors that leave people vulnerable to HIV infection (United Nations Agenda -25 September 2015, p.4). Similarly, targets linked to these, including the promotion of economic growth and decent work, making cities safe and resilient and promoting peaceful and inclusive societies are also the key to addressing HIV and AIDS. Further, “strengthening HIV programs to secure affordable HIV treatments can also contribute to other health and equity agendas, including reducing TB, hepatitis C and non-communicable diseases” (United Nations Agenda -25 September 2015. p. 16).

To achieve the SDG 3 targets by 2030, nation states have to ensure that there are zero new HIV infections, zero HIV related deaths, zero HIV related discrimination and that all people who are living with HIV have access to anti-retroviral therapy (ART). In line with this vision, during the 20th International AIDS conference in Melbourne in 2014, delegates adopted the slogan, “Ending AIDS by 2030”. Further, UNAIDS and the Lancet Commission recently published a paper on “*defeating AIDS and advancing global health*” (Plot et.al, 2015, p.3). The paper has seven key recommendations for achieving SDG 3. These include, among others, scaling up HIV prevention and access to treatment and addressing any factors that put people at risk of HIV infection. It increases funding significantly for AIDS responses and improves research to ensure accountability and transparency. It also increases data review to be linked to policies and programmes, strengthening involvement of people living with HIV and AIDS in decision making and removing the legal and human rights barriers that face people

living with HIV. The latter is made in the context of the absence of human rights programmes in the national AIDS plans of many countries with less than 1% of the \$18.9 billion being spent on HIV/AIDS in 2012 instead of going towards the much-needed human rights responses (Plot et al., 2015).

As a signatory to the SDGs, Lesotho has committed to develop policies and programmes that address the factors that put people at risk of HIV infection. Like other nations, the country has committed itself to ensuring that there will be zero new HIV infections in the country by 2030. Arguably, such interventions would, as Unterhalter et al. (2014) suggest, change the institutions. For example, it would improve resources and infrastructure in the school and change gender norms in and around the schools and teacher training institutions. It would thus enable the education sector to implement effective programming aimed at curbing the spread of HIV among young people in the country. The next section examines the extent to which the country's policy context is aligned to this international policy framework and to which these policies are on target to curb the spread of HIV in the country, particularly among the young people, including those of school-going age.

5.2.2 The National Policy Context

In this section, the study addresses the question: *What is the curriculum policy informing the teaching of HIV and AIDS education in Lesotho secondary schools?* To what extent and in what ways is the focus on changing the institution, improving resources and infrastructure and changing gender norms in and around the school regarding HIV and AIDS education intervention programmes in schools (Unterhalter et al., 2014).

The government of Lesotho, through its policies, acknowledges and seems to take the negative impacts of HIV and AIDS and the role that education can play in helping adults and young people in schools in the fight against the epidemic seriously. In terms of changing the institutions (for example schools and teacher education institutions) in which HIV and AIDS education and training occur, in 2004 the country undertook a review of curriculum policies and introduced a new curriculum in 2007. As will be illustrated in this section, the policies have arguably created a conducive environment for those who work and learn in schools and teacher training institutions. However, as illustrated in previous chapters (see Chapter Two for example), evidence from these institutions suggests that these policies have not had much impact on institutional policies and practice, including teaching and learning.

First, the policies aim to facilitate access to education for all. At the national level, access to education is protected by the country's Constitution. Section 28 thereof provides for education for all (Order No. 5 of 1993). In line with this, *the Education Sector Strategic Plan (ESSP) (2005-2015: 110-111)* considers HIV and AIDS "as one of the key cross-cutting issues that need to be addressed. The ESSP notes that the HIV and AIDS epidemic has been steadily worsening over the years, affecting young people most, with high prevalence rates among teenagers." The policies aim to change the institutions (including schools) in which young people are educated in various ways. For example, the ESSP (2005-2015) aims "to promote excellence in teacher education. It encourages greater involvement of stakeholders, good governance and effective and efficient system of administration and financing of teacher education" (ESSP:98). This is informed by the notion that "quality programs facilitated by well-qualified, motivated, and appropriately skilled human resources form the cornerstone of the education and training endeavour" (ESSP:).

In addition, the *Free Primary Education* (FPE) policy was introduced in schools in the year 2000, with the aim of abolishing school fees at primary school level in order to provide access to all children of school-going age. Since then, learners are provided with free textbooks, stationery, meals. The school uniform is no longer compulsory at primary school level. Infrastructure, such as classrooms, kitchens and toilets were improved while many new government schools were built across the country to cater for the large number of learners who entered the schooling system after the introduction of the FPE. To further increase access to education, in 2006 the book rental scheme was introduced in Lesotho secondary Schools. Learners at this level are allowed to borrow a set of books for the whole year for their grades and pay M220.00 (equivalent to R220.00 or US\$15.00) as an annual book rental fee. In addition, school fees were reduced in 2010 in all secondary and high schools. Government-owned schools charge learners M800.00 per year (about US\$55.00) while in community-, private- and church-owned schools they pay M1400.00 (about US\$100.00). To ensure that the needy, vulnerable and orphaned learners access education in an affordable manner, the government of Lesotho sponsors them from secondary school up to high school level. At the two main teacher training institutions (the LCE and NUL), student teachers are funded by the government. As a long serving and experienced primary school principal, I can attest to the fact that, in many ways, the changes brought about by these policies have made the school a better place for teaching and learning. The stress experienced by teachers, parents, School Governing Bodies and learners due to lack of fees, uniforms, meals, facilities and infrastructure has been reduced. Affordable education costs have granted Basotho learners an opportunity to access primary and secondary education. However, other inequalities, including those linked to gender inequality and HIV and AIDS, still remain and continue to act as barriers to education for many learners.

In terms of changing the school environment for the teaching of HIV and AIDS in particular, the policies enabled the improvement of the school curriculum to cater for the inclusion of HIV and

AIDS and other, related, issues since 2007. Of particular importance has been the incorporation of HIV and AIDS in the existing school and teacher training curricula. For example, HIV and AIDS education is included in the Life Skills Education curriculum as well as other subjects in the school and teacher education curriculum. In this regard, the ESSP states that:

Good quality education in itself is a powerful weapon in the fight against HIV and AIDS. According to the Ministry of Education and Training, this suggests a need to develop, support and protect those who learn and work within educational institutions (Education Sector Strategic Plan 2005-2015, p. 110).

However, as Masinga (2013), writing in the context of South Africa, has argued, including particular content (for example, HIV and AIDS education) in curriculum policy does not necessarily ensure that it is taught at classroom level. According to her, teachers tend to avoid teaching HIV and AIDS content. The reasons for this avoidance include the fact that in South African schools, it is still taboo to talk or teach about sexuality-related issues (Masinga, 2013). Further, as argued throughout this thesis, teachers are inadequately trained and are therefore unprepared or under-prepared for teaching the subject. This is why I was interested to examine the extent to and ways in which teachers felt adequately prepared to teach the content and the ways in which the learners receive and make meaning out of it.

A second policy which encapsulates the vision of the government of Lesotho and aims to create a conducive environment for teaching in general and teaching HIV and AIDS education in particular, is the *Vision 2020* policy document (see Chapter One of this thesis). The document states the vision as seeing Basotho (people of Lesotho) as a functionally literate society with “*well grounded, moral and ethical values, adequate social, scientific and technical knowledge and skills by the year 2020*” (Ministry of Finance and development Planning, 2004, p.7). With reference to HIV and AIDS, Vision

2020 focuses on changing norms in and around schools (see Unterhalter et al, 2014) by empowering young people with knowledge and skills to reduce HIV prevalence among this group through exposing them to sexual and reproductive health education in schools (Education Sector Strategic Plan, 2005-2015). The intention is to fight HIV and AIDS among the youth in cooperation with various ministries within the Lesotho government and the UN. The *Vision 2020* further aims “to improve resources and infrastructure by providing health care services through expansion and enhancing youth-friendly corners in the districts' health facilities and youth centres at community level” (Ministry of Finance and development Planning, 2004: 8).

A third policy intervention which is aimed at addressing HIV and AIDS among the young people in Lesotho involves the introduction of the Life Skills Education syllabi (2007) from Grade 4 to Form C (equivalent to Grade 10) in the country's primary and secondary schools. This intervention focuses on changing the individual learner and the norms in and around the schools. The aim of the syllabi is “to ensure the empowerment of children through appropriate sex education and access to information on sexuality” (Life Skills Education syllabi, 2007 p.39). Through the introduction of these syllabi the government aims “to increase access to information and services to all young people and empower them to know their rights to self-protection as well as to strengthen and enforce legislation to protect children and young people against any type of abuse or exploitation” (Life Skills Education syllabi, 2007 p.39). The syllabi are meant to expose learners to different themes such as:

...identity, gender, sexual reproductive health, human rights and responsibilities, interpersonal relationship, stress and anxiety, drug and substance abuse, dealing with violence, safety and security, dealing with HIV and AIDS, dealing with poverty, population growth and caring for the environment (Life Skills Education Grade 4-10, 2007, p. 39)

Arguably, the Lesotho national policy is aimed at changing the schools by improving resources and infrastructure and changing gender norms in and around the education institutions. For example, there are newly built schools including the remote areas of the country, improved classrooms and reduced educational expenses to make education accessible to all Lesotho young people. The teacher-training curriculum at LCE and NUL has been reviewed to include Life Skills Education which covers issues of HIV and AIDS. At the school level, the LSE syllabi were introduced and workshops were conducted to prepare teachers for the teaching of LSE. However, the success of these policies is dependent on the ways in which they are understood and implemented at the institutional level (discussed in the section below) and ultimately on the extent to which they impact on the lives of young people of school-going age.

5.2.3 School-level Policy

This section addresses the question: How does the school respond to and implement the national policy on HIV and AIDS education in the curriculum? To address this question, as stated above and in Chapter Four, I analysed the school policies at Lilomo High School¹, where this study was conducted. The study finds that there is no policy that explicitly addresses the issue of HIV and AIDS in the school and/or the community. Thus, in lieu of institutional policies governing the teaching of HIV and AIDS education in the school, I reviewed documents, which, in my view reflect policies and practices related to how the school and its teachers view and enact their role vis-à-vis HIV and AIDS education. These documents included the school and class timetables and the lesson plans of individual teachers. My analysis of these documents suggests that Life Skills Education through which the topic, HIV and AIDS, is supposed to be addressed, was scheduled on the school and/or

¹ *To ensure the anonymity of the school and participants, pseudonyms have been used for the school and participants throughout this thesis.*

class time-tables for two periods a week. In the grade 8, 9 and 10 time-tables, the subject appeared mostly on Fridays and in the last teaching periods of the day. Obviously, two periods per week is not enough time for a subject which covers so many topics of high importance, including HIV and AIDS. Teachers' discomfort with covering controversial subjects such as HIV and AIDS and sexuality in the curriculum suggests a high likelihood that many of them use the limited time allocated to Life skills on the timetable as the reason for them to avoid teaching about these issues.

To establish whether the Life Skills curriculum in the school included HIV and AIDS and related topics, I then looked at the daily lessons plans of the three teachers Ms. Keletso, Mrs. Mampho and Mrs. Mants'ebo who were earlier released from the school to attend a three-day workshop in Life Skills Education in 2007. Surprisingly, none of the three lesson plans covered any topics related to HIV and AIDS. Further, in the monthly and quarterly tests from January to August in 2013 when data collection for this study was undertaken, assessment of learning did not include any aspect of HIV and AIDS. The teachers' explanations for this are discussed in the sections below. The principal confirmed that she was aware that teachers did not address HIV and AIDS in their teaching from her class visits and monitoring of lesson preparation and records of work done in the classrooms. Further, the minutes of a staff meeting (held on Wednesday 15 March, 2013) indicated that teachers admitted skipping HIV and AIDS topics in their teaching. The reasons they cited included the fact that in Lesotho sex is a taboo topic, particularly between children and adults (including teachers). Nobody talks about it publicly. Thus, teachers found it unnerving to talk about it in class. Further, without adequate training in the content and pedagogy of the subject, teachers found it difficult to teach the subject.

In the same staff meeting, the three teachers assigned to teach Life Skills Education pleaded with their colleagues to help them teach HIV and AIDS- related topics. They indicated that they did not

feel comfortable to discuss such topics with young people; they felt ashamed and embarrassed. The minutes of the meeting indicate that in response, the principal, Mrs. Phetheho, as well as Mrs. Tšepe, Mr. Lebopo and Mr. Seboko volunteered to teach the topics in Grades 8, 9 and 10 in age- and gender-segregated groups. In informal conversations with the volunteers, they stated different reasons for volunteering to teach these topics. For example, Mrs. Phetheho indicated that it is one of her duties as the principal to ensure that education policies are implemented in the school. Mrs. Tšepe stated that she was interested in helping out and that she would learn by interacting with the learners and the HIV and AIDS content. Mr Lebopo and Mr. Seboko explained that they have been affected by the HIV and AIDS epidemic and therefore wanted to dedicate their efforts to teaching young people about HIV and AIDS and to learn to help their loved ones infected with HIV. Mrs. Phetheho and Mrs. Tšepe volunteered to teach girls while Mr. Lebopo and Mr. Seboko volunteered to teach boys. The staff meeting also agreed to schedule the lessons on HIV and AIDS on the last Wednesday of every month after the sports for a period of two hours from 1:00 pm to 3:00 pm, obviously as an extra-curricular activity rather than a mainstream subject. According to Walcott, Chenneville and Tarquini (2011) in many public schools, sexuality education and HIV and AIDS are taught “occasionally” and are generally considered non -essential courses that are taught as small portions of physical education or health classes. The Wednesdays did not appear on the official time-table of the school. Instead they were marked “*HIV and AIDS special day*” on the 2013 calendar on the wall in the staff room. It was agreed that the four teachers teaching HIV and AIDS topics would prepare assessment tasks, mark the learners’ work and provide marks to Life Skills Education teachers to add to the learners’ marks/grades in that subject.

The staff gave the principal and the teachers’ representative on the School Governing Board the mandate to table this matter for the Board’s approval. The plan was to be presented to the parents for their approval and participation in the development of the school HIV and AIDS Education Policy.

In an interview with the principal, she indicated that while the School Board did approve of the teachers' strategy of tackling the teaching of HIV and AIDS topics in the school, the parents had differing views. One group opposed the plan, suggesting that this would encourage their children to experiment with sex, while the other approved the plan, arguing that teaching learners about HIV and AIDS was vital to reducing infections in the school and in the community. The principal indicated that the issue was voted on and the majority of parents agreed that teachers should go on to teach the learners about HIV and AIDS in the best way they thought would benefit the learners and help them to curb the spread of HIV.

The foregoing discussion illustrates the status of HIV and AIDS education in the school curriculum. The fact that it is not reflected on the time-table might, on the one hand, be a function of the national policy (that is it is not a stand-alone subject, but is rather part of the Life skills curriculum). On the other hand, this might illustrate the reluctance of the school community to teach HIV and AIDS and related topics as part of the official curriculum. This state of affairs might lead to the subject being ignored or being poorly taught. The fact that it does not have a place on the time-table may be interpreted as unimportant for the learners and just a waste of time. Teachers might not feel committed to teaching it and might not prepare properly to teach it. Poor planning and poor preparation may result in poor performance on the part of teachers and learners. This thesis assumes that in order to enable effective implementation of the curriculum, teachers need to be adequately trained for the role.

The next section addresses the second research question: *How are teachers trained for their role as HIV and AIDS educators in schools?*

5.3 How are teachers trained for their role as HIV and AIDS educators?

In the HIV and AIDS era, it is important to be aware of the new role that educators need to play so that they are prepared, in terms of training and socialisation before they can assume this role. Such preparation may influence how they perceive and enact their new role. This thesis argues that in order for HIV and AIDS teachers to perform their roles effectively, they need to be appropriately and effectively trained in the content and pedagogical strategies for teaching young people about HIV and AIDS. To illustrate, teachers are trained in the content of what they are expected to teach (for example, in Mathematics, Science or HIV and AIDS) as well as in methods of teaching that content to a specific group of learners (considering age, location and gender, among others). It is expected that the trainees apply their newly acquired knowledge and skills on the job in order to help the learners to achieve the learning outcomes. Training is a vital component of effective teaching and is essential for developing and fine-tuning teachers' and learners' performance and the learning outcomes in a subject such as HIV and AIDS.

The advent of HIV and AIDS has also necessitated psycho-social support for the learners (and teachers) from affected families (Hall, 2004; Hoadley, 2007; Le Grange, 2008; UNESCO, 2008). Schools, through the teachers, are expected to play a proactive role in the psycho-social support of learners in their care. Such support was traditionally the responsibility of the extended family members. However, in the era of HIV and AIDS where family structures have been dismantled (by death and/or illness), teachers are increasingly being expected to perform this role. They are often called upon to counsel the learners and help them to deal with grief, stigma and other forms of stress that arise from HIV and AIDS and other social crises in the family. The teacher, in his/her role as the school guidance counsellor, is responsible for equipping the learners with skills for making informed

decisions, not only in terms of HIV and AIDS but also in all aspects of their lives, including their sexuality (Ministry of Health and Social Welfare, 2004).

In addition, a teacher has a major role to play in providing comprehensive sex education and fostering skills and attitudes that protect learners against HIV infections. In a context where talking about sex, and, in particular, talking about sex with young people, is still taboo (Masinga, 2013), teachers require not only training but also a total re-orientation to the content and focus of their work in order to fulfil such a role. They need to be empowered and equipped with the relevant attitudes, knowledge and skills to implement the HIV and AIDS education interventions programme in schools. Without adequate, appropriate and relevant training, educators may not succeed in the effective implementation of the curriculum policies and the teaching of HIV and AIDS. In this context, even qualified teachers need to undergo continuous professional development in order to not only obtain information about HIV and AIDS but to also transform their own beliefs and values regarding such issues as sexuality and, particularly, young people's sexuality (Alwano and Marum, 1999). Informed by this perspective, this study examined the extent to and ways in which teachers are appropriately trained for their role as HIV and AIDS educators in Lesotho.

Teachers in Lesotho schools are hired based on their qualifications and teaching experience. The minimum qualification for a primary and secondary school teacher is a three-year Diploma in Education, offered by LCE or a four-year Bachelor of Education (BEd) degree offered by (NUL). In addition to the minimum qualifications, all teachers have to register with the Teaching Service Department (TSD) of the MOET. The TSD is responsible for the registration and actual hiring of teachers for vacant posts. It is mandated to hire, dismiss, promote and or demote teachers in the country's schools. Teachers are hired in accordance with the requirements, as outlined in advertisements; only those who are registered with the TSD are hired. The school board is responsible

for making the recommendations to the Teaching Service Commission (TSC) to hire a teacher. TSC works together with the district education office, through the Human Resource Office to compile a short list of suitable candidates. It works hand in hand with the school proprietors, school boards and Education Officers. The school board interviews the applicants who are shortlisted and recommends the best candidate to the TSC for hiring.

The Lesotho government's vision is to have only qualified teachers hired in all the schools. However, in some schools, particularly those in remote rural areas, it is difficult to attract and retain such qualified and registered teachers. Instead, schools have to rely on unqualified teachers and in some cases, on volunteers. Thus, in these schools, there are three types of teachers: unqualified teachers, volunteer teachers and qualified teachers. Unqualified (including some volunteer teachers) teachers do not have teacher training at all but are allowed to assist in the teaching of the learners. Such teachers are paid by the proprietor or government and sign a temporary contract. The volunteer teachers provide their service without any pay or contract. Some volunteers are qualified teachers who do not gain employment due to the low demands for teachers as a result of post provisioning norms in terms of the teacher/learner ratio (1:50). Qualified teachers have undergone teacher training and have graduated either from LCE, NUL or any other teacher training institution (outside Lesotho) which is recognized by the Ministry of Education and Training and the TSD. These teachers are believed to have all the competences for teaching a particular subject. The section below examines the ways in which pre-service teachers are trained for their role in the teaching of HIV and AIDS in Lesotho secondary schools. The profile of the teachers at Lilomo High School, where the current study was conducted, will also be discussed.

5.3.1 Pre-service Teacher Education

As stated above, in Lesotho teachers are mainly trained at LCE and at NUL. The LCE operates from its two campuses, Maseru main campus and Thaba-Tseka satellite campus. The LCE is the main provider of basic pre-service teacher education mandated to train teachers for both primary and secondary schools. The minimum entry requirements into LCE are the Cambridge Overseas School Certificate (COSC) and or the Lesotho General Certificate of Secondary Education (LGCSE) with four credits and a pass in English for admission into Diploma in Education (secondary). COSC is an examination previously taken by Basotho students at the end of their high school education (Form E or Grade 12). Starting in 2014, the COSC is in the process of being phased out and being replaced by the LGCSE.

The LCE teacher education programme “is designed both for students without previous teaching experience who wish to teach in secondary and high schools and for those who have such experience but are unqualified or hold a qualification below the diploma level. This is a pre-service full-time program of three years’ duration” (Lesotho College of Education Calendar, 2011-2012: 65). Trainees spend their first year of training on campus. In the second year, they go for an internship/practicum in the schools where they start their teaching practice under the close supervision and guidance of the principals and qualified and experienced teachers. They also get supervision and assessment visits from their LCE supervisors on a quarterly basis. In the third year, student teachers return to the campus to complete their programmes. The secondary teacher education programme serves two major purposes. Firstly, according to the Lesotho College of Education Calendar, 2011-2012 the programme:

- “supports teacher trainees who are going to teach adolescents in secondary schools. Secondly, it prepares teachers to meet the challenges of the workplace, including occupational training and of tertiary education” p. 64).
- The programme seeks “to prepare teachers who are both professionally committed and competent to teach two subjects offered in secondary and high schools. Students enrolled in the Diploma in Education (Secondary) are required to take Education (professional courses), a number of general courses and one or two major subjects in which to specialize for teaching in secondary schools” (pp. 64, 65).

At the LCE, there are compulsory and general courses that all teachers are expected to take as requirements for their diploma. Two of the subjects (for example, either Mathematics and Science, or English and History) are major subjects that the trainee will ultimately teach in a secondary or high school when she/he has graduated. In addition, Life Skills Education (LSE) is a required one-semester course for all student teachers in the programme. In 2007, and in line with the introduction of LSE in the school curriculum, the college introduced LSE for student teachers. The LSE curriculum incorporates HIV and AIDS topics such as:

Adolescence, Human Sexuality and Reproductive Health, Relationships, Reproductive and Family Planning, STIs, HIV and AIDS and prevention, HIV Treatment and Care and Support, Life Skills for Behaviour Change and Planning and Teaching Adolescence and Reproductive Health (Reproductive Health and HIV and AIDS- Life Skills Course Book for Teacher-Trainees, 2012, p. xii).

The Life Skills Education course content at the LCE is organized into two modules. In the first module, life skills are introduced and then discussed in the context of various social problems (for

example, poverty and inequality). The second module includes HIV and AIDS, both for personal welfare of student teachers and their assistance in the teaching situation, to pupils who are affected by the pandemic. In addition, the college provides a required general one-semester course: Guidance, Counselling and Life Orientation. This course covers content areas related to HIV and AIDS such as: Sexually transmitted infections, HIV and AIDS effects, causes of HIV infection, treatment, care and support, and HIV and AIDS prevention (Guidance and counselling and Life Orientation course outline, 2014: .4).

In terms of the pedagogical strategies used in the two courses, in a questionnaire administered to teachers in this study (N=12) in August 2013, some teachers stated that teacher educators delivered the content through lectures, discussions, demonstrations and question and answer and micro-counselling demonstrations. In addition, the teachers indicated that teacher educators used teaching and learning aids such as books, handouts, magazines on STIs, HIV and AIDS, pictures, leaflets, posters and models of genital organs to demonstrate the use of condoms. Experts and patients (People Living Positively with HIV and AIDS) are also invited to address the learners about HIV and AIDS. They reported that the methods were effective because they allowed teachers to ask questions and to seek clarification where it was needed. In addition, teachers were able to watch the demonstration and practise opening the condom sachet and to insert the condom on the models brought to the lecture. The teachers commented that the teaching and learning aids such as handouts, leaflets and magazines were effective. Workshop participants used them at their own time to remind themselves of the content that they learnt and that they could share knowledge with their partners outside the lecture room.

Teachers are also trained at the NUL in the Faculty of Education. The normal minimum entrance requirements into the Bachelor of Education (B. Ed) programme are:

- At least a COSC in the first and second division, with a credit in English Language. A credit in Mathematics can also be required for certain courses in the Faculty of Social Science.
- Alternatively, at least a second class pass in the Secondary Teachers' Certificate (STC) from the LCE, with relevant specialization or Diploma in Education (Secondary-Teaching) and other equivalent qualification and experience, as approved by NUL Senate. (NUL Calendar, 2006/2007, p.79) is acceptable.

The BEd is a full-time programme of four years' duration. It requires a minimum of 108 and a maximum of 144 credit hours for students to graduate. The BEd (Secondary Teaching) degree program, which is the focus of this study, is offered as a first degree in the department of Language and Social Education. The programme offers three options: general, BSc Education or Bachelor of Business Education. In their first year, all student teachers on the BEd general curriculum are required to register for six core courses including: communication skills, Remedial Grammar, Introduction to the Foundations of Education, Essential Mathematics, Elementary Statistics and Computer Appreciation Awareness and Skills. Furthermore, they are expected to choose three courses from a list that includes, among others:

Literature and Society, the making of the Third World, French Structure 1 & II, Lesotho and the World, Phenomenon of Religion, and Human Sexuality and HIV and AIDS (Registration Requirements for year1 Information Booklet: 2).

At the second- year level, student teachers continue with the core courses and choose two major courses, which they will teach at school after graduation. The two are chosen from a list that includes: African Languages, Development Studies, English Language, English Literature, French,

Geography, History, Special Education and Theology. They also have elective courses that include a standalone HIV and AIDS course. Topics related to HIV and AIDS are also included in an elective course known as Human Sexuality and HIV and AIDS. The Human Sexuality and HIV and AIDS covers content that includes topics such as:

Sexual morality, social dimensions of human sexuality, Biblical perspective of human sexuality, sexual perversions, definitions of terms: transgendered identity, hetero-sexism, bi-sexual, lesbian. Gender, sexuality, and cultural Issues, Stigma and discrimination-implication for counselling, what is HIV and AIDS, HIV testing, antiretroviral therapy, and the Christian response to the epidemic (Human Sexuality and HIV and AIDS Course outline, 2014: 1).

While this study did not focus on the influence of religion on HIV and AIDS education, from the above list of topics one notes the dominance of Christian/Biblical content in the course. In the context of cultural taboos around sex and sexuality, it is recommended that future studies should examine the extent to and ways in which this kind of content influences the teaching of HIV and AIDS at the university and its subsequent teaching in the schools by the teachers who graduate from NUL.

Commenting on the teaching strategies in the course during a focus group interview, one teacher who graduated from NUL said:

I took Human Sexuality and HIV and AIDS as an elective so that I could be more conversant with the HIV and AIDS information for my benefit, my learners after graduation and that of my family. I learnt from demonstrations the correct use of the condoms. I also learnt from the discussion that people can live long and positively with HIV. My lecturer used statistics on HIV and AIDS, pictures, leaflets and model of genital organs to teach us (Ms. Letsatsi, 08 August, 2013).

The above discussion suggests that neither the LCE nor NUL offers HIV and AIDS education as a major subject for student teachers. Instead, both offer it as either an elective or a once-off topic in a course. This is in spite of the fact that teachers are expected to teach LSE in general and HIV and AIDS education in particular at the school level. This means that many student teachers might graduate without ever registering for these courses in their training programmes. To illustrate, in a focus group interview, a teacher who graduated from the NUL commented:

I had chosen enough courses to meet the stipulated credit hours of my program unfortunately I could not include Human, Sexuality and HIV and AIDS as one of my electives (Mrs Ts'epe, 08 August, 2013).

This response was given in spite of the fact that the LCE calendar states that the college's mission "is to train and produce educators competent to offer needed services in the community" (Lesotho College of Education [LCE] Calendar, 2008: p.6). Similarly, NUL's HIV and AIDS Policy stated its mission as:

...to promote national advancement through innovative teaching, learning, research and professional services, producing high calibre and responsible graduates able to serve their communities with diligence (National University of Lesotho HIV and AIDS Policy, 2009: I).

This means that some student teachers might graduate from these two training institutions and obtain their teaching qualification without any HIV and AIDS education training. This state of affairs might affect the supply of teachers who are appropriately trained in HIV and AIDS education. It might also limit the teachers' preparedness for their role and does not give LSE the status it deserves in the curriculum. Thus, although the policies have changed the curriculum to cater for HIV and AIDS, lack of proper teacher training might limit its effective implementation and effective teaching.

In the next section I examine the extent to and ways in which on the job or in-service training of teachers, who have had or have no prior training in HIV and AIDS education is carried out in order to prepare and to support teachers who teach HIV and AIDS education in schools.

5.3.2 In-service Teacher Education

Like most countries, Lesotho provides in-service education or continuing professional development (CPD) for teachers in a variety of areas during their teaching careers. The Teachers who were interviewed in this study confirmed that when LSE was first introduced in the school curriculum, they had attended a three-day workshop run by the Ministry of Education and Training (MOET) and facilitated by the District Education Officers and District Resource Teachers, with the help of personnel from the youth corners from the hospitals. District Resource Teachers are head teachers who are selected by the Ministry of Education and Training from their schools for training based on their good performance. After training they go back to work alongside the District Education Officers to supervise and support teachers and school inspectors. The District Resource Teachers are expected to explain government education policies to teachers, and to check that schools follow such policies. In addition, they check that the teaching service and school regulations are adhered to. They further ensure that schools organise examinations properly and that results are announced to the community. District Resource Teachers visit schools to help principals in finance, human resource management and the management of the curriculum). In turn, the District Education Officers form the District Inspectorate, which is the main body responsible for dissemination of information about the curriculum to the schools. This means that the Inspectors have a dual role. The first is to act as administrative inspectors with the purpose of ensuring the educational system is effective and efficient and that standards are maintained. The second major role of Inspectors is to improve the

performance of teachers by offering professional development and support (Farrant, 1980). They are responsible for supervising the implementation of educational innovations, for the appointment and promotion of principals and for encouraging community involvement in the school system. Training teachers in the use of different methodologies for teaching such sensitive content as HIV and AIDS, which involves issues that are regarded as taboo (such as sex and sexuality) in Lesotho communities is key to the success of any intervention aimed at this issue.

According to the interviewed teachers at Lilomo High School in 2013, the first HIV and AIDS workshops for teachers were conducted in 2004. The HIV and AIDS workshops content covered The impact of HIV and AIDS, strategies for prevention and mitigation, HIV and AIDS statistical information, HIV transmission, disease progression, treatment and care of infected people, behaviour change strategies, life skills and open discussion with children about HIV and AIDS. The teachers indicated that the strategies used to facilitate learning in the workshop included discussions, role play, demonstrations and presentations. According to these teachers, the workshop programme started every morning at eight o'clock and ended at ten o'clock at night for three days. According to the teachers, every night the participants had group assignments to work on in order to present to the group on the next morning. According to them, various teaching and learning aids were used, including flip charts, pictures and leaflets.

In terms of the selection of teachers for participation in these workshops, school principals were required to nominate two teachers from their school. The principal of Lilomo High School, for example, stated that no guidelines or criteria for the selection of teachers were communicated to schools. Therefore, in many cases, the principals nominated teachers that did not have an adequate

teaching load, regardless of whether they were interested in the topic or not. Furthermore, teachers confirmed that they were nominated by the principals regardless of whether or not they had previous training in HIV and AIDS or whether or not they were interested in teaching about HIV and AIDS.

From the principal's and teachers' comments in the interviews, it was clear that teachers were nominated to attend the workshop in contradiction to the guiding principles stipulated by the Life Skills Book for Teacher Trainees (2012: x). The principles state that every student teacher with sufficient motivation, interest and capacity should be given the choice of becoming a peer-educator and HIV and AIDS duty-bearer. Non-consideration of the principles might have negative consequences for the teaching of HIV and AIDS education in schools. Teachers with low motivation are likely to feel apathetic about the subject and might fail to teach it. However, some teachers in the study saw the workshops as beneficial. For example, one teacher commented:

I did not register for Human Sexuality and HIV and AIDS course while at NUL. So, apart from reading about HIV and AIDS from different print media I was lucky to be nominated by my principal to attend a workshop for HIV and AIDS and now even though I am not competent enough I am trying my level best teaching learners at my school about HIV and AIDS (Mrs. Tšepe, 15 August 2013).

A second set of three-day workshops for teachers was implemented after the introduction of Life Skills Education in schools in 2007. School principals were requested to release grade 4 – Form C (Grade10) teachers from their schools to attend the workshop. Three teachers teaching Grades 8, 9 and 10 from Lilomo High School (the setting for this study) participated in the workshops. According to the teachers, the sub-topic dealing with HIV and AIDS covered content such as the difference

between HIV and AIDS, modes of HIV transmission, HIV and AIDS prevention, drivers of HIV and AIDS, cultural practices that put people at risk of HIV infection, importance of HIV testing and counselling, the impact of HIV and AIDS on the education sector and the importance of adherence to medication.

Furthermore, four-day workshops on HIV and AIDS were provided for school principals by the Ministry of Education and Training personnel in 2012. The workshop topics included: Counselling of young people, psycho-social support, factors promoting the spread of HIV and AIDS, Voluntary HIV testing and adherence counselling. After the training, the principals were expected to ensure facilitation of Life Skills Education and HIV and AIDS education in their schools. The principal of Lilomo High School elaborated:

In our training we covered content like psychosocial support, drivers of HIV and AIDS, voluntary testing and adherence counselling and basic facts about HIV and AIDS. We were engaged in role play, discussion and were given information. People Living Positively with HIV and AIDS gave their testimony. We were given handouts for use in our schools (Mrs. Phetheho, 12 August, 2013).

The present study analysis is that the workshop content focused more on knowledge and facts about HIV and AIDS, including basic information about prevention. As stated above, in my view, what was missing in the workshops was an engagement with the socio-cultural context in which the youth live and learn and in which teachers live and do their work. This is informed by my belief that effective HIV and AIDS education can only be effective if there is change in the unequal gender norms in and around schools (see also Bhana, Morrell, Epstein and Moletsane, 2006; Schulze and Steyn, 2007;

Theron, 2007). Moreover, the role of educators in the HIV and AIDS education includes prevention, care and support, as well as dealing with issues such as confidentiality, identifying and making optimum use of community resources such as health and psychosocial services. Without these, there is a likelihood that the HIV and AIDS intervention programmes may not succeed (see for example, Rofes, 1994). The next section addresses the question of teacher preparedness for their roles as HIV and AIDS educators?

5.4 How prepared do teachers feel for teaching HIV and AIDS Education?

One of the objectives of this study was to examine the ways in which educators understand and interpret the policies that inform the teaching of HIV and AIDS education in educational institutions. In this regard, the study investigated the perceptions of teachers in a rural high school regarding the extent and ways in which they felt prepared to teach HIV and AIDS topics in their classes. As described in Chapter Four, this study was conducted in a small rural high school (with about 319 learners and 12 teachers,) in Mafeteng district in Lesotho. In 2013, during data collection period, there were 12 teachers in the school, eight females and four males. Among these, six teachers had been trained in the Life Skills Education course at the LCE, as described in the sections above. Among the six trained at NUL, two had taken the Human sexuality and HIV and AIDS course as an elective during their training. The remaining four teachers, including the principal, had attended the HIV and AIDS workshops in 2004 and 2012 respectively. This means that all the twelve teachers at Lilomo High School had some form of training on HIV and AIDS. In this study, I decided to solicit the participation of all the 12 teachers to gauge the status of the subject in the school and the stakeholders' views about its inclusion in the school curriculum. Their participation involved responding to a questionnaire, and participation in two focus group interviews. Each focus group interview was made up of six teachers who further gave me access to their time-tables and daily lesson plan books. In

addition, they gave me access to their classrooms for the learner component of this study in which I used role plays, story-telling and conducted learners' focus group interviews. This will be reported on in the next chapter.

5.4.1. Inadequacy of Pre-service and In-service Teacher Education

As discussed in Chapter Four, this study examined teachers' experiences of the HIV and AIDS content and the extent to which their teacher training curricula prepared them for their HIV and AIDS educator roles in the schools. Of particular interest was whether they felt knowledgeable, skilled and empowered to teach young people about HIV and AIDS. My assumption was that teacher educators were well aware and had studied the various policies governing HIV and AIDS education and were focused on training future teachers accordingly. However, data from the questionnaire and focus group interviews administered to teachers and the principal at Lilomo High School suggest that all the 12 teachers in this school, including those who had received some form of training in HIV and AIDS education, felt inadequately prepared to teach HIV and AIDS in the school. According to them, they lacked the necessary skills and knowledge for competently addressing the challenges of their HIV and AIDS work in schools. One of the teachers trained at the LCE commented:

I did a Life Skills Education course for a semester at LCE but I do not feel like it had adequately helped me to respond to the situation in the school. I wish I could be provided with on the job training, refresher courses or in-service training as I see the need for counselling infected and affected people in this school. I do not have counselling skills (Mrs. Mampho, 12 August, 2013)

A second teacher trained at NUL argued:

In the course, Human Sexuality and HIV and AIDS which I did at NUL there was nothing related to counselling, support and care of HIV infected or affected people. At the moment I just use my experience as a mother to support and care for the learners like any other parent in a normal situation but this is HIV and AIDS. I think professional counselling skills are needed for teachers (Mrs. Letsatsi, 10 August, 2013)

This suggests that these teachers understood the teaching of HIV and AIDS as involving more than content teaching. For them, it involved counselling and support for learners and teachers. A teacher who had participated in a three-day workshop in 2012 added:

The three-day HIV and AIDS training workshop was a hurried activity with a lot of content provided within a very short period of time. It was a tiresome activity and the worst part was that we were not taught how to deliver the content to the young people. I am a qualified Mathematics teacher and I am struggling to competently educate the learners about HIV and AIDS in my class. Maybe teachers could be trained on how they can approach their learners, how they can talk to them at their level. As it is, we are operating in the dark” (Ms. Keletso, 10 August, 2013)

The teacher felt that one cannot use the same methods of teaching Mathematics and other subjects to teach HIV and AIDS. For her being a Mathematics teacher does not automatically mean that one can be an HIV and AIDS teacher. For her, any content has its appropriate and relevant method of delivery. As argued above, effective learning requires appropriate methods of teaching. In relation to this issue, in a questionnaire administered to teachers, one teacher wrote:

I am not competent enough about teaching my learners about HIV and AIDS. I rely mostly on being accompanied by a professional HIV and AIDS counsellor and the expert patient from a nearby health centre. In their absence I try, but I really feel that I need more training.

Symbolic interactionism, as advanced by Mead's (1959) SIT suggests that for effective role performance, people need to be socialized into their new roles (such as teaching HIV and AIDS in schools). However, the findings in this study are that teachers continue to leave teacher training institutions without sufficient preparation for teaching HIV and AIDS in schools, particularly to young people and children in their care. The teachers in this study reported feeling inadequately trained for their HIV and AIDS teaching role. They lacked appropriate skills to counsel, support and care for infected and affected people in the school, or to use the methods and approaches appropriate for teaching young learners about HIV and AIDS. They are even unable to overcome the challenges posed by the socio-cultural context in which their school was located. This is in spite of a curriculum framework that seemingly requires the teaching of the subject. As the literature reviewed in this study suggests, this is not unique to this school or to Lesotho as a country. Several scholars writing in the context of South Africa, for example, have noted that teachers are simply not adequately trained to teach HIV and AIDS education in schools (see Bhana, Morrell, Epstein and Moletsane, 2006; Schulze and Steyn, 2007; Theron, 2007 and Wood, 2008). Such poor preparation is not only detrimental to the teaching of the subject itself but it might also produce stress for the teachers tasked with teaching it. Without proper preparation for their new role, teachers tend to experience role strain, with negative effects on the teaching and learning, as well as on their well-being and the well-being of the learners. In addition, such under-preparedness or unpreparedness might be part of the reason why many teachers avoid teaching the subject, with negative consequences for the country's efforts to curb the spread of the HIV and AIDS pandemic.

5.4.2 Socio-cultural norms as a barrier to HIV and AIDS education in schools

Beyond the inadequate preparation of teachers for teaching HIV and AIDS education, in this study, societal norms and values were also identified as barriers to the effective teaching of the subject. The teachers in the school commented that the norms, values and practices that govern the surrounding communities affected what happened in the school. For example, they indicated that some community members regarded public talk about issues involving sex and sexuality as taboo. The teachers felt that they lacked the skills and knowledge needed for challenging and addressing these beliefs and societal norms. To illustrate, one of the teachers lamented:

I do not feel adequately trained from the three days' workshop that I attended. It has not equipped me with the skills to challenge the norms and cultures in this school and in the community. I experience negative attitudes from some of the community members. They claim that teaching about HIV and AIDS spoils the innocence of their children and encourages them to experiment with what they have learnt. I just do not know how effectively I can change these attitudes because I see and understand the importance of teaching my learners about HIV and AIDS (Mrs. Mabatho, 09 August, 2013)

The principal agreed, adding:

The teaching of HIV and AIDS is stressful because of the issues that surround it such as stigma and discrimination in the sense that we teach learners coming from different religions and beliefs. Some parents and churches have no problem about it while others find it unacceptable. As a teacher you find yourself torn between what the policy expects you to do and what the parents and the church believe as well as the needs of the learners. Some of us who are trying to teach about it are stigmatized and end up in fear of being ridiculed by the community (Mrs Phetheho, 08 August, 2013.)

These findings point to the fact that health and sexuality tend to be viewed as private concerns. Schools (and other institutions such as churches) respond to HIV and AIDS based on these views. As such, in teaching HIV and AIDS content, teachers need to explicitly raise issues that are often regarded as private while at the same time being sensitive to the norms and values of the communities in which the schools are located. Teachers' effectiveness in mediating sexuality and HIV and AIDS education relies heavily on how they negotiate the slippery ground between socially constructed realities of sexuality and demands of the curriculum (Chetty, 2000; Buthelezi, 2004; Motalingoane-Khau, 2009). For example, young people are regarded as innocent and teaching them about sex and sexuality as dangerous. However, the reality is that young people do engage in sexual activities which sometimes result in unplanned pregnancies and HIV infection. As such, the need for HIV and AIDS education, as well as sexuality education, cannot be overstated.

5.5 Synthesis

This chapter provides an analysis of the extent to and ways in which teachers in Lesotho are prepared for their roles as HIV and AIDS educators in schools. First, the chapter analysed educational policies related to the formal curriculum and role expectations of educators in HIV and AIDS. Using the theory of Change advanced by Unterhalter et al (2014), the analysis focused on three aspects: 1) changing the institution, 2) improving resources and infrastructure and 3) changing gender norms in and around the school. The analysis suggests that on one hand, the policies have provided an enabling environment for HIV and AIDS education in educational institutions. For example, education has been made accessible through the building of new schools across the country; hunger is addressed as the schools provide breakfast and lunch for all learners and take-home rations for the vulnerable learners. Education has been made affordable through the free education policy, the reduced educational expenses and provision of sponsorships by government. Facilities such as youth corners

have been established in health centres. Curriculum has been reviewed to accommodate Life Skills education and integration of HIV and AIDS. On the other hand, the policies fall short in terms of implementation mechanisms.

Secondly, the chapter explored the ways in which Lesotho prepares its teachers for their roles as HIV and AIDS educators. Using one rural secondary school in the district of Mafeteng in Lesotho as a case study, the chapter has examined teacher perceptions regarding whether and how they felt prepared for their role as HIV and AIDS educators. The analysis suggests that not all teachers leave their initial training with qualifications in HIV and AIDS education and that even those who do, do not receive adequate training to effectively teach the content in schools. The findings suggest that the in-service teacher education provided for teachers in Lesotho since the introduction of Life Skills education has also not been adequate. It leaves teachers without appropriate and relevant content and pedagogical skills needed to effectively teach the topic.

Thirdly, the chapter examined the opinions of teachers in one rural school about their preparedness for teaching HIV and AIDS education in the school. They reported that they did not feel adequately trained to educate learners about HIV and AIDS. The factors that influenced their under-preparedness included poor or inadequate training, the socio-cultural context in which the school is located and the norms that govern sex and sexuality, particularly among young people. Specifically, the culture of silence around sexuality, and the stigma attached to the pandemic, which results in a broad denial of HIV and AIDS, make teachers feel uncomfortable and unwilling to teach learners about HIV and AIDS.

The next chapter addresses the ways in which learners at Lilomo High School experience the educational programmes implemented to curb the HIV and AIDS epidemic and the meaning that they make of the educational messages which they receive in schools.

CHAPTER SIX

YOUNG PEOPLE'S EXPERIENCES OF HIV AND AIDS EDUCATION IN A LESOTHO RURAL SECONDARY SCHOOL

6.1 Introduction

The study reported in this thesis focused on HIV and AIDS education and meaning-making among youth in secondary schools in Lesotho. Its aim was to identify the meaning that young people in Lesotho attach to the HIV and AIDS education messages that they receive from the school curriculum. It addressed the question: *What meaning do young people make of the messages they receive from the school HIV and AIDS programme and what factors inform the meaning that they make?* To address this question, the study asked three sub-questions:

- *What is the curriculum policy informing the teaching of HIV and AIDS education in Lesotho secondary schools?*
- *How are teachers trained for their role as HIV and AIDS educators in schools? How do they understand and enact their role?*
- *How do young people in schools experience the HIV and AIDS education programmes?*

While the previous chapter addressed the first two sub-questions, this chapter addresses the third question. The chapter specifically approaches the question from three perspectives:

- *How do learners experience the HIV and AIDS education programme provided in the school?*
- *How do learners understand HIV and AIDS?*
- *What factors inform the meaning that learners attach to the HIV and AIDS education messages that they receive from schools?*

To address these questions, data were obtained through participatory workshops including letter writing, role play and focus group discussions, with a sample of learners from grades 8, 9 and 10 at Lilomo High School. As described in Chapter Four, twelve (12) purposely selected learners agreed to participate in these discussions (four learners from each of the three grades). I decided to keep the group size small so that its members would not feel intimidated but could express opinions freely (see Chapter Four on how the sample was selected). Of the 12, five were boys and seven were girls. I divided them into two focus groups of six members each. This is supported by an assertion made by Taylor (1977) that in qualitative research samples are usually small and are often purposely selected. Following Taylor (1977), I obtained detailed descriptions from the perception of the learners themselves as a means of examining their meaning-making in the context of HIV and AIDS education curriculum in the school. The workshops were all audio-taped with the permission of the participants.

The workshops were all conducted in Sesotho and recorded verbatim. The recordings were then transcribed and translated into English. As Motalingoane-Khau (2010) observes, it is important to collect data in the language of the participants in order to enable such participants to express themselves freely in the language that they are conversant in. This is in order to avoid participants misrepresenting themselves through using words that they did not fully understand. As acknowledged in Chapter Four, while I have tried as best as I can, as a native speaker of Sesotho to reflect the learners' meanings it is possible that their understandings of HIV and AIDS has been 'lost in translation' (from Sesotho to English) and that I have inadvertently imposed my own language and meaning in the analysis of their understanding. To minimise this possibility, when the data had been transcribed, I took the transcripts back to the participants for them to ascertain whether their views had been reliably translated or not. With their limited English vocabulary, it is still possible that this

measure did not fully address all the misrepresentations that might have occurred through my translation.

The data collected from these workshops are combined and analysed as one data set in this analysis chapter. Analysis in the chapter is informed by the notion that learners' experiences of HIV and AIDS and the messages that they receive about it in and around schools largely inform how they actively engage with this epidemic in their social lives. This assertion is associated with the symbolic interaction theory advanced by Mead (1959), who posits that people are active thinkers and as such, the meaning that they attach to objects and issues influences how they organize their engagement with phenomena. This study is also informed by Durkheim's theory of meaning-making (1933) which argues that the process of collective meaning-making fundamentally shapes the human psyche. Therefore, to understand social action, one must understand its meaning to the actor and those around him/her. It is from this perspective that I wanted to understand how learners experience the epidemic itself and how they respond to the HIV and AIDS education programmes that they receive from (and around) schools. The data collected from the study were coded into different conceptual categories. Through assigning codes, I categorized the data into identifiable themes. In the sections below and using these themes, I highlight the main findings in relation to the research questions.

6.2 Learners' Experiences of the HIV and AIDS Curriculum

This section addresses the component of the third research sub-question: *How do learners experience the HIV and AIDS education programme provided in the school?* To collect the data, the learners were engaged in storytelling activities. These were followed by focus group discussions with the learners. The learners were asked to comment on the Life Skills Education and the HIV and AIDS

messages that they were exposed to in the school and during HIV and AIDS special days held at the school.

The findings suggest that regarding what their curriculum focused on, the learners predictably indicated that the curriculum addressed the nature and meaning of HIV and AIDS as well as the differences between them. According to them, the curriculum also focused on the most vulnerable groups and the factors that may put people at risk of infection. In addition, it focused on modes of transmission, strategies for preventing the spread of HIV and the ways of managing HIV once one is infected. A learner explained:

At school we were taught that HIV is a virus found in human blood while AIDS is a state at which the human body is in a position whereby it is unable to fight disease because the body immune system has been destroyed by HIV. We were also taught that HIV can be transmitted through various ways such as semen during sexual intercourse and blood transfusion (Lebohang, 27 September, 2013).

Obviously, these learners had been provided with HIV and AIDS information, including how HIV is transmitted and how to prevent transmission. However, the findings of the study suggest that the learners' experiences of the HIV and AIDS curriculum in the school were varied. Asked what they thought about the curriculum, the participants' experiences included: HIV and AIDS curriculum is informative, HIV and AIDS curriculum is inadequate, HIV and AIDS curriculum is uncomfortable (for example, talking about sex and sexuality with adults/teachers), HIV and AIDS curriculum is unrealistic (for topics such as abstinence and the reproductive role of women) and HIV and AIDS education does not meet the needs of the learners.

6.2.1. HIV and AIDS curriculum as informative

One response among the learners participating in this study about the HIV and AIDS education programme at the school was that it was informative. The learners often referred to it as ‘an eye opener’. Identifying what they had learned in the programme, the learners cited prevention strategies, avoiding risk and the fact that they saw the programme as a positive intervention in their schooling.

To support this view, for example, a learner commented:

I have learned that I have access to pre-test counselling and when I am ready, I can take an HIV test in order to know about my HIV status. I was made aware that after testing and having my results I would be provided with post-test counselling where I can be helped to accept my results. If I am HIV negative, I am provided with advice as to how to keep my status and avoid risky behaviours. If I am HIV positive, I can go for adherence counselling to prepare for compliance to medication and preventive strategies to avoid re-infection and to infect others (Nthabiseng, 27 September, 2013).

This suggests that the programme covers the necessary factual knowledge around HIV and AIDS as well as prevention and care strategies and tools. Whether this is adequate to fundamentally change the learners’ understandings of the epidemic and the ways in which they respond to it will be explored in the sections below.

6.2.2 HIV and AIDS curriculum as inadequate

A second opinion of the learners about the programme was that while the information that the learners received from the HIV and AIDS education curriculum was important, in several ways it was inadequate and did not address all their concerns and life challenges as young people. To illustrate,

they cited the teachers' silence about important issues such as sexual desire, sexual intercourse, sexual and reproductive health and same sex desire or homosexuality which are included in the syllabus on HIV and AIDS. From the story-telling activity, the findings are that the student handbook for Life Skills Education does not mention anything about condoms or about sexual desire. This is similar to Motalingoane -Khou's (2010) findings that the HIV and AIDS curriculum has no section which deals with pleasurable sexuality and desire but paints a scary picture of sex and sexuality for children and young people.

Surprisingly, one learner also complained about the curriculum's (and teachers') silence on same sex sexuality and desire:

Again, the content is one sided in that it addresses boys' and girls' issues while it says nothing about those who struggle with same sex feelings, for example, how I can control my sexual desire and my love feelings towards other boys. Educators always focus their talks on boys and girls and never mention boys and boys' or girls and girls' relationships and I get bored (Thabo, 27 September, 2013).

In a cultural and religious context that frowns upon homosexuality and silences any talk about it, Thabo's reference to, and strong views about the silencing of homosexuality in the curriculum was surprising, particularly for a young person of school going age. There are various possible explanations for this. One could be the methodologies that I engaged the learners in for collecting data for this study. For example, in the story-telling sessions, which included letter writing and short stories, I asked the learners to use pseudonyms to ensure that they remained anonymous. I put a box in which they could anonymously put their letters in a strategic location in the school. I later collected

the letters and short stories. It is my view that this allowed the learners to reflect freely on their experiences, including those that could be labelled as negative or painful. Thus, from the learners' perspectives, the HIV and AIDS curriculum was inadequate, particularly in addressing the issues that are often taboo and not spoken about, especially between adults (teachers) and children. As argued in this thesis, the sensitivity of these issues stems from the traditions and the culture of Basotho. This has implications for curriculum content and pedagogy, including how teachers address these in their classrooms and how the learners understand and respond to them.

Further, some of the learners indicated that if they were to apply the knowledge that they received from the programme in their lives, they would lose their status and benefits from those who are more powerful in their lives. These included their boyfriends and girlfriends who supported them with money and other material benefits (for example, the so-called 'sugar daddies' and 'sugar mummies' provided material benefits). The girls stated that they were worried that the HIV and AIDS education does not help them in their expected role as women who are brought up to be married and bear children. One learner commented:

The HIV and AIDS education does not help prepare me for my role as a woman who will bear children but instead it stresses me with a lot of restrictions such as condom use which put my relationship at risk. My boyfriend would not agree to the use of condoms. This might result in a beating and being dumped or I may even lose the gifts he usually gives me. When I get married, I have to bear grand-children for the family. Condom can prevent this from happening (Thandiwe, 27 September, 2013).

For this learner, the knowledge provided in school was not relevant to her needs as a member of a family and community and a future wife. For example, she hints at what is often referred to as the

'sugar-daddy' phenomenon in the literature. In South Africa, *The Sowetan* newspaper (Thursday, 14 March 2013) reported that at least 28% of school girls were HIV positive compared to 4% of their male counterparts. This, according to the country's Health Minister, Aaron Motsoaledi, was linked to the so-called 'sugar-daddy' phenomenon, where young girls date older men. Further, at a public meeting in South Africa's Mpumalanga province, Dr Motsoaledi reportedly declared that, "*It is clear that it is not young boys who are sleeping with these girls. It is old men. We must take a stand against sugar daddies because they are destroying our children*" (*The Sowetan* newspaper, Thursday, 14 March 2013, p.1) According to him, 94,000 school girls had fallen pregnant in 2011, with around 77 000 having terminated the pregnancy at public health facilities in South Africa. In response, the Minister reported the launch of a R3 billion project to 'wean' young women off sugar daddies, as one of its strategies for stopping the spread of HIV and reducing teenage pregnancy (Chatel, May 19, 2016).

These findings suggest that there is a need for the review of the Life Skill Education syllabus to include the issues that would help learners in dealing with the challenges that they face in their lives. Beyond the ABC messages for example, such a curriculum could provide life skills that include income generation so as to avoid and prevent young people's dependence on sugar daddies and mummies which are likely to expose them to HIV infection. I discuss these in more detail in Chapter Seven.

6.2.3 HIV and AIDS curriculum as unrealistic

Linked to the above, a third response from the learners in this study was that the HIV and AIDS curriculum was unrealistic and not in touch with young people's lives and concerns. For example,

the learners suggested that abstinence is not an easy strategy to follow for many young people who begin to feel sexual desire. Some of them even went as far as stating that abstaining is an impossible goal to achieve. In addition, according to them, for someone who is raped, abstaining is not an option. Linked to this was the learners' aversion to the notions of abstinence and use of condoms in relation to their understanding of the reproductive roles of men and women in their communities. They felt that these strategies hinder the process of reproduction, which they saw as important in their lives.

One learner argued:

I just wonder how the world's population is going to grow if all we do is to abstain or use condoms. Are we going to be the last generation! Is this the end of the earth and mankind! I really do not see this curriculum succeeding for now (Tšeliso, 27 September, 2013).

Further, the learners felt that the HIV and AIDS education programme was meant to deprive them of sexual pleasure. One of the learners explained:

I need to love and trust and be loved and trusted. But unfortunately, the HIV and AIDS education puts a strain in my feelings when it comes to negotiating condom use which, for me symbolises lack of love and trust. To continue abstaining leads to being dumped and being mocked for being boring and backward. We are not living a free and natural life. Life is now full of a lot of 'don'ts' (Lerato, 27 September, 2013).

Another learner confirmed:

Life is dull and we are surrounded by restrictions and we are not able to freely enjoy our time as active youths. There are too many rules that regulate our lives. One may end up forgetting these many rules, the world is like prison for us and we live in fear. I do not see what is there to lose (Teboho, 27 September, 2013).

As reported in Chapter Two, this echoes the findings in the study conducted by Worth (1989) on resistance to condoms among high risk minority women in New York. The study found that for some, using condoms was viewed as an abnormal and unsatisfactory way of having sex and as a sign that a partner was engaging in promiscuous sex outside of the steady relationship and therefore, untrustworthy. While scholars in the field acknowledge the role of pleasure for both partners in influencing the use of condoms (Catania et al., 1990), empirical research on this topic has focused on men, suggesting that men do not like using condoms as they claim that these reduce sexual pleasure (Khan et al., 2004 and Conley et al., 2005). Scholars have suggested that globally, including in Africa, women's sexual resistance to condoms has been relatively unexplored (see Higgins et al, 2008; 2009 and Seidel and Vidal, 1997). Researchers do not often take into consideration the possibility that people's perceptions of the effect of condom use on sexual pleasure may influence whether or not sexual partners use condoms.

Informed by the findings in this study, this thesis argues that to eliminate HIV and AIDS would require working to understand and then change the understanding among young people. It is only when programmes take young people's experiences and desires seriously that we can hope to effect social change in their lives.

6.2.4 HIV and AIDS curriculum as uncomfortable

Linked to the taboos associated with sex and sexuality, particularly in rural communities, a fourth response to the curriculum among the learners at Lilomo High School was that they found it uncomfortable. According to them, unlike in other classes and subjects, they found it difficult to participate actively in the HIV and AIDS sessions. One learner commented:

The HIV and AIDS sessions are much similar to the church service whereby the priest comes and preaches to the congregation and there are no questions asked. The learners are afraid to share their experiences with the educators to avoid being seen as knowledgeable about the information that is regarded as inappropriate and bad. The facial expressions of educators do not allow us to ask questions and some of our fellow learners are always looking down as if they know nothing about the topic. Who would want a teacher to know that you know about and do bad things! (Palesa, 27 September, 2013).

According to the learners, the embarrassment about talking about sex and sexuality was experienced by both learners and teachers. Masinga (2013) reported that like other learners in African countries, South African learners expressed discomfort regarding teachers and learners publicly talking about HIV and AIDS and issues of sex and sexuality. One explanation might reside in Christianity, which tends to privilege its moral (religious) education over sexuality education for young people (Bhattacharyya, 2002). This kind of teaching is prevalent in Lesotho schools, the majority of which are church owned. For example, the ethos of the Catholic Church prohibits the teaching of sex education because it includes teaching about contraception and abortion (see Motalingoane-Khau, 2007). Contraception and abortion are prohibited by the Catholic doctrine and thus cannot be taught in Catholic schools. From my own experience of being a student in a Catholic school and eventually having taught in a Catholic school, I can attest to the fact that such schools (teachers and school governing bodies) still frown upon the teaching of HIV and AIDS and sexuality education to children. This silencing might lead to the learners getting information from unreliable sources (including their peers) which may expose them to HIV infection risk. More importantly, it prevents young people from engaging with the issues that impact their lives, including sexuality and sexual and reproductive health. The ways in which the silence around these issues influences the young people's understandings and responses to the HIV and AIDS curriculum is addressed in the section below.

The study finds that the learners' experiences about HIV and AIDS education in school are varied. Some learners have the basic facts about HIV and AIDS while others have inadequate knowledge about the epidemic. Further, some of them feel that the HIV and AIDS education is not adequate as it does not help them to solve their life challenges related to the HIV and AIDS epidemic. Finally, some of the learners argued that the curriculum was unrealistic, particularly around abstinence and reproductive roles of women and men. Further, the embarrassment of talking about HIV and AIDS that the learners and teachers experience might lead the former to resort to unreliable sources of information from which they might get inaccurate information.

Confirming the findings from previous research (such as Rofes, 1996), this study finds that providing HIV and AIDS information without considering the context in which the learners live and learn is not adequate. For example, Rofes (1996: 13) indicated that the '*the stop the epidemic* discourse' did not take into consideration the freedom of choice and uniqueness of individuals as well as their experiences. It merely aimed to spoon-feed individuals with knowledge and skills that were intended to change their behaviour. This takes individuals as passive recipients of already prepared material for them to swallow. It fails to pay attention to the ways in which people, including learners, tend to actively interpret such information. The current situation of high HIV prevalence among young people in Lesotho suggests that the approach has not succeeded. In addition to their responses concerning the curriculum, the learners in this study were asked to reflect on their understanding of HIV and AIDS. The next section explores this understanding.

6.3 Learners' Understandings of HIV and AIDS

This section addresses the second sub-question: *How do learners understand HIV and AIDS?* To do this, this thesis is informed by Durkheim's theory of meaning making which suggests that to understand social action one must understand its meaning to the actor (Nisbett et al, 2001). The thesis posits that the social institutions that socialise people tend to view HIV and AIDS in particular ways. The theory would propose that people, including school children define HIV and AIDS in similar terms as the institutions in which they are located. However, my analysis is also cognisant of Charon's (2009) warning that the world does not tell us what it is. Rather, we actively reach out and understand it and decide what to do with it. Thus, this thesis argues that, influenced not only by the HIV and AIDS education that they receive in school, but also by the various messages they get from their homes, communities and the society, as individuals and groups, the learners at Lilomo High School attached varied forms and levels of the meaning of HIV and AIDS. The section below presents data that focuses on knowledge about HIV and AIDS among the learners at Lilomo High School.

6.3.1 HIV and AIDS knowledge among learners

Data collected from focus group discussions with a group of learners (N=12) at the school, suggest that learners had varying forms and levels of knowledge about HIV and AIDS. First, in terms of the sources of their information, the learners stated that they got their information from their teachers in the special days organized in the school to teach learners about HIV and AIDS and related issues. Others indicated that they got information about HIV and AIDS from the pamphlets and leaflets brought to the villages by the Village Health workers from the Ministry of Health and Social Welfare. Their responses suggested varied and often inaccurate forms and levels of their understanding of the epidemic.

First, as reported in the sections above, the learners participating in this study had some factual information about HIV and AIDS which they received from the school programme. For example, some learners referred to HIV as, among others, a virus that attacks the body's immune system:

HIV stands for Human immune virus (sic) which means that HIV is a virus that lives in human blood. It attacks the body immune system and if not managed it destroys the immune system to the extent that the body becomes unable to protect itself from diseases. AIDS stands for Acquired Immune Deficiency Syndrome which is the state whereby the body's immune system has been destroyed by HIV and it is exposed to infections which the body is unable to fight and the result is death (Nthabiseng, 30 August, 2013).

Others understood it as an outbreak similar to those experienced in the past:

HIV and AIDS is an outbreak just like in the past where there were diseases which were incurable such as leprosy and TB which claimed thousands of lives before a cure could be found and I see HIV and AIDS as no exception (Thato, August, 2013).

Reflecting on prevalent discourses of HIV and AIDS as punishment from God or the ancestors in the country, the learners also understood it as a disease of the poor and the 'immoral'. They gave examples of the latter as sex workers, people who have extra-marital affairs and women who do not obey cultural norms:

HIV and AIDS is a disease of the poor women who are into commercial sex to earn a living. The disease is transmitted from one person to the other through unprotected sex and extra marital affairs. Further, it is caused by failure [of women] to adhere to the cultural practices

such as not having sexual encounter during the time of mourning the spouse (Lebohang, August, 2013).

While some of the learners' knowledge about HIV and AIDS may be accurate, others still have inaccurate or inadequate knowledge of the HIV and AIDS epidemic. For example, Lebohang's response indicates that her understanding of HIV and AIDS is based on myths (for example, the epidemic is a punishment from ancestors because of failure to adhere to cultural practices and customs) and stereotypes (for example, regarding sex workers). Lebohang's response and those who share her understanding might be influenced by religious and cultural beliefs which privilege morality over sexuality, particularly for young people. Informed by the SIT, which posits that people organise their behaviour towards things and people based on the meaning that they attach to those things and people (Charon, 2009), this thesis argues that these varying levels of understandings and knowledge are likely to affect the ways in which the learners respond to the epidemic. The learners' understanding tends to be clouded by myths which, if not dispelled, might contribute to the escalating rates of HIV infection among young people.

This is not unique to Lesotho. Population-based studies show that while more than 90% of people ever heard of HIV and AIDS, young people still have varied forms of understanding of the epidemic (Burgoyne and Drummond, 2008; Vinod, Agrwal, Alva and Gu, Shanxiao Wang, 2009). For example, as reported in Chapter Two, young people in Cameroon, like others elsewhere in Sub-Saharan Africa (SSA), still have a mixture of beliefs and misconceptions about HIV transmission and prevention (Bankole, Singh, Woog and Wulf, 2004). A few of them reported accurate HIV and AIDS knowledge. For example, according to the Cameroon Demographic and Health Survey (CDHS, 2004), 27% of females and 35% of males aged between 15 and 29 years of age reported accurate HIV

knowledge. This thesis assumes that understanding HIV transmission and prevention is the key to reducing infections. Inadequate understanding is likely to lead to poor decision making about HIV prevention and might make it difficult for people to engage with and respond to the various contextual factors that impact on their responses to the epidemic.

Secondly, a letter written by one of the learners at Lilomo High School in a letter writing workshop in this study further illustrates the ways in which the learners' levels of understanding were characterised by myths, misconceptions and misinformation. The anonymous letter writing activity was used with the assumption that the learners might feel free to express themselves better than in a face-to-face interview. This is even more so in a context where talking about issues that involve sex and sexuality between adults and young people is taboo. To explore the phenomenon, I engaged Grade 10 learners in a letter writing activity using the following prompt:

Grade 10 learners were taught about prevention of HIV and AIDS. After school a boy named Metsi asked his friends (Lejoe, Mobu, Sefate, Thupa and Lekhala) how they felt about their HIV and AIDS education session! Hm! It was as if they were waiting for Metsi's question. Write a letter to your teacher describing what your friends' responses to Metsi's question were.

Thabang's letter illustrates:

Dear Madam,

In the special AIDS day session for boys in Form C [Grade 10], the students were taught about prevention and management of HIV and AIDS. After school, Metsi and his friends,

Mobu, Lekhala, and Sefate walked together and chatted about the events of that day. Metsi asked his friends how they felt about the lesson on HIV prevention and management. As if they had been waiting for this question, they answered with gusto. Sefate said he learnt that some things that have to be avoided in pursuit of combating HIV and AIDS are to abstain, avoid sex before marriage, to avoid unprotected sex and he seemed to be in support of them all. Metsi concurred. However, Lekhala disagreed. He said that the lesson did not sit well with him. When asked what he meant, he told his friends that a man cannot live a healthy life without having sex. He alleged that abstinence, in some circumstances causes madness as a man's blood will rush to his head in such circumstances. He said a man who is not engaging in sexual activity loses his manhood in a way that he becomes useless. He also said a woman who abstains becomes rather bitter. He went on to say that he would not self-destruct by abstaining and intends to engage in sexual activities with many women. He also claimed that condoms have been created by white men to the detriment of black people and that condoms actually make people sicker or more prone to sickness. Because of this, he doesn't like condoms because the idea of having sex with a condom is simply similar to eating candy with its wrap on. Sefate also says that the perfect sexual satisfaction is brought about by having sex without a condom and that condoms cause kidney disease. Mobu also agreed that condoms even suffocate men.

Metsi asked his friends whether or not they see the importance of this particular lesson. Lekhala maintained that the lesson was fruitless, that there was nothing like HIV and that people were dying from being bewitched. Agreeing with Lekhala, Sefate also said that Africans have certain beliefs which would be destroyed by these western things such as condoms. According to him, a black man was never built to have one sexual partner, and that

a black (African) man's pride is the number of women he sleeps with. Metsi tried to convince his friends to take note of the contents of the lesson in question, but all was in vain.

Your student,

Thabang

The above letter illustrates how the learners' understanding of HIV and AIDS includes myths (abstinence causes madness for the man; HIV and AIDS is caused by witchcraft) and denial (there is no such thing as HIV). To further probe these forms of understanding, I followed the letter writing activity with focus group discussions in which I discussed with the learners in more detail, their views about HIV and AIDS. Data analysis suggests that the letter above is typical of the various views that the learners had, which included various myths, misconceptions and misinformation about HIV and AIDS. These included, among others, that condoms reduce sexual pleasure, abstinence causes madness; condoms give people diseases, and HIV is a western conspiracy against African people and their culture.

6.3.2 Condoms reduce sexual pleasure

Like the learners mentioned in Thabang's letter, some of the respondents also expressed the view that a condom reduces sexual pleasure. They argued that the thought of a condom, the issue of negotiating its use and time spent by a couple to insert it have psychological effects which prevent sex from happening naturally. In the focus group interview, for example, one of the learners argued:

The perfect sexual satisfaction is brought about by having natural flesh to flesh unprotected sex without going under any stress and disruptions but just going with the right flow of the moment (Thabang, 06 September, 2013).

To support this negative view, they argued that using a condom is like “*eating candy with its wrap on*” (Teboho, 06 September, 2013). As discussed in Chapter Two, writing in the context of the US, Kempner (June 30, 2014) explains the phenomenon:

Once hailed as a lifesaver and necessity for everyone thinking about having sex, condoms are now frequently maligned—young people are surrounded by messages suggesting they don’t work, they break, and they take all the fun out of sex... This idea that condoms ruin sex has become part of our cultural zeitgeist. Take the whole line of products available for purchase on the Internet, from t-shirts to mugs to tote bags, which say “Condoms suck!” (n.p).

Thus, surrounded by the media and popular messages about condoms, the young people in this study now believe that ‘condoms suck!’ This suggests that their school curriculum either does not address these myths or is doing so inadequately. Unless addressed, such beliefs might lead to continued risky sexual behaviour among young people and to further HIV infections among the population.

6.3.3 Abstinence causes madness

The second myth the learners had around HIV and AIDS was that abstinence causes madness for men. One comment suggested that a man who abstains loses his manhood and becomes mad, while a woman who abstains becomes depressed:

I shall not self- destruct by abstaining from sex. I intend to engage in sexual activities with many women as an African man to safeguards his manhood. I want to ensure that my blood flows naturally in my body and to be useful to women as it is a man’s duty to ensure the happiness of his women. To achieve this, I think I need practice to perfect my sex skills. I heard that without sex satisfaction women develop depression (Thabo, 06 September, 2013).

Confirming the findings from other contexts such as the ones explained by Su (2010), Murphy et. al. (2006) and Rofes (1996) the abstain, be faithful and condom-use (ABC) approach to HIV prevention is ineffective. The learners in this study held the view that if they abstained, they would run mad or lose their womanhood/manhood. These views may be result from several factors, including the inaccurate sources of information (such as peers or the media), as well as the silence around sex and sexuality topics in the conversation between adults (teachers and parents) and children. In this school, HIV and AIDS education is provided by Basotho teachers who are, at the same time, parents and members of communities which strongly believe that once they teach children anything related to sex and sexuality, they are teaching them to have sex (see chapter five). This in itself might leave the learners in a confusing situation, with most of their concerns left unaddressed.

6.3.4 Condoms give people diseases

A third myth among the participants was that condoms make black people prone to sickness. To support this belief, in a focus group discussion, one learner argued:

I think of these condoms as foreign bodies that enter the human body are capable of causing some diseases like any other foreign bodies such as contraceptives like the loop and the pills (Nthabiseng, 06 September, 2013).

Supporting their belief that using condoms makes people sick, the learners alleged that condoms are too tight for men and that female condoms might stick in the vagina and cause infections in the womb and body. In this regard, one participant argued:

I heard that condoms cause kidney diseases and I suspect that they were meant to kill the male species and kill totally any chances of reproduction. The lubricant on condoms is suspicious and potentially a disease attraction. I do not want to use condoms because the idea

of having sex with condoms on is unnatural. I also fear that the condom might stick in the woman's body (Thabiso, 06 September, 2013).

As indicated by the learners in this rural school, talking about issues concerning sex and sexuality between adults and young people is non-existent. Christianity and Basotho cultural beliefs limit and even prohibit the teaching of issues that involve sex and sexuality. Instead, teachers are expected to promote abstinence, faithfulness and care, purposefully replacing condom-use with *care* in the ABC approach. Similarly, in a workshop held for school principals in 2012 (and in which I participated), the Ministry of Education personnel who were facilitating the workshop reprimanded participants for mentioning condoms and instead advised that we put more emphasis on abstinence, being faithful and caring. Coupled with inadequate pre- and in-service training of teachers and the silence around sex and sexuality (see Chapter Five), this approach to teaching about HIV and AIDS might result in inadequate and inappropriate HIV and AIDS content and pedagogy in the classroom. This idea has implications for effective HIV prevention education. It will be discussed in more detail in the next chapter.

6.3.5 HIV is a western invention against African people and their culture

Some of the learners suggested that HIV does not exist and that it is a western invention meant to disrespect African culture. Some male learners in particular, argued that being faithful to one partner is not 'African' and that the pride of an African man is in the number of women that he sleeps with. For them, using condoms would also prevent the growth of African families. Further, the learners claimed that HIV and AIDS education and related programmes threatened African culture and traditions, arguing that in Basotho communities, educating the youth about sex and sexuality is traditionally entrusted to family members such as uncles and aunts and that such education is

provided at specified times and age in the lives of the boys and girls. As discussed above, talking about sex and sexuality outside of these structures and times is taboo. Thabiso's comment illustrates:

Africans have certain traditions and beliefs which will be destroyed by these western things such as condoms. The issue of being faithful to one's partner, sadly a black was never built to abide by such, but a black (African) man's pride is the number of women he marries and has children with. Condoms can successfully hinder baby making and disrupt family lineage (Thabiso, 06 September, 2013).

Lebohang agreed:

My grandmother used to tell me that they had people who looked after them and teach them all that is expected of them at a certain age. For example, they told us about the time when we had to learn how to weed our fields or how to cook. Those who had the skills would practise at play-houses (mantloaneng) and the younger ones would start imitating. I just wonder what she would say about us being taught about HIV and AIDS if she were alive. Now we are exposed to this HIV and AIDS knowledge and some of us experiment and find themselves at risk of HIV infection and early pregnancies. I am afraid to ask my mum, she would eat me raw (meaning she would kill me) (Lebohang, 06 September, 2013).

A third learner argued:

I think the western people are unfair in that they have embraced their own discoveries such as injections to cure diseases, now they do not want us, Africans, to embrace our own discoveries such as the use of the ancestral blessed blade for scarification! No way! I do not think we need to let them interfere with our cultural practices (Thabang, 06 September, 2013).

This understanding reflects the dominant traditional beliefs and practices in many African communities, including Lesotho. For example, womanhood and manhood are symbolised by the number of children a married couple has, more especially male children. This is evident in the names given to newly wedded women. Their newly acquired name starts with a prefix ‘*Ma-*’ (this means mother of) and in most cases, ends with a name of a male child (suffix) for example “Thabo”—‘*Mathabo*’. The expectation is that the woman will bear a male child such as ‘Thabo’ and from then on, she will become Thabo’s mother. If the woman does not bear male children, her husband is traditionally allowed to marry a second wife. He can marry even more wives until he gets a male child (Bledsoe, 1989 and Perlez, 1991). This might explain why monogamous relationships might not make sense for Basotho learners as they are growing up in an environment that encourages polygamous relationships. This thesis therefore, argues that unless the HIV and AIDS education targets these social norms in and around the education institutions (see Chapter Five), its effect on the lives of the learners might be minimal. The findings in this study suggest that if the HIV and AIDS education programme in schools does not dispel the myths, misconceptions and misinformation that young people hold, the country might not be able to curb the spread of HIV among young people.

Illustrating the taboo against speaking about sex, sexuality and HIV and AIDS in and around the school and the myths and misconceptions surrounding the epidemic, the participants in this study also used metaphors to describe and make meaning of HIV and AIDS. These are discussed in the next section.

6.4 Metaphors for HIV and AIDS

As discussed above, informed by the messages they receive from the education programme as well as the informal messages that they hear in their communities, learners at Lilomo High school had varied forms of understanding of HIV and AIDS. In addition to the myths and misconceptions that they had about HIV and AIDS, several metaphors emerged in their understanding of HIV and AIDS. These metaphors were linked to various experiences, issues and occurrences in their lives, as well as to the myths and misconceptions discussed in the section above. These included HIV and AIDS as danger; HIV as witchcraft, HIV as punishment, and HIV as conspiracy.

6.4.1 HIV and AIDS as Danger

Related to the messages that the learners received from various sources in and around the school, the learners in this study indicated that they had learned that HIV and AIDS was a dangerous and incurable disease which kills mercilessly. They described HIV and AIDS as a ‘nasty disease’ that is wrecking families, friendships and generally all relationships among people. For example, a learner asserted:

I first heard of HIV and AIDS when I read a horrifying poster written “AIDS kills”. The billboards were written “AIDS is a death sentence” (Thabiso, 06 September, 2013).

Another learner added:

HIV and AIDS is dangerous to the extent that it is said to have taken lives of many people and leaves a bitter aftermath as children are left orphans and families torn apart. It also reduces the economy of the country (Thabiso, 06 September, 2013).

Linked to the notion of HIV-as-danger, a number of euphemisms emerged from the learners' storytelling activities and focus group discussions. For example, one learner commented:

I am afraid of HIV. I heard that it is as dangerous as electricity that is why when someone is infected people say "u hatile thapo ea motlakase" (She/he has stepped on an electricity wire/cable). This means that she/he is in great danger because electricity kills (Lebohang, 06 September, 2013).

Similarly, a study conducted in the Caprivi, the region hardest hit by HIV and AIDS in Namibia; found that people referred to HIV and AIDS as *simbandembande* (fish eagle). This was due to the stigma attached to the epidemic, and was also meant to scare people from engaging in risky behaviours since the people believed that HIV and AIDS takes away people's lives, much the same way as the fish eagle takes away small fish from the water (Thomas, 2008). For the same reasons, another study conducted among the Ovambo people found that HIV and AIDS was referred to as *ekiya* (thorn), *Katanga kamufifi* (hot ball), and *oyawapa* (HIV infected) (Thomas, 2008). In South Africa, the youth have developed a special township language to refer to HIV and AIDS. For example, the phrases *udlala ilotto* (playing lottery), *ubambe ilotto* (won the lottery), and *driving a Z3* (the BMW car that was mass produced in the 1990s) are used to refer to an HIV positive person (Selikow, 2004). Arguably, the language used to describe and discuss HIV and AIDS and its related symptoms contributes to and is associated with the cultural silence and taboos prevailing in communities (Selikow, 2004). The words or phrases that people often use to refer to something they think is embarrassing or unpleasant sometimes to make some of these things more acceptable than they really are might influence how young people understand and respond to the phenomenon, including the HIV and AIDS epidemic.

A second set of euphemisms is linked to the taboo against talking about sexual intercourse or sexual organs prevalent in Lesotho communities and social institutions such as schools. For example, learners indicated that in the HIV and AIDS special day session for boys, their teachers taught them about HIV prevention and told them that in order to protect themselves from HIV they must put on “*likhohlopo melamung ea bona ha ba arolelana likobo*” (this literally translates into: they should wear gumboots/rainboots before sharing blankets, a euphemism for having sex). In Lesotho gumboots or rainboots are mostly worn by herd boys and men during the rainy season to protect their feet from water and mud. In the Lesotho context where speaking about sexual organs is taboo, particularly between adults (including parents and teachers) and children, condoms are referred to as gumboots and the penis as a stick (*molamu*). Like the gumboots, condoms are made from plastic which when properly inserted cannot allow semen or vaginal discharges to pass through. To elaborate on this, one of the learners commented:

I had been listening to a radio program with my younger brother and there was a lesson on HIV and AIDS. The educator indicated that to protect themselves against HIV infection, people must wear gumboots. To my surprise, in the evening when we were about to sleep my younger brother told our mother that he wants to sleep alone with his own blankets and that I should lend him my other pair of gumboots so that he can put them on in order to protect himself from HIV infection (Tšeliso, 06 September, 2013).

Another learner added:

One morning I went to my classmate’s house. He was still fast asleep when I entered the hut in which he sleeps. Next to him I saw a gumboot inserted on his walking stick that he uses when going to the veld to look after the cattle. I woke him up and I asked about the walking

stick next to him and he reminded me that our teacher advised us that to prevent ourselves from contracting HIV we have to put our walking sticks into our gumboots when we go to sleep (Thabo, 06 September, 2013).

Whether these stories really happened was not ascertained in this study. However, the fact that learners brought these up as part of their understanding of HIV and AIDS is still a cause for concern. This might be a challenge as these euphemisms tend to distort HIV and AIDS messages and might hinder the development of effective responses to the epidemic.

A third euphemism included reports of a teacher who had told boys “*ho qoba ho theosa mpilo*”. This literally translates into “avoiding going down Mpilo”. Mpilo is a steep four-way cross road in Maseru, the capital of Lesotho. In this lesson, the teacher meant to teach the learners to avoid sexual intercourse without protection/condom. There is a possibility that some learners might have never been to Maseru and did not know this road, and to avoid going down this road might not make any sense. What it does suggest though, is that the use of these euphemisms is not effective or appropriate as it might distort the learners’ understanding of HIV and AIDS and their responses to prevention messages.

Further, euphemisms used to refer to HIV and AIDS and the infected people are discriminatory, and this might lead to people fearing to get tested for HIV or to disclose their HIV status, thereby reinforcing the stigma and discrimination against those who are infected. Such stigma and discrimination often lead to violence and rejection in families. If educators continue to use the euphemisms in teaching learners about HIV and AIDS, message distortion is highly likely. The consequence of this is that learners might organize their responses to HIV and AIDS according to the

inappropriate meanings that they have attached to the epidemic. If this happens, the prevention messages are rendered ineffective.

The findings in this section suggest that teachers in this school, in avoiding talking about sex, sexual organs and sexual intercourse with their learners, used euphemisms. In turn, the learners tended to understand these literally and might even apply these forms of understanding to their responses to the epidemic. HIV and AIDS metaphors that involve death, punishment; guilt, shame, and fear tend to reinforce stigmatization and discrimination. This has implications for HIV prevention and the education programmes that are meant to address it. This will be discussed in more detail in the next chapter.

6.4.2 HIV as witchcraft

I just do not believe in HIV and AIDS! I think these people who are said to be dying of AIDS are just dying because of being bewitched (Thandiwe, 06 September, 2013).

This statement is illustrative of some forms of the learners' understanding of HIV and AIDS as witchcraft which emerged during their story telling workshops. Linked to their belief that HIV and AIDS is caused by witchcraft, the learners also believed that it can be cured through the use of traditional herbs. According to them, testimonies from people in their villages indicated that traditional healers were able to cure HIV and AIDS. Illustrating this view, one learner's comment was:

I have listened to one of the famous radio stations in this country where traditional healers are advertising their herbs that cure HIV and AIDS and other related witchcraft sicknesses

and people were giving testimonies of the effectiveness of such herbs (Nthabiseng, 06 September, 2013).

This thesis argues that the messages that learners receive from different sources influence their understanding of the epidemic and how they might respond to prevention and care messages. Believing that HIV and AIDS is witchcraft might mean that the young people might not take the prevention messages presented in the various education programmes seriously. Instead, they might engage in risky sexual behaviour that could lead to sexually transmitted infections, including HIV.

6.4.3 HIV as punishment

Some learners characterised HIV as punishment from God for sinful acts. To support this belief, they cited the Bible, with one learner stating:

It's a disease that infects women with bad morals who sleep around with many men. Therefore, this is how they pay for their sins. It has been stated in the Bible that in the end of times sinners will catch and suffer from incurable diseases. I think HIV and AIDS is one of such as it has been decades now but the cure is not yet found (Mpho, 06 September, 2013).

Specifically, they cited the Ten Commandments, with one learner stating that:

Our teacher rightfully told us that people with multiple concurrent sexual partners are at risk of being infected. I think this is the prize of sin for violating the seventh commandment in the Bible (Palesa, 06 September, 2013).

This was based on their belief that it is only those who are promiscuous and who have multiple concurrent sexual partners who get HIV as punishment from God. Linked to this, learners thought that HIV attacks sex workers and women who do not respect and follow the culture, traditions and

practices of Basotho such as observing a mourning period and wearing (black) mourning clothes (*ho roala thapo*) after a husband's death. A learner stated:

I believe that HIV and AIDS is a result of failure of the people to observe some cultural practices. I heard that HIV and AIDS is a genital disease caused by not mourning for a spouse as tradition demands (Lebohang, 06 September, 2013).

The learners also believe that HIV is punishment for having sex with a widow or widower who has not been cleansed (*ho hlatsoa sesila*) after the death of a spouse. In this case, an uncleaned widow or widower is said to be prone to attract sexually transmitted infections. As such, the learners saw HIV as punishment from the ancestors. Similarly, a study conducted in Namibia by Chinsembu, Shimwooshili-Shaimemanya, Kasnda and Zealand (2011) found that Namibians viewed people who were sexually active as likely to be infected with HIV. Parker, Aggleton, Attaawell, Pulerwitz and Brown (2002) found that people in some African communities believe that heterosexual HIV epidemic is caused by irresponsible, immoral and promiscuous behaviour. Thus, the learners' understanding of HIV and AIDS as punishment reflects societal discourse about the epidemic and those who are infected. In particular, it reflects the stigma that is attached to the epidemic and the discrimination suffered by those who are infected or affected. The HIV and AIDS education programmes provided in schools and in the communities seem to be unable to penetrate the already existing knowledge to allow parents and the young people to analyse the kind of information/ belief systems that need modification and the ones that need to be left out. These programmes require significant changes in both the content and pedagogy of educational programmes in schools. They are explored in the next section.

6.4.4 HIV as a conspiracy by the West

The learners at Lilomo High School also understood HIV and AIDS as a strategy by developed countries to make money out of developing countries, including Lesotho. For example, one of the learners stated:

HIV and AIDS have been sent to Africa by western rich countries to raise money through devices used for HIV testing and the medication used to suppress HIV (Tšeliso, 06 September 2013).

They suggested that the cure would emerge once the developed countries have made enough money from Africans. The implication for this understanding is that the learners might not follow suggested HIV prevention strategies or adhere to medication because of lack of trust of those who have produced the medication. These might have negative consequences in the lives of the youth as they may not test for HIV to know their HIV status, which is the first major step towards fighting the HIV and AIDS epidemic. The current HIV and AIDS education programmes should work towards replacing these misconceptions and misinformation with facts. Failure to address these misconceptions could lead to unsuccessful prevention strategies.

The findings from this study suggest that, informed by their social contexts and the messages that they receive regarding HIV and AIDS, the learners who participated in this study used metaphors to describe HIV and AIDS. They refer to taboos that are associated with sex and sexuality because of the teachers and other adults' use of euphemisms to talk about the epidemic and issues around it. In turn, some of the learners understood these literally and applied these forms of understanding to their lives. These metaphors and euphemisms further reinforce the silence and stigma related to HIV and

AIDS (see also Parker et al, 2002). The next section discusses the factors that inform the meaning that the youth attach to HIV and AIDS programmes.

6.5 Factors That Inform Learners' Understanding

This section addresses the third component of the sub-question asked in this study: *What factors inform the ways in which learners understand HIV and AIDS and the meaning that they attach to the messages/information they have?* To do this, data were collected from the learners at Lilomo Secondary school through the use of role play and focus group discussions.

6.5.1 Disconnect between cultural beliefs in the home and the school curriculum

To understand the factors that inform the ways in which learners understand HIV and AIDS and the meaning that they attach to the messages/information that they have, I gave the participants a scenario to role play after which I asked them to answer a set of questions related to the role play. The scenario was:

<p>It is summer in Lesotho and, as usual, Basotho visit their traditional doctors to get protection against lightning. Mr. Lenala's daughter (a Grade 9 student) told her father that they all have to have individual razors for scarification process to avoid HIV infection.</p>

The learners' role play, which I audio-recorded, unfolded as follows:

Mr. Lenala: *Mrs Lenala my wife, it is now summer, the time at which we have to have our traditional doctor to come and protect our family and we all need to go through the scarification process to be protected from witchcraft and evil spirits.*

(They call their daughter to inform her about the plans)

The daughter: *Ache! Mum and dad, you have now started with these humiliating things. At school other learners laughed at me last year. They were mocking me asking me what is wrong with the scars all over my body. I felt sad and humiliated. I had to lie and say I had been injured by the aloe. Again, mum, at school our teacher taught us that we should avoid using one blade for all family members for scarification. What I know is that (Matsetsela) the witch doctor will use his ancestor's blade for all of us in this family to perform scarification.*

Mr. Lenala: *In my house you are telling me about what you are taught at school which is against my rules! Our forefathers have been doing this and we all went through the same process! My sister, tell this child.*

Aunt: *My brother's child, we grew up the way your father has just indicated. We have to be protected from witches and wizards. My brother will not have that huge amount of money to buy many blades for us all. These teachers are talking nonsense.*

Daughter: *Aunty, I hear you. You know what, aunty? One time I came home excited and told mum that at school we were taught about HIV and AIDS and she was very happy and stated that those are the good news but today when she sees father, she is against me.*

Mrs. Lenala: *Look here my girl I have sent you to school to learn not to become my teacher. All those things you learnt at school must remain there. My family shall not be ruled by*

teachers. Where will I get money to buy many blades! Matsetsela's (the witch doctor's) blade is the right one for our protection and we shall all abide by the rules of the head of this family

Mr. Lenala: *Again, what is this HIV, HIV which the teachers are talking about! In this family there is no HIV and we all shall do as I say.*

Aunty: *What is this nonsense of HIV and AIDS that the teachers are talking about there! Do they get paid for such nonsense what is this HIV! HIV! for young children? I do not want to hear about it.*

Mr. Lenala: *Now it is enough, we have finished and I make the final decision in this house, we shall all go through scarification as I have decided for tomorrow evening.*

This role play illustrates the mismatch between what happens in the home and what is taught in school, and in particular, the clash between cultural beliefs and practices in the home and the school curriculum and teaching. For example, while the school focuses on educating the child about HIV prevention, in the home it is the adults who are listened to and who make the decisions about family practices. The power relations and social norms prevailing in the home mean that it is difficult for the young people to put what they are taught in school into practice. Unless the programmes assist children to negotiate these different spaces (the home and school), translating what they are taught into practice will not be possible.

After the role play, I engaged the learners in focus group discussions in which they discussed in more detail, their views about HIV and AIDS. Data analysis suggests that the role play above is typical of the various factors that inform the meaning that the youth attach to HIV and AIDS education

intervention programmes in the school and in the communities. Among the factors that the learners identified were power relations, gender roles, denial, stigma, discrimination and fear.

6.5.2 Power Relations and decision making

In many Basotho families, children are not consulted in any family matters, regardless of whether this concerns them or not. Decision-making powers often rest with the adults in the family, and in particular with the father. In addition, boys tend to be assigned more power than girls and in relationships, decisions about whether, how and when to have sex usually reside with the boy or man.

Thato's comment illustrates:

In a normal situation, as a girl, it is not my position to ask a boy on a date even if I like a boy, it is not my place to initiate sex in a relationship. In a love relationship a girl is not expected to refuse sex or negotiate condom use even if she may suspect that a boyfriend has extra sexual relationships that can put her at risk of HIV infection (Thato, 13 September, 2013).

In relation to this point, the participants also reported that girls (and women) are often coerced or forced to have sex, including unprotected sex. Refusal to have sex was seen as challenging for girls and young women in relationships:

Sometimes because we are not as strong as our boyfriends, we find ourselves having forced sex and to report that is very difficult because we will have to explain to our parents and to the policemen. This is one of the most embarrassing situations we find ourselves in as girls. If you agree once, the next time it will not be easy to refuse sex (Mpho, 13 September, 2013).

Further, suggesting condom use often puts girls at risk of violence or withdrawal of material benefits by the boyfriends. One comment from a girl illustrates:

Refusing sex or mentioning a condom puts us at risk of not getting the clothes and the money from our 'mummies' as this is sometimes interpreted as lack of love and trust. It might even lead to us being replaced by others, who would show obedience (Lerato, 13 September, 2013).

These views are illustrative of the unequal power relations between boys and girls as well as men and women in the communities. As shown in these participants' comments and in the role-play quoted above, women and children have no decision-making power regarding their bodies, including whether and how to have sex or whether and how to participate in traditional practices (such as scarification). Similarly, Higgins et al. (2010) argued that it is not easy to accept women as agents of sexual activity and at the same time to complain about and criticize the ways in which gender inequality impends and intimidates their sexual independence and their right to healthy, enjoyable and satisfying sexual intercourse. These scholars further argue that women's organizations can be seriously limited in a situation in which sexual pressure and ferocity are always present.

6.5.3 Gender roles

In the role-play, the letter writing activities and the focus group discussions, the participating learners indicated that there are roles, activities, tasks and responsibilities that a particular society or community, traditionally assigns to males and to females. According to them, females are expected to be care-givers and child-bearers, as well as to be subservient and submissive to their husbands and other males in the family and community. In contrast, males are expected to be leaders, protectors, decision makers and heads of families. One learner elaborated:

I overheard my grandmother talking to my sister who was about to be taken to her husband's home the next morning after the lobola (bride price) negotiation. She told my sister never to argue with her husband, never to refuse his advances for sex or to question his decision

making but to always support him and to be a submissive wife and take good care of him. She assured her that in doing these she will never come back home telling her parents that she has problems. She reminded her that ‘mosali o ngalla motséo’ (when things are not good between a man and a woman, the woman should go to the kitchen to cook for her husband) (Thato, 13 September, 2013).

Thato’s younger sister Lerato added:

In addition, grandmother told her that they do not want her to embarrass the family, she should listen to and obey her husband; the decisions that he will make will always be for the good of their family so she should always support him. She told her that the family have taken lobola (bride price) from her husband’s family and this means that she has to bear many children for him and that this is very vital for her to keep her status with her in laws’ family (Lerato, 13 September, 2013).

Another added:

In this country we boys pay lobola to marry our wives. This gives us the rights over our wives. I do not see how wives would ask their husbands to use condoms. (Thabang, 13 September, 2013).

Basotho children grow up knowing what females and males are expected to do in their everyday lives. The findings suggest that boys are often pressured to be brave, assertive and to suppress certain emotions (vulnerability and tenderness) or behaviours that may appear feminine. This often includes avoiding seeking health care or even admitting that they are sick or engaging in risky behaviours such as taking drugs and alcohol. A learner commented:

Boys learn from our fathers that they must be strong and not show emotions. This is supported by the Sesotho proverb which says that “monna ke nku ha a lle” (a man is a sheep; he does not cry). This means that a man is strong and he does not show emotions (Thabiso, 13 September, 2013).

In contrast, girls are expected to be care-givers, to be docile and submissive to males, underplay their intelligence and withhold their opinions and ideas and accept close monitoring of their dress, their friendships and their coming and goings. To illustrate, one learner explained:

Girls are supposed to be caring and supportive of their family members. To support this idea, Basotho have a proverb which says, “me o ts’oara thipa ka bohaleng” (a mother holds the sharp end of the knife to protect her children). Again, females are regarded as “pitsana tse fokolang” (small and weak pots). This means that they are weak and break easily and cannot endure challenges.

The idea that boys (and men) are strong and that girls (and women) are weak may have an influence on how these two groups respond to HIV and AIDS. For example, this could explain why males often believe that they can be or are infected with HIV or questioning whether the virus even exists at all. In the letter writing sessions, the boys claimed that HIV and AIDS is a disease that affects women with bad morals. They disagreed with the idea of male spouses being faithful and argued that in Sesotho culture a man’s strength and wealth is measured by the number of women he marries and/or sleeps with. Girls argued that they found the HIV and AIDS curriculum inconsiderate of their culture because as Basotho women they have to get married and bear children. As such, the idea of using condoms is just silly to them as they are expected to ensure that the family lineage is kept. One boy’s response captures this sentiment:

It is our responsibility as males to ensure that our family lineage does not end with us but continues. This can be hindered by the use of condoms. For a girl to ask me to use a condom means she does not trust and love me enough. After all I am not that weak to be infected with HIV and don't believe in HIV. For me, this is just a plot to scare young people so that they refrain from sex (Teboho, 13 September, 2013).

One of the girls affirmed:

Our parents raised us to grow up, get married and in return they get lobola. It is our responsibility to make our husbands happy, to care for them and to satisfy them sexually. The condom issue is not going to work because it prevents conception to ensure continued family lineage. I also think it is embarrassing for me as a girl to initiate condom use as I think it is the man's decision to make in our relationship (Thato, 13 September, 2013).

The girls argued that the HIV and AIDS epidemic presents challenges for them because they do not have the decision-making power in their relationships. They complained that to initiate or negotiate condom use is not their place as it has various interpretations including that of them being too forward and promiscuous. Thus, these participants' views suggest that gender roles influence the meaning that young people attach to HIV and AIDS. The findings suggest that even when the youth see the usefulness of the information (for example, condom usage) provided to them by the HIV and AIDS educators, their gender role expectations forbid them from applying the information to protect themselves from HIV infection. In several Sub-Saharan countries, women's fears of family conflict, economic loss and lowered self-esteem have long been associated with preventing women from advocating for condom use (see for example, Bledsoe; 1989 and Perlez, 1991).

Linked to this argument is the perception among men in some communities that women are the vectors of disease, including HIV. For example, the understanding that women infect unborn babies with HIV during pregnancy and that as sex workers they transmit HIV to their buyers and to the entire population (see Higgins et al., 2010) is common in many communities in Lesotho (personal observation) and elsewhere. This has led to the feminization of HIV and AIDS which says that men have to be protected from women (disease hubs). Changing these beliefs and understanding is the key to addressing HIV infection in communities.

6.5.4. Stigma, discrimination and fear

This thesis argues that stigma and discrimination continue to fuel HIV infection in communities in Lesotho. I gave the participants a second scenario to role play during one of the workshops:

There has been a gossip around the village that Tekesi's father came home very sick from the South African mines and died of AIDS. At school and in the community, some children and Tekesi's friends do not play with him any longer.

I video- recorded the role play and it unfolded as follows:

Friend 1: My friend, did you hear what has happened at Tekesi's home?

Friend 2: No, what is it my friend?

Friend 1: It is said that his father died of AIDS that he contracted from the mines.

Friend 1: Ao! Our friend!

Friend 2: Here she comes. I do not want to eat with her.

Tekesi: My friends, here are some snacks. Come let us eat

Friend 2: What do you have?

Tekesi: Its Simba Chips, bread and drink

Friend 2: Let me have a slice

Friend 1: Do you eat her food?

Friend 2: Yes! How about you?

Friend 1: No thanks, I do not want to have AIDS

Friend 2: My friend, how can you be infected with HIV through food?

Friend 1: Mm! You heard that her father died of it, she may also be HIV infected

Friend 2: Do you think she has it?

Friend 1: Yes, have you not heard that it is infectious

Friend 2: It is infectious but do you think it can be there even in food?

Friend 1: Yes.

Friend 2: I do not think so. Her father got sick in the mines and died

Friend 1: Maybe her mother has it too.

Friend 2: Yes, but do you think when we eat her food, we can get it?

Friend 1: Yes, because her mother has handled the food.

Friend 2: Please explain.

Friend 1: *mm! I heard that it is infectious. I fear it.*

Friend 2: *Let me tell you my friend, HIV is not transmitted through food but only if we touch blood of an HIV infected person or when we share piercing objects such as blades and needles. Sharing food and sitting next to her cannot transmit HIV as long as you avoid touching infected blood and body fluids with bare hands.*

Tekesi: *Why God, why am I being treated this way? HIV and AIDS where do you come from! Now I do not have a father. My friends have turned against me they discriminate against me and I am left with stigma, no one shares things with me any more even my food and some learners do not talk to me. But the best thing is that at least we have tested and as a family now we know our HIV status.*

Friend 2: *Do not cry my friend. After school we shall go to the principal, she can help and clarify some issues related to HIV and AIDS to other learners.*

This role play illustrates the inaccurate information that some learners still have about HIV infection and the stigma and discrimination that surround those who are infected or affected. This influences how learners respond to the educational messages that they receive in school and the meaning they attach to them. However, while there is stigma, discrimination and fear of HIV and AIDS, these sometimes trigger responses of compassion, solidarity and support for those who are infected and affected from people around them. This is evident in the role play above where the family members took a united front and decided to have an HIV test and came to know their HIV status. The effort that they made is likely to promote support in the family. Further, in the role play Tekesi's friend calmed her down and provided a shoulder to cry on and promised to go with her to the school principal. The findings of this study suggest that while HIV-related stigma may trigger negative

responses from those around, sometimes it encourages more positive responses such as support from family members, classmates or neighbours. It is this positive behaviour that the school curriculum needs to encourage and build on if prevention and care are to succeed in and around the school community. This assumption is explored further in the next chapter.

6.6 Syntheses

This chapter addressed the question: *What meaning do young people make of the messages that they receive from the school HIV and AIDS programme?* First, the chapter presented the findings on the learners' experiences of HIV and AIDS education programming in the school. The analysis suggests that, on the one hand, learners found the programme "eye-opening", suggesting that it was informative about HIV and AIDS, what it is, how it is transmitted and how it might be prevented or managed. On the other hand, the learners also found it inadequate, unrealistic and not relevant to their needs. According to them, the HIV and AIDS curriculum in the school did not fully address their needs as young people.

Secondly, the chapter presented data on how the learners understood and defined HIV and AIDS. The findings suggest that the learners at Lilomo High School had varying levels of knowledge of HIV and AIDS. The learners' understandings included a number of myths, misconceptions and misinformation about the epidemic. These included the fact that condoms reduce sexual pleasure, that abstinence causes madness and reduces manhood, that condoms give people diseases and that HIV is a western invention against African people and their culture. These myths, misconceptions and misinformation might have a negative influence on the effectiveness of prevention and care messages that they receive from the school.

Thirdly, the findings suggest that in relation to the taboos that surround HIV and AIDS and related issues (including sex organs and sexual intercourse), the learners used a number of metaphors and euphemisms to define and talk about HIV and AIDS. These metaphors included HIV and AIDS as danger, HIV and AIDS as punishment, HIV and AIDS as witchcraft and as a western conspiracy. The euphemism included among others, HIV infection as ‘winning the lotto’, ‘stepping on live electric wires’ and ‘rolling down a steep and slippery road.’ It referred to condoms as rain boots/gumboots and the penis as ‘the walking stick’. Together these tend to reinforce stigmatization, discrimination and fear of HIV infected and affected people. Further, the euphemisms tend to distort the HIV and AIDS messages provided to the learners as some of them reportedly applied these forms of understanding literally to their lives.

Fourthly, the chapter presented the findings on the factors that inform the meaning that the youth attach to HIV and AIDS and HIV and AIDS education interventions. Power relations, gender roles, and stigma, discrimination and fear were identified as some of the factors that inform the meaning that learners make of HIV and AIDS programmes and the responses that might result from such meaning. These findings have implications for curriculum developers, teachers and policy makers regarding the programmes aimed at addressing these factors. These are discussed in Chapter Seven.

CHAPTER SEVEN

HIV AND AIDS EDUCATION AND MEANING-MAKING AMONG LEARNERS IN A LESOTHO SECONDARY SCHOOL: CONCLUSIONS AND IMPLICATIONS

7.1 Introduction

Thirty years after the first HIV diagnosis was made in Lesotho, and following a plethora of government and non-governmental interventions to curb its spread, evidence suggests that the epidemic is far from abating. Instead, as argued throughout this thesis, recent reports suggest that where infections continue to increase, young people generally, and in particular, girls and young women, tend to bear the brunt of new infections. As discussed throughout this thesis, according to a 2013 UNICEF report, of all adolescents aged 15-19 who were diagnosed as being HIV-positive during 2012, two-thirds were girls (UNICEF, 2013). In its 2014 report, the Lesotho Demographic Health Survey (LDHS) found that 13% of young women and 6% of young men aged 15-24 were living with HIV, showing a 2% increase among young men and a 1% decrease among young women (Lesotho Demographic and Health Survey 2014; Lesotho Ministry of Health, 2016). This begs the questions: with all the research and interventions undertaken over the years, including curriculum interventions in schools, why do new infections persist? Why are most of these new infections among young people, and why particularly among girls and young women?

In thinking about these questions, I undertook a study which sought to examine the meaning that young people in Lesotho attach to the HIV and AIDS education messages that they receive from the school curriculum and the various factors that inform them. The study addressed the question: *What*

meaning do young people make of the messages that they receive from the school HIV and AIDS programme and what factors inform the meaning that they make? To address this question, the study addressed three sub-questions:

- *What is the curriculum policy informing the teaching of HIV and AIDS education in Lesotho secondary schools?*
- *How are teachers trained for their role as HIV and AIDS educators in schools? How do they understand and enact their role?*
- *How do young people in schools experience the HIV and AIDS education programmes?*

In Chapters Five and Six I presented a thematic analysis of the findings that emerged from the data. In this chapter, I discuss the findings and their implications. I begin by presenting my reflections on the methodological approach that I adopted in the study. I then highlight the key findings that emerged from the data, including how my thesis responds to the research questions. This is followed by a discussion on the implications emerging from the study. The chapter concludes with the contribution of the study to the understanding of the phenomenon under study: HIV and AIDS education and meaning- making among young people in a rural secondary school in Lesotho.

7.2 Methodological Reflections

The study is located within the interpretive paradigm (see Chapter Four). An interpretive paradigm emphasises the need to see a phenomenon through the eyes of one's participants and to understand it in its social context (Strelitz, 2005). The paradigm emphasises the importance of participants' views, the meaning that they hold regarding the issues and the context in which they live (Creswell, 2005).

The interpretive view acknowledges that, unlike non-living objects, human behaviour is not influenced exclusively by external factors. Humans act on their environment as much as the environment may influence their behaviour (Tesch, 1990; Connole, 1998; Creswell, 1998; Denzin and Lincoln, 2000; Patton, 2002). These reasons led the study to examine young people's experiences of HIV and AIDS education in one rural secondary school in the Mafeteng district in Lesotho and the meaning that they attach to it. Informed by this paradigm, a qualitative research approach, involving one rural school was used to address the research questions in this study. This approach views human behaviour as a product of how people interpret the world. In this study, it enabled me to "... [explore the] attitudes, behaviour and experiences through in-depth enquiry from participants" (Dawson, 2002, p. 115). This allowed for in depth and holistic accounts and analysis of the phenomenon from the participants' perspectives, taking note of the context, events, relationships and experiences. Using a qualitative approach to data collection, involving a variety of data collection methods and sources, I was able to obtain deep insights into the learners' experiences of HIV and AIDS and the educational messages that they received from their school.

However, the empirical study which informs this thesis was not without challenges. The first challenge was personal. The years 2015, 2016 and 2017 were challenging for me and my studies due to illness (my own and that of family members) and death in the family. I struggled to keep up with my research and writing. As a result, I had to suspend my studies until 2018. However, while the data which informs this thesis is arguably dated (as it was collected in 2013-2014), my reading of the literature and my observations in educational institutions and communities suggest that the HIV and AIDS trends, including increasing HIV infections among young people remain unchanged. For example, the fifth South African National HIV Prevalence, Incidence, Behaviour and Communication Survey (2017) indicates that "approximately 7.9 million people of all ages (0 + years) were living

with HIV in South Africa in 2017. HIV prevalence among adults aged 15 to 49 years in South Africa is 20.6% (26.3 % among females and 14.8 % among males”) (p.1). Similarly, the Lesotho Ministry of Health (2016) reported that HIV prevalence has increased among young women since 2009 when it stood at 10.5%, but it remained stable among young men.

The second challenge for the study was linked to the fact that HIV and AIDS, and, related to it, sex and sexuality, are regarded as taboo and critical issues, while prescribed in the school curriculum, remain silenced, particularly between adults and young people in many institutions and communities in Lesotho (Mutonyi, 2007). In this study, some parents also showed reluctance in consenting to their children participating in discussions that involve these issues. For example, even though my initial plan was to have 15 young people participating in the study, things did not go as planned. Instead, only 12 parents gave consent for their children to take part in the research. Similarly, my experience as a Mosotho woman suggested that talking about HIV and AIDS and related issues (including sex and sexuality) can be challenging for young people, particularly when such discussions are with an adult such as me. To address this challenge, and in terms of the methodological approach, the study took as its point of departure, the notion that to understand how young people experience and respond to the epidemic and the interventions that aim to address it in the school, it is essential to obtain their perspectives. In order to minimise the power relations between myself and the participants, I used the workshop approach involving participatory methods (letter writing, role plays and focus group discussions) to generate data from the participants. This was done in order to ensure that the young people’s voices were heard. These methods allowed collection of the data that could have not been adequately collected with other means (such as the interview and the questionnaire) As Marshall and Rossman (2011), Mukeredzi (2012) and Moletsane (2012).argue, using participatory methods with young people, particularly when the research focuses on controversial or difficult issues such as HIV

and AIDS and sex and sexuality is useful because it allows active engagement by participants. In this study, my observations were that the methodology was appropriate. It enabled the participants to discuss the issue of HIV and AIDS, including sex and sexuality, relatively openly (see Masinga, 2013).

As topics in the school curriculum, HIV and AIDS as well as sex and sexuality are regarded as taboo in the school and the community. In addition, HIV-related stigma and discrimination continue to impact people infected and affected by HIV and AIDS. I was therefore worried that the study would trigger negative responses from those participants who might have been infected and/or affected by HIV and AIDS. However, this was not the case. The participatory methods (letter writing and role play) in which I used life scenarios that were not specific to the experiences of the participants, minimised the risk of shyness and negativity. The participants seemed to enjoy and to engage in the activities and to express their feelings and concerns about HIV and AIDS, sex and sexuality freely. These activities seemed to transcend cultural barriers and enabled open discussions on the topics.

The research design further allowed me to approach data generation through a number of instruments. The benefit of having multiple sources of data collection is that they triangulate the data. They complement each other. For example, in addition to document analysis focusing on how teachers are prepared for their role as HIV and AIDS educators, questionnaires and interviews for the teachers provided further clarification on the data. However, I observed some anxiety on the part of the teachers. They were sceptical as to how the information might be used if they were found (by the MOET) not to be performing up to expectations. To reduce their anxiety, I assured them that our conversations would remain confidential and that, as much as possible, in the analysis and

everywhere else I would not link particular views to individuals, and that by using pseudonyms and aggregating the findings, their identities would not be revealed.

Finally, as discussed in Chapter Four, questionnaires and focus group discussions were used with teachers to generate data on how prepared they were for their role as HIV and AIDS educators. An analysis of the education policies, the school-level policies and the curricula were made in order to understand the policy framework that informs teacher preparation. In addition, participatory workshops (role playing, letter writing and focus group discussions) were used with the 12 grades 8, 9 and 10 learners who participated in the study.

7.3 Overview of the Thesis

The study was framed around one key research question: *What meaning do young people make of the messages that they receive from the school HIV and AIDS programme and what factors inform the meaning that they make?* Chapter One introduced the reader to the study, particularly outlining the background and rationale to it, as well as its purpose and the research questions. Chapter Two reviewed the literature that relates to HIV and AIDS education and meaning-making among young people in Lesotho schools. Firstly, the review focused on HIV prevalence rates among the youth in Lesotho, locating these within rates internationally and in Africa. Secondly, scholarship on continuing vulnerability of young people, particularly young women and girls to HIV infection and the factors that influence the vulnerability of young people to HIV and AIDS, was explored. Thirdly, the literature related to HIV and AIDS interventions as well as the international and national policy initiatives that govern HIV and AIDS education aimed at combating the epidemic was reviewed. The

literature review concluded with an examination of young people's experiences of HIV and AIDS interventions.

In Chapter three I presented the conceptual and theoretical framework that informed the study. The conceptual framework encompassed the process of meaning making and resultant meaning of the HIV and AIDS education intervention programmes. I further presented the theoretical framework that informed data collection and the analysis of the data. The framework is informed, first, by Unterhalter et al.'s (2014) ToC which was used to analyse HIV and AIDS education interventions (including policies and curricular) implemented in Lesotho secondary schools, the SIT, advanced by Mead (1959), which advocates socialisation of people for their effective role performance; and Durkheim's (1933) theory of meaning making which describes how people organise their behaviour, based on the meaning that they make of situations and/or objects. The three theories were fused to provide a lens through which to examine the meaning that young people attach to HIV and AIDS messages that they receive from the school HIV and AIDS curriculum and the factors that inform this meaning. The chapter concluded with a number of key propositions developed from the three theoretical frameworks. These propositions were utilised to guide data analysis for this study.

In Chapter Four I discussed the research design and methodology. A discussion of the qualitative method as an approach for data collection was presented. Guided by the theoretical framework discussed in Chapter Three, I located the study within the interpretive paradigm. The chapter discussed the research approach, data collection and analysis methods, ethical issues and the limitations of the design.

Chapter Five presented the findings and addresses the first and second sub-questions: *What is the curriculum policy informing the teaching of HIV and AIDS education in Lesotho secondary schools? How are teachers trained for their role as HIV and AIDS educators in schools? How do they understand and enact their role?* The study finds that on one hand, the policies have provided an enabling environment for HIV and AIDS education in educational institutions through affordable schooling, feeding scheme, improved infrastructure, and a curriculum framework that includes Life Skills education and integration of HIV and AIDS in some school subjects. On the other hand, the policies fall short in terms of implementation mechanisms. For example, not all teachers have pre-service training in HIV and AIDS education. Those who do, feel inadequate to effectively teach the content in schools. Another finding is that the teacher in-service education provided since the introduction of Life Skills education has also not been adequate. This leaves teachers without appropriate, adequate and relevant content and pedagogical skills needed to effectively teach the topic. The teachers at Lilomo High School also reported that they did not feel adequately trained to educate learners about HIV and AIDS. These findings confirming those from studies such as Masinga (2013), Francis (2012) and Motalingoane-Khau (2010). These researchers identified poor or inadequate training, negative socio-cultural contexts in which the schools are located and the norms that govern sex and sexuality, particularly among young people, as some of the factors that negatively influenced their teaching of HIV and AIDS content. Specifically, the culture of silence around sexuality, and the stigma attached to the pandemic, which resulted in a broad denial of HIV and AIDS, made teachers feel uncomfortable and unwilling to teach the learners about HIV and AIDS.

Chapter six addressed the third research question of this study: *How do young people in schools experience the HIV and AIDS education programmes?* The chapter examined the ways in which the participants understand the HIV and AIDS messages that they receive through the curriculum as well

as the factors that influence their understanding. Firstly, the chapter presented the findings on the learners' experiences of HIV and AIDS education programmes in the school. The findings suggest that on the one hand, the learners had varied experiences of HIV and AIDS education programmes provided in the school. These include the fact that education programmes are informative but inadequate and uncomfortable. For example, Mutonyi (2007) found that students have factual information on how HIV is transmitted and how it can be prevented. Motalingoane -Khau (2007), Francis (2012) and Masinga (2013) argued that participants found HIV and AIDS education embarrassing and uncomfortable.

Secondly, the chapter presented data on how the learners understood and defined HIV and AIDS. The findings suggest that the learners at Lilomo High School had varying levels of knowledge of HIV and AIDS. Linked to the taboos that surround HIV and AIDS and related issues (including sex organs and sexual intercourse), the learners used a number of metaphors and euphemisms to define and talk about HIV and AIDS. Thirdly, the chapter presented the findings on the factors that inform the meaning that the youth attach to HIV and AIDS as well as HIV and AIDS education interventions. The findings suggest that power relations, gender roles, stigma, discrimination and fear inform the meaning that young people make of HIV and AIDS education programmes as well as how young people respond to HIV and AIDS education interventions. Scholars are in agreement that the spread of HIV is influenced by unequal power relations between men and women (Harrison, et al., 2015; Lewis, 2008; Tuyizera, 2007). Researchers indicate that females are expected to be care-givers and child-bearers, and to be subservient and submissive to their husbands and other males in the family and community. On the other hand, males are expected to be leaders, protectors, decision makers and heads of families (Kimaryo, Okpaku, Shongwe and Feeney, 2004; de Bruyn, 2000; Meyer-Weitz et al., 1998). Participants still have inaccurate information about HIV infection. They stigmatize and

discriminate infected or affected people around them (Richter, 2013; Mahlomaholo, 2012; Mitchell & Murray, 2012; Campbell, Skovdal, Mupambireyi, & Gregson, 2010; Zhao et al., 2010 & Ogina, 2007).

7.4 Analysis

As stated above, the main aim of the study was to examine the meaning that young people attach to HIV and AIDS messages that they get from the school curriculum and the factors that inform the meaning that they make. In this section I discuss the findings from the study.

7.4.1 From Curriculum Policy to Classroom Teaching

The first sub-question in this study was: *What is the curriculum policy informing the teaching of HIV and AIDS education in Lesotho secondary schools?* To address this question, and informed by the Theory of Change advanced by Unterhalter et al. (2014), the analysis focuses on three aspects: 1) changing the institution, 2) improving resources and infrastructures and 3) changing gender norms in and around the school. The analysis suggests that on one hand, the policies have provided an enabling environment for HIV and AIDS education in educational institutions. For example, to improve education, new schools have been built across the country, learners are provided with breakfast and lunch at school they take food rations home for those who need food. In addition, free education and reduced educational expenses are ensured through government subsidies. Within the school, curriculum has been reviewed to accommodate Life Skills education and the integration of HIV and AIDS. However, scholars in the SADC region find that having HIV and AIDS in the curriculum framework does not guarantee that it will be taught or that it will be taught effectively in the schools. According to Masinga (2013), for example, teachers tend to avoid teaching HIV and AIDS content.

Other obstacles include the taboo, the silence and the stigma that exist around HIV and AIDS. Silence around sex and sexuality in and around the school is also discussed throughout this thesis. To understand this phenomenon, I used Unterhalter et al.'s (2014) TOC which posits that for intervention programmes to be effective, they need to effectively focus on three aspects 1) changing the institution/school, 2) improving resources and infrastructures in the school and 3) changing gender norms in and around the education institutions (for example schools). The present study identifies the need to change school policies, improve teaching (by training teachers adequately and effectively for their role as HIV and AIDS educators) and to challenge and change the unequal gender norms that govern relationships in communities and in educational institutions and continue to silence critical issues that impact on young people's vulnerability to HIV infection. As Masinga (2013) and Motalingoane-Khau (2010) argue, unless the taboos and silences are challenged and addressed, effective HIV and AIDS education that targets young people will remain ineffective and HIV prevalence will continue to spiral. These scholars also suggest that it is only when teachers understand and are comfortable with their own sexuality and are well-trained that they provide effective HIV and AIDS teaching for young people.

7.4.2 Teachers' Role Preparedness for HIV and AIDS Education

The second sub-question in the study was: *How do teachers understand and enact their role as HIV and AIDS educators in schools?* In addressing this question in one rural secondary school in the district of Mafeteng in Lesotho, Lilomo High School, the study examined teacher perceptions regarding whether and how they perceive their preparedness for this role as HIV and AIDS educators. Data collection involved focus group interviews with teachers and document analysis. International studies (such as Makori & Onderi, 2013; Chakanyuka, 2006 and Chili, 2013) conclude that teachers

who are not qualified in the subject do not have the necessary content knowledge to teach it effectively. This lack of knowledge leads to poor performance among the learners. Chili (2013) suggests that effective teaching and learning in a subject (including HIV and AIDS) in schools is often stifled by poorly trained teachers. Alwano and Marum (1999) argue that even the qualified teachers need to undergo continuous professional development in order to not only obtain information about HIV and AIDS but to also transform their own beliefs and values regarding such issues as youth sexuality. This view is supported by Masinga (2013) who argues that in order to fulfil their HIV and AIDS and sexuality teaching role, teachers require training and a total re-orientation to the content and focus of their work.

The data analysis (reported in Chapter Five) was informed by Mead's (1959) symbolic interaction theory which posits that an individual occupying a given position has to learn the appropriate behaviour and then enact the role accordingly. The study suggests that the pre-service and in-service teacher education provided for teachers in Lesotho since the introduction of Life Skills education has not been adequate. The analysis of the questionnaire and interview data in this study suggests that not all teachers have pre-service training and qualifications in HIV and AIDS education and that it is inadequate in content even for those who have it. This leaves teachers without appropriate and relevant content and pedagogical skills needed to effectively teach the topic. The teachers at Lilomo High School reported that they did not feel adequately trained to educate learners about HIV and AIDS. They reported experiencing challenges in coming up with innovative strategies to facilitate open discussions with the learners (see also Woolner, McCarter, Wall, and Higgins, 2012; Dlamini et al., 2012; Ferreira, 2013; Ogina, 2012; Wood & Goba, 2012)).

The literature suggests that this situation is not unique to this school or to Lesotho. Several scholars writing in the context of South Africa have noted that teachers are not adequately trained to teach HIV and AIDS education in schools (see Bhana, Morrell, Epstein and Moletsane, 2006; Schulze and Steyn, 2007; Theron, 2007 and Wood, 2008). Another observation is that teaching children about sex and sexuality is taboo and dangerous (Chetty, 2000; Buthelezi, 2004; Motalingoane -Khau, 2009 and Masinga, 2013). The present study finds that these norms and practices in and around the school function as barriers to effective HIV and AIDS programmes that need to be addressed. To challenge and address these norms, teachers need to be socialised into their role as HIV and AIDS educators and to be supported to continue to perform this role adequately. The findings from this study suggest that there is a gap in the Lesotho education system. If it is not addressed, the teaching of HIV and AIDS will remain inadequate and ineffective and infections will continue to soar.

7.4.3 Young People's Experiences of HIV and AIDS Education

The third sub-question which the study reported in the thesis addressed was: *How do young people in schools experience the HIV and AIDS education programmes?* To address this question, I divided the question into three components: the learners' experiences with the HIV and AIDS education programme provided in the school, how the learners understand HIV and AIDS education and what factors inform the meaning that they attach on the HIV and AIDS education messages that they receive at schools.

7.4.3.1 Learners' Experiences of HIV and AIDS Education

Durkheim's (1933) theory of meaning making posits that social institutions and the process of collective meaning-making fundamentally shape the human psyche (Nisbett et al, 2001). Chapter Six

presents the findings, focusing on how the participants experienced the HIV and AIDS education programme at Lilomo High School. The study finds that, on the one hand, the learners found the programme “eye-opening.” This suggests that the programme is informative about HIV and AIDS. They know what it is, how HIV is transmitted, and how it might be prevented or managed. On the other hand, they also find it inadequate, unrealistic and not relevant to the needs of young people because teachers and other adults in general are often reluctant to talk about sex with them, preferring instead to encourage abstinence and to use metaphors and euphemisms when discussions about sex and sexuality arise. The implication here is that young people may continue to be exposed to HIV infection. There is a need for curriculum developers, in consultation with other education stakeholders (such as the church, the learners and the parents) to review the Life Skills Education syllabus to include the content and pedagogies that would help learners in dealing with the actual challenges that they face in their lives. Beyond the ABC messages, for example, such a curriculum could address issues of sex and sexuality. Scholars (e.g., Mitchell & Pithouse 2009; Raht, Smith & MacEntee 2009; Motalingoane-Khau, 2010 & Masinga, 2013) have argued that presenting sex as both risky and as pleasurable is more likely to meet the needs of youth. Such a presentation could possibly include the views of young people on topics such as what an effective HIV and AIDS curriculum should look like. This would require teachers to be comfortable to teach the content, as well as to allow young people to freely express their views about HIV and AIDS and related issues, including sex and sexuality.

7.4.3.2 Learners’ Understandings of HIV and AIDS

This study further examined the ways in which learners at Lilomo High School understand and speak about HIV and AIDS. The analysis of the data was based on Durkheim’s (1933) theory of meaning making which states that the human psyche is fundamentally shaped by social institutions and by the

process of collective meaning-making. Mead's (1959) symbolic interaction theory posits that people are active thinking beings and are capable of defining their situations. The observation suggests that the learners at Lilomo High School have varying levels of knowledge of HIV and AIDS. Their understanding is based on a number of myths, misconceptions and misinformation about the epidemic. These myths include the misinformation that condoms reduce sexual pleasure, that abstinence causes madness, anger and making men to be useless, that condoms transmit diseases and that HIV is a western invention against African people and their culture. These myths, misconceptions and misinformation may lead to risk-taking and ineffective and even erroneous HIV prevention measures among young people. Further, as stated above and linked to the taboos that surround HIV and AIDS as well as related issues (including sex organs and sexual intercourse), the learners use metaphors and euphemisms to define and talk about HIV and AIDS. These metaphors include HIV and AIDS as danger, as punishment, as witchcraft and as conspiracy. The euphemisms include, among others, HIV infection as 'winning the lotto', 'stepping on live electric wires' and 'rolling down a steep and slippery road.' They refer to condoms as gumboots and to the penis as 'the walking stick'. Together these euphemisms tend to reinforce stigmatization, discrimination and the fear on HIV infected and affected people (see also Parker et al, 2002 & Mutonyi, 2007). Euphemisms further tend to distort the HIV and AIDS messages provided to the learners, as some of them are reported to have literally applied this understanding to their lives. This misapplication of euphemism confirms the findings from other studies such as Burgoyne and Drummond (2008), Vinod, Agrwal, Alva and Gu, Shanxiao Wang (2009) and Chinsebu, Shimwooshili-Shaimemanya, Kasnda and Zealand (2011). As a result, and unless a comprehensive HIV and AIDS curriculum which addresses these issues and ensures that an understanding of the HIV and AIDS dispels the myths and misconceptions of young people is developed and implemented, young people are likely to continue to be vulnerable to HIV infection. Researchers such as Khanare (2015), Masinga (2013), Francis (2013) and Motalingoane - Khau (2010) have suggested that such a programme must take the perspectives of those most

impacted by the issues, particularly young people and the teachers who teach in their schools, seriously.

7.4.3.3 Factors Influencing HIV and AIDS Meaning-Making

This study also focused on the factors that inform the meaning that the learners attach to the HIV and AIDS education messages which they receive from their schools. To do this, participants (learners) engaged in role playing, letter writing and focus group discussions. Durkheim's theory of meaning making which posits that the same picture can be defined differently by different people (Schein, 1996; Pedersen and Dobbin, 2006), was used to analyse the data. The present study finds that unequal power relations, particularly unequal gender norms, tend to inform the meaning that learners make of HIV and AIDS programmes, possibly because of a clash between cultural beliefs and practices in the home and community, on the one hand, and what is taught at the school, on the other. For example, boys tend to be assigned more power than girls and in relationships. Decisions about whether, how and when to have sex; usually reside with the boy or man. Furthermore, females are expected to be care-givers and child-bearers and to be subservient and submissive to men in the family and community, while males are expected to be leaders, protectors, decision makers and heads of families. The learners see the usefulness of the information (such as condom use) provided by the HIV and AIDS educators. However, their gender role expectations may prevent them from applying the information to protect themselves from HIV infection (see Ximena, Clara, Maziel and Caceres, 2009 and Tallis, 2012). The power relations and social norms prevailing in the home and community mean that it is difficult for young people to put what they are taught in school into practice. This practice may result in girls and women being forced to have sex, including unprotected sex, where refusal to have sex and suggesting condom use may put them at risk of violence or withdrawal of material benefits by the men in their lives (see Uwah & Wright, 2011, Balogun, 2012, Harrison, 2014 and

Harrison et al., 2015). Unless the educational programmes can assist young people to negotiate the unequal power relations in these different spaces (the home and school), translating what they are taught into practice will not be possible.

The study finds that the taboos around HIV and AIDS and the silence around sex and sexuality lead to fear and discrimination in and around the school and stigma around HIV and AIDS, with dire consequences for prevention, testing and care for those who are infected. However, while HIV-related stigma may trigger negative responses from those around, sometimes it encourages more positive responses such as support from family members, classmates or neighbours (see also Thomas, 2008, Campbell et al. 2010, Balogun, 2012, and Egyptian Anti-Stigma, 2012). If these factors are not addressed, they may continue to influence vulnerability of young people to HIV infection. These factors suggest the need for curriculum planners, designers and developers to review the curriculum to explicitly deal with issues of gender, power relations, stigma, discrimination as well as their effects and contribution to the high HIV infection.

7.5 Discussion

The key research question asked in this study was: *What meaning do young people make of the messages they receive from the school HIV and AIDS program?* The main finding of this study is that young people make various meaning from the messages which they receive from HIV and AIDS education programmes. On the one hand, they find HIV and AIDS Education informative (‘eye-opening’) and empowering. On the other, they find it inadequate, irrelevant (to their needs as young people), disempowering and unlikely to curb the spread of HIV. Another question was: *What factors inform the meaning that learners make? Specifically, what enables or inhibits HIV prevention among*

this group? The study suggests several factors: the socio-cultural context (particularly unequal gender norms that privilege men over women), the policy context and the curricular context.

In relation to the socio-cultural context, the study finds that Basotho regard talking openly about HIV and AIDS and the issues that involve sex and sexuality, particularly between parents (or teachers) and young people, as taboo as taboo. This practice encourages teachers who are comfortable with teaching young people about HIV and AIDS to avoid the topic altogether. Alternatively, they use euphemism with respect to cultural norms and expectations. For similar reasons, teachers use a number of metaphors and euphemisms such as danger, as punishment, as witchcraft and as conspiracy to define and talk about HIV and AIDS. The culture of silence with regard to HIV and AIDS and the issues of sexuality have led the learners to unreliable sources of information leading to myths, misconceptions and misinformation. These metaphors and euphemisms tend to reinforce stigmatization, discrimination and fear on HIV infected and affected people. The participants refer to HIV and AIDS as, for example, a death sentence, and to condoms as things that cause diseases. They see AIDS as a disease of sex workers and as punishment from God or from the ancestors. It is likely that such understanding influences the ways in which young people respond to the educational messages that they receive from the HIV and AIDS education program. If AIDS is punishment from God and/or the ancestors, then those who are infected can be marginalised. Further, if infected, the fear of being negatively judged and marginalised would prevent people from disclosing their status and seeking care and support. If condoms cause diseases, there is no point in using them to prevent HIV.

In relation to the policy context, the study found that on one hand, the policies have provided an enabling environment for HIV and AIDS education in Lesotho's educational institutions. In line with Unterhalter et. al.'s (2014) ToC an effective programme is that which focuses on changing the institution, improving the resources and changing the gender norms in and around the school. These changes are premised on the belief that learners' access to education, particularly to HIV and AIDS, can save lives. If teachers (human resources) are not adequately trained, as is the case in this study, and there is no follow up professional development and support to ensure that they are supported in the teaching of HIV and AIDS content to young people, programmes become ineffective and HIV prevalence continues on its upward spiral.

With reference to the curricular context, analysis of data in this study was based on ToC (Unterhalter, at al., 2014) which posits that for intervention programmes to be effective, they need to focus on three aspects 1) changing the institution/school, 2) improving resources and infrastructure in the school and 3) changing gender norms in and around the education institutions. In line with the ToC, the curriculum in teacher training institutions and schools in Lesotho was reviewed to accommodate Life Skills education (LSE) and the integration of HIV and AIDS topics within the primary and secondary schools Life Skills Education syllabi in 2007. As discussed in Chapter Five, in line with this framework, the LCE offers courses such as LSE, Guidance and counselling and Life Orientation to teacher trainees. At NUL, two courses: HIV and AIDS and Human, Sexuality and HIV and AIDS are offered as electives. In this state of affairs, there is a possibility that teacher trainees may graduate without training or with inadequate training in HIV and AIDS education. Pre-service teachers found that the HIV and AIDS education curriculum was ineffective and left teachers underprepared for their role as HIV and AIDS educators. The in-service training of HIV and AIDS education teachers was also viewed as a rushed activity of a maximum of four days. This is an inadequate duration which

leaves teachers poorly trained to teach learners about HIV and AIDS in the classrooms. This limits teachers' preparedness for their role and does not give LSE the status that it deserves in the curriculum. Thus, although the policies framework requires the teaching of HIV and AIDS content, lack of adequate teacher training hinders its effective implementation. According to the SIT (Mead, 1959) and the literature (HEAIDS, 2010; Masinga, 2013) on role preparedness teachers need special skills to impart the HIV and AIDS content to young people (HEAIDS, 2010; Masinga, 2013). This comment suggests a need for targeted teacher training and support at school level. The fact that the HIV and AIDS education policies are not implemented (HIV and AIDS education content is neither scheduled nor examined like other subjects; it is treated as an extra-curricular activity provided for two hours, once a month).

The participants in this study indicated that while the information that they received from the HIV and AIDS education curriculum was important, in several ways it was inadequate and did not address all the concerns and life challenges of young people. They cited the fact that the curriculum is silent around issues such as sexual desire, sexual intercourse, sexual and reproductive health, and same sex desire. This observation is similar to Motalingoane-Khau's (2010) finding that the HIV and AIDS curriculum does not address pleasurable sexuality and desire but paints a scary picture of sex and sexuality. According to Motalingoane-Khau, this contradicts media portrayals of human sexuality as pleasurable and fun and to which most young people, including the participants in this study, are exposed. From the document analysis, the study also suggests that the student *Handbook for Life Skills Education* (2007) and the LSE syllabus (2007) do not mention anything about condoms or about sexual desire. In this way learners are likely to think that HIV and AIDS content is not important. For the same reason, teachers might not teach it at all. If they teach it, they might do so poorly. The discomfort, difficulty and unwillingness of teachers to teach HIV and AIDS content due

to cultural taboos, lack of training and appropriate resources for teaching it, are likely to have negative consequences for HIV and AIDS education interventions in schools. HIV prevalence among young people may continue to spiral. As Figure 7.1 illustrates, the study concludes that in spite of the government's efforts to implement interventions aimed at curbing the spread of HIV among Basotho and among young people in school in particular, these efforts are largely ineffective.

So, what influenced meaning-making among the young people who participated in this study? The findings suggest that three factors interacted to inhibit effective HIV and AIDS Education, and appropriate/desirable meaning-making among young people at Lilomo High School, potentially leading to the continued vulnerability of its learners to further HIV infection. The interacting factors include: the socio-cultural context in and around the school (including unequal gender norms and role expectations; taboos and silences around sex and sexuality); role un- or under-preparedness among teachers; and inadequate and sometimes inaccurate understandings of HIV and AIDS (characterised by myths and misconceptions) and evidenced by young people's use of metaphors in talking about issues related to HIV. Figure 7.1 illustrates:

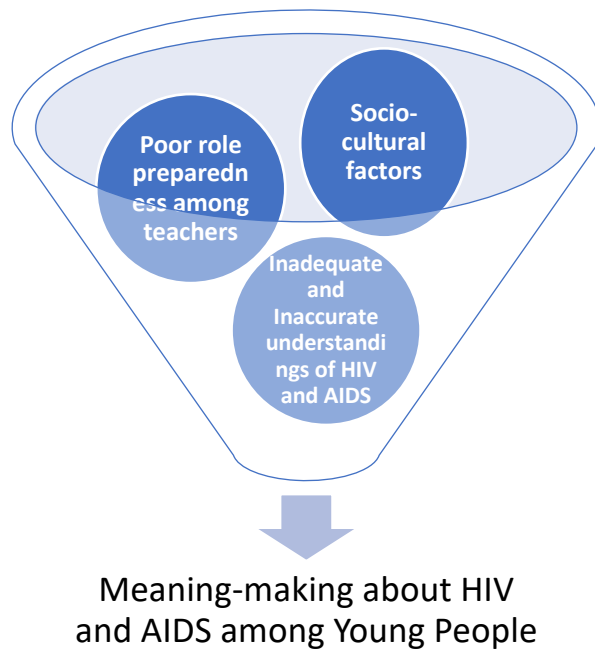


Figure 7.1 Factors influencing meaning-making among young people

The Theory of Change (Unterhalter et al., 2014) used in this study posits that effective programmes include the ones that aim to change the institutions. This change includes a supportive policy framework that recognises the rights of young people and the need for their empowerment, programmes that aim to change the culture and norms to support equity and justice for all (boys and girls, men and women), to provide and enable schools to develop adequate, responsive and relevant HIV and AIDS programmes that target and benefit young people in schools. Further, informed by Durkheim’s theory of meaning-making (1933) (see also Chapter Three), this study took as its point of departure, the notion that for interventions that target young people to work, young people themselves must be involved in designing and developing the HIV and AIDS curriculum aimed at helping them in the fight against infection. Such programmes must reflect the social and learning needs of the young people that they aim to benefit.

7.6 Contributions of The Study

This study has brought to the fore the voices of young people (albeit from one secondary school in Lesotho), a group often missing from the conversations about what they want and need to learn (in this case about HIV and AIDS and related issues, such as sex and sexuality). The participants in this study have explicitly argued that the HIV and AIDS curriculum in their school does not adequately meet their needs regarding knowledge, prevention and care in the context of the epidemic due to the silence and taboos that surround HIV and AIDS, sex and sexuality, sexual and reproductive health as well as the rights of young people. To address this situation, this study concludes that it is only when the voices of these and other young people are taken seriously in planning, developing and implementing programmes which target them that the HIV prevalence might be curbed. In this regard, the thesis makes a methodological and pedagogical contribution. The participatory methods used to generate data from and with the young people illustrate some of the ways in which this vulnerable, often marginalised population might be engaged in not only understanding their own lives in the context of the high rates of HIV infection but also in identifying and developing ameliorative strategies for addressing the factors that promote them.

From a pedagogical perspective these participatory methods (role play, letter writing and focus group discussions) could be useful in actively engaging young people in the teaching and learning situation in HIV and AIDS Education classes. These methods could be used to tackle sensitive issues such as HIV and AIDS and sex and sexuality, which are regarded as a cultural taboo and difficult to discuss openly, especially between adults and young people. At the beginning of my data collection process, the teachers were eager to see how I would get the learners to discuss HIV and AIDS, a sensitive topic. In fact, one of the interesting and unexpected findings of this study was how the methodology was productive in the generation of data. Participatory workshops (role playing, letter writing and the

subsequent focus group discussions) generate important, relevant information about young people's understandings of HIV and AIDS. For example, during the letter writing workshop one learner wrote about his concern that the HIV and AIDS education programme was rather inadequate as it did not address the issue of sexual desire and same sex sexuality. It is unusual for a Mosotho child of school going age to raise the issue of homosexuality where this is largely frowned upon and/or its existence totally ignored/denied. The study concludes that learners are not blank slates but they demonstrate that their knowledge about HIV and AIDS (albeit limited and sometimes inaccurate) and their eagerness to learn about these, supposedly, sensitive issues.

7.7 Implications

In light of the findings from this study and the conclusions made above, this study has several implications the findings suggest that in order to develop effective HIV and AIDS programmes targeting young people in schools, three aspects must be changed: curricula context; policy context and socio-cultural context.

7.7.1 Changing the Curricular Context

The findings from this study suggest that since 2007, Lesotho educational institutions have integrated HIV and AIDS topics into some of the existing courses that they offer to their teacher trainees and learners. However, the study participants (teachers and learners) have the opinion that the curriculum is neither adequate nor appropriate. The teachers are inadequately trained to teach about HIV and AIDS effectively in their classrooms. The curriculum does not address the needs of the learners or those of the teachers. This is why young people continue to be vulnerable to HIV infection. This thesis proposes that the MOET should develop an effective curriculum that targets young people. It

must be informed by the perspectives of young people themselves. Programmes should address the actual needs of young people as well as teacher capacity and understanding of own sexuality. Based on the study findings, this thesis argues for the re-evaluation of the role of the government, the church, the parents and the young people in the curriculum development related to HIV and AIDS Education. To be effective, young people should be considered as the key stakeholders in such an endeavour, especially because the participants in this study criticise the curriculum as not addressing their concerns. This move would be in harmony with the recommendation of the Education Sector Strategic Plan (2016-2025) which advocates for collective responsibility and active participation in education. To address this recommendation, youth fora could be organised country-wide so that the representatives of the youth could present their concerns and content proposals about the HIV and AIDS education. Such a review might potentially promote young people's ownership of and commitment to success of the curriculum. Scholars argue that each country or context needs to develop interventions that best represent its context and own needs. Writing in the context of South Africa, Khanare (2015), argues that a move towards more appropriate care and support for 'vulnerable' children (because of HIV and AIDS) require the agency of these previously unseen or unheard individuals themselves. In this study, it is the young people themselves that must be brought from the margins of dialogue and curriculum development.

Another key finding from this study is that the HIV and AIDS curriculum is offered as an extra-curricular activity and not an examinable subject. This relegates it to an unimportant status. It is not taken seriously. Based on the findings of this study, this thesis argues for an overhaul of this curricular arrangement, and for the formalisation of HIV and AIDS Education as an important subject in the school curriculum. For example, it could be made an examinable subject and scheduled like the other subjects on the school time-table. This would signal the seriousness with which policy makers regard

it. It should be afforded the necessary attention. In addition, specialist teachers would need to be trained to drive its implementation. This implies that teacher training institutions and other institutions of higher learning would need to incorporate HIV and AIDS Education as a specialization in their curricula. It is only when the policy framework at both national and school levels signal its seriousness by changing policies and programmes that teaching and learning might improve and HIV and AIDS prevention is likely to succeed.

Even though teachers are expected to implement the curriculum in schools, they have not been involved in its development. According to Masinga (2009: 169), “dishing out a ready-made curriculum to teachers to implement” makes effective implementation difficult at the school level. To address this gap, as argued in this thesis teachers often find it uncomfortable to teach young people about HIV and AIDS and the issues that involve sexuality. Thus, there is need for HIV and AIDS education implementers to be provided with both pre-service and in-service training and support programmes. In addition, various platforms could be created for discussions and dialogue among teachers as well as between them and other stakeholders. Such workshops could be used to improve teachers’ content knowledge, pedagogical skills and motivation levels, while also addressing issues of buy-in from the school boards. Models of best practice should be made available so that teachers can see how others are managing to effect sexuality education in their schools. Teachers and schools could also be supported through partnerships between neighbouring schools or the formation of groups which could work together on best sexuality education practices and sharing of content knowledge. This thesis argues that changing the curriculum, should be accompanied by the provision of well-trained and well-supported teachers (through in-service training as well as adequate and appropriate resources).

7.7.2 Changing the Policy Context

The government of Lesotho, through its policies, acknowledges and seems to take seriously, the negative impact of HIV and AIDS and the role that education can play in helping adults and young people in schools in the fight against the epidemic. In terms of changing the institutions (for example schools and teacher education institutions) in which HIV and AIDS education and training occur, in 2004 the country undertook a review of curriculum policies and introduced a new Life Skills Education curriculum in 2007 within which HIV and AIDS content is treated. The policies have arguably created a conducive environment for those who work and learn in schools and teacher training institutions. However, evidence from these institutions suggests that the educational policies have not had much impact on institutional policies and practice, including teaching and learning practices. Thus, this thesis proposes the development of a policy that addresses the real needs of young people, as well as for both teacher education and school curricula to reflect the needs of young people.

The literature refers to policy initiatives, including education, that Lesotho have put in place to reduce the numbers of new HIV infections amongst the Basotho. However, the findings reported in Chapter Six of this thesis suggest that, regardless of the policy initiatives, young people generally, and young women in particular, do not usually have a say in decision making about their bodies. Most importantly, their perspectives about what and how the curriculum must cover are often ignored or silenced. To turn this situation around, first, this thesis argues for policy development that addresses the real needs of young people. This means that young people's views and needs must be solicited, and used to inform the content and pedagogy of HIV and AIDS education in schools.

Secondly, the thesis proposes developing curricular framework for both teacher education and school curricula that reflect the needs of young people. The findings in this study suggest that targeted training and support for teachers who focus on these issues is necessary so that it may positively on the learners' behaviour and on themselves as members of families and communities. For example, at the teacher training institutions, there is need to review or revisit the existing policies to explicitly indicate how HIV and AIDS education will be part of the institution curriculum and it should be monitored and evaluated like any other subject. The Ministry of Education and Training could help schools to develop their own HIV and AIDS school policies and monitor policy implementation to ensure success. Policy makers need to help teachers to consider life skills education as a whole, seeing all of its aspects equally important irrespective of the sensitivity of the content. This could be achieved through dissemination of information through the distribution of ICT materials on Life Skills Education on the different aspects of HIV and AIDS education.

Various scholars such as Francis (2012), Motalingoane -Khou (2010) and Masinga, 2013) argue that teachers need to understand their own sexuality before they can teach sexuality to young people. Therefore, such curricula must include sex and sexuality and HIV and AIDS beyond the boundaries of heterosexuality. Curriculum developers and teachers should be able to address HIV and AIDS in a positive manner which moves away from moralistic teaching and scare tactics. Such a strategy would require collaboration between the MOET and other stakeholders so that such partners could provide the necessary expertise for mentoring teachers and subject specialists who would then prepare teachers at schools (Khanare, 2015 and Kimaryo et al., 2004). To broaden perspectives and learn from the best practice in terms of content and pedagogy, partners could be drawn from teacher

training institutions not only in Lesotho but also from other countries.

7.7.3 Changing the Socio-Cultural Context

The study concludes that learners are influenced by both the HIV and AIDS education that they receive at school and by the information that they acquire from the media, their homes, communities, individuals and groups. While some of the learners' knowledge about HIV and AIDS may be accurate, a lot of it is inaccurate or inadequate. For example, some learners' responses indicate that their understanding of HIV and AIDS was based on myths (for example, the epidemic is a punishment from ancestors because of failure to adhere to cultural practices and customs) and stereotypes (for example, regarding sex workers). These responses may be influenced by religious and cultural beliefs which privilege morality over sexuality, particularly for young people. The findings in this study suggest that HIV and AIDS content is clouded by myths which if not dispelled, might contribute to young people continuing to be exposed to HIV infection (see also Bankole, Singh, Woog and Wulf, 2004). The study proposes the creation of bridges between the home and the school, creation of spaces for open and critical reflection and debate on unequal gender norms as well as challenging and reversing the silencing of certain topics and issues as taboo.

This recommends programmes that seeks to create a bridge between the home and the school. This means that all education stakeholders (School Governing Bodies, parents, teachers, learners and the community) should be accurately informed about HIV and AIDS Education. This might bridge the gap between the school and the home as both institutions would share the same understanding about HIV and AIDS.

The study concludes that HIV and AIDS is a taboo topic. It further concludes that avoiding teaching the learners about issues regarded as taboo does not mean that they will not undertake risky behaviour that could expose them to HIV infection. To address this, it is recommended that the Ministry of Education and Training should organize community workshops aimed at conscientizing stakeholders about issues of gender stereotyping and inequality and how to change them, as well as about HIV and AIDS and the role of sex and sexuality in HIV prevalence. With the parental and community buy-in that can be developed through such programmes, Basotho youth would be socialised into an equitable society in which men and women are treated fairly and given equal opportunities. Such young people would be in a position to perform their sexualities differently and in a manner that would give men and women equal decision-making powers that might reduce the spread of HIV and other sexually transmitted infections.

This study recommends the creation of safe spaces for open and critical reflection and debate on unequal gender norms and the topics that are usually regarded as taboo in communities and institutions. In Chapter Two, I discussed the current Lesotho Life Skills Education curriculum in which HIV and AIDS content is integrated. I illustrated how the curriculum lacks aspects that could be vital for young people in the fight against HIV and AIDS, including sexuality education. This limitation is influenced by a lack of buy-in by cultural and religious institutions in Lesotho. Unless the current Lesotho gender order is challenged, HIV and AIDS education is unlikely to succeed. Such a challenge would need to occur in safe spaces where speaking out will not be frowned upon and where those who express views contrary to prevailing norms will not be punished or marginalised. In such spaces, collective plan of action can be decided in order to change these norms for an effective HIV and AIDS programmes that can help rescue Lesotho from its high HIV prevalence rates.

Working with traditional institutions such as initiation schools, while challenging, could also help teachers to deliver consistent HIV and AIDS messages to young people.

The thesis proposes programmes that challenge and reverse the silence on certain topics and issues as taboo in the curriculum and community discourse. For example, to address the continuing silence on issues around sex and sexuality in the curriculum (including sexual desire, sexual pleasure and homosexuality) and its negative consequences for young people (through practices such as unprotected sex, involvement with sugar daddies and mummies) that expose them to HIV infection as identified by participants in this study, the Life Skills Education syllabus and HIV and AIDS content must include the issues that would help the learners to deal with the actual challenges that they face in their lives. Beyond the ABC messages, for example, such a curriculum might include comprehensive sexuality education. It might also develop life skills that include income generation activities that would prevent young people from depending on sugar daddies and mummies who are likely to expose them to HIV infection. Figure 7.2 below summarises the three areas of intervention needed for effective HIV and AIDS education programming in schools.

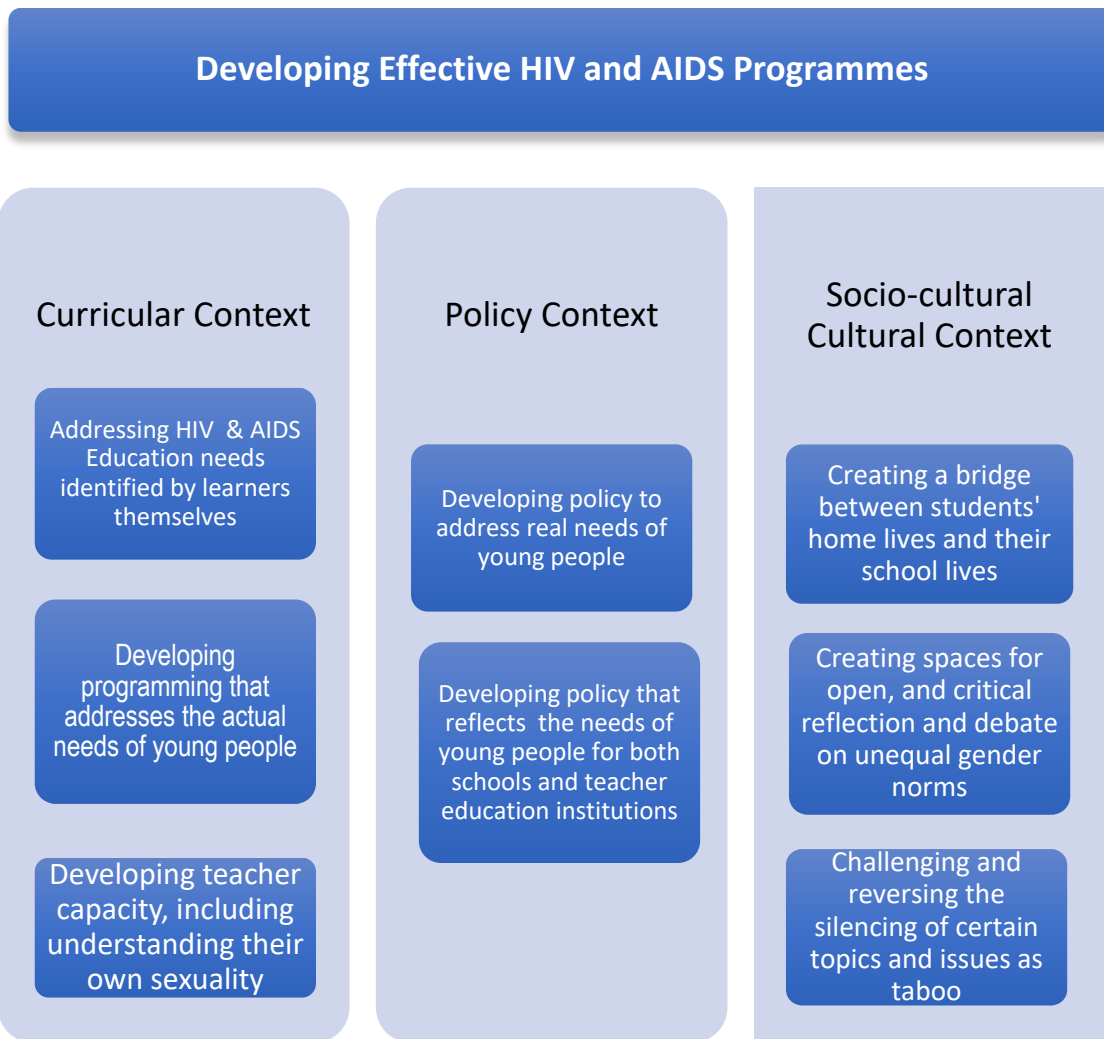


Figure 7. 2. Features of Effective HIV and AIDS education programming (adapted from Moletsane, 2014)

7.7.4 Implications for Further Research

As discussed above, this study focused on HIV and AIDS education and meaning-making among the youth in one rural secondary school in Lesotho. It was limited to a sample of only a few teachers and learners involved in HIV and AIDS education. The voices of other education stakeholders remain unheard. There is a need to examine how other teachers and learners, in general, experience HIV and AIDS education in their context (urban schools) whether such schools are primary or secondary. It would be advantageous for research to find out whether teachers and learners in urban schools provide different experiences from those in rural school? The findings from the study highlight the

need for a larger study which might provide a general view of how Basotho adults (parents, traditional leaders, faith-based leaders and community leaders) function in their roles as socialization agents in relation to HIV and AIDS education. This would provide an insight into how the current HIV and AIDS education policies and strategies might be restructured to provide programmes that would address the actual needs of young people in institutions and communities. The participants in this study reported that the traditional, cultural and religious contexts influence an understanding of HIV and AIDS content and create some challenges for its effective teaching. It would be important to find out from traditional, cultural and religious community leaders, the kinds of HIV and AIDS content they believe would benefit the Basotho nation. The issues that they would raise might improve the HIV and AIDS curriculum that would be sensitive to Basotho traditions, cultures and values while still serving the knowledge needs of the nation. However, this is not to suggest that these perspectives must be accepted without interrogation. Rather, participatory action research that seeks to unearth them and to challenge and change those issues that make the teaching of HIV and AIDS Education difficult, must be developed and implemented.

7.8 Conclusion

The study reported in this thesis addressed the question: *What meaning do young people make of the messages they receive from the school HIV and AIDS programme and what factors inform the meaning that they make?* It sought to examine the ways in which young people in one rural secondary school in Lesotho understood and responded to the HIV and AIDS education messages that they receive from the school curriculum and the various factors that inform them. This chapter provides a critical reflection on the study and its findings.

The main finding in this study is that young people make various forms and levels of meaning from the messages that they receive from the HIV and AIDS education programmes. These forms and levels of meaning are influenced by three factors: socio-cultural factors (unequal gender norms, gender-based violence, HIV and AIDS stigma and discrimination), socio-economic factors (rurality and poverty) and factors within the education system (inadequate and inappropriate educational programming). To be effective in the teaching of HIV and AIDS education, teachers in rural schools have to respond to these factors and in some instances, challenge and transform them. Failure to do so will render messages about HIV and AIDS and HIV prevention, ineffective.

As discussed above, this study was limited to one rural school in the Mafeteng District in Lesotho. Obviously, for reasons well-established in the literature (Swann & Pratt, 2003), a single case study cannot be generalised to the wider population. These limitations notwithstanding, the thesis makes three provisional conclusions and propositions. Firstly, **conceptually**, the findings suggest that in order to understand young peoples' meaning-making in the context of HIV and AIDS Education messages and the factors that influence it, it is essential to unearth their understandings and perspective of the epidemic and the message they receive vis-à-vis prevention and care. To understand the factors that influence their understandings and the meanings they make of the messages they receive from the school curriculum, the influence of the policy context, the curriculum context, as well as the socio-cultural context must be analysed. From these perspectives, understanding what works and why, and developing programmes that target the needs of young people can be developed. Secondly and in relation to the first conclusion, **pedagogically**, the thesis argues that in order to enhance young people's understandings of HIV and AIDS and to develop their capacity to respond positively and effectively to the messages they receive about prevention and care, a comprehensive and age-appropriate HIV and AIDS curriculum for both teacher training institutions

and schools must be developed. Such curricula must include topics such as human rights and social justice, as well as subjects considered taboo in and around schools, such as sexuality, sexual pleasure and gender equality. To train a corpus of teachers who are specialists in the teaching of HIV and AIDS education, bursaries could be provided. Other incentives could include attractive remuneration and promotions along the same lines as all the other specialists. The third conclusion is **methodological**. Scholarship reviewed in this thesis and the findings from the study suggest that in order for interventions that target young people to work, it is essential that they be informed by the perspectives of the target population. For example, my observations in this study suggest that using participatory methods to engage young people in reflecting on their own experiences of the HIV and AIDS curriculum, it is essential to provide a safe space for unearthing these experiences as well as for understanding what might work for this population. In this study, participatory methods enabled me to access and develop meaningful dialogue with the participants (young people) who are often marginalised and, in the context of HIV and AIDS, silenced and stigmatised. Without their active participation and ability to talk to the issues and influence such programming, their understandings of HIV and AIDS, its prevention and management will remain difficult, and HIV prevalence among them as a group will continue to soar.

REFERENCES

- Aapola, S. & Kangas, I. (1996). School Smart? Observations from Finland on How Young Women Cope with Sexism in Educational Institutions. *Women's Studies International Forum*, 19(4), 409- 417.
- Ahmed, A. (2011). Property and Inheritance Laws: Impact on Women and OVC in the context of HIV; Global Commission on HIV and the Law Working Paper.
- Ahmed, N., Flisher, A., Mathews, C., Mukoma, W. & Jansen, S. (2009). HIV education in South African schools: The dilemma and conflicts of educators. *Scandinavian Journal of Public Health* 37, 48–54.
- Airhihenbuwa, C. O. & De Witt Webster, J. (2004). Culture and African Context of HIV/AIDS Prevention Care and Support. *Journal of Social Aspect HIV/AIDS Research Alliance*, 1(2), 4-13.
- Akintade, O. L. (2015). 'Pre-conception support for couples living with HIV: A strategy to reduce mother- to- child HIV transmission (MTCT) at Sankatana antiretroviral therapy (ART) clinic in Maseru, Lesotho'.
- Allen, L. (2001). Closing Sex Education's Knowledge/Practice Gap: The Reconceptualization of Young People's Sexual Knowledge. *Sex Education*, 1, 109–129.
- Allen, L. (2009). It's Not Who They Are It's What They Are Like: Re-Conceptualizing Sexuality Education's Best Educator Debate. *Sex Education*, 9, 33–49.
- Alwano, M. G. & Marum, E. E. (1999). Knowledge is Power. Voluntary HIV Counselling and Testing in Uganda, UNAIDS-20 Geneva.

- Anderson, N., Ho-foster, A., Matthis, J., Marokoane, N., Mashiane, V., Mhatre, S., Mitchell, S., Mokoena, T., Monasta, L., Ngxowa, N., Salcedo, M.P., & Sonnekus, H. (2004) National cross- sectional study of views on sexual violence and risk of HIV infection and AIDS among South African school pupils. *BMJ*. 329; 952-4.
- Argall, J. & Allemano, E. (2009). Schools as Centres of Care and Support (SCCS): Responding to the Needs of Orphans and other Vulnerable Children in Rural Areas. Retrieved December 18, 2012, From <http://Www.Steppingstonesfeedback.Org/Resources/14/ADEAS> Study.Pdf.
- Atkinson, P. & Hamersley, M. (1998). Ethnography and Participant Observation. In K. Babbie, E. & Mouton, J. (2001). *The Practice of Social Research*. Cape Town: Oxford.
- Badejo, M. (1998). African Feminism, Mythical and Power of Women of African Descent, *29* (2), 94-111.
- Badenhorst M. G. Van Staden A. & Coetsee, E. (2008): Trends in sexual behaviour among Free State University Students. *The Social Work Practitioner Researcher*. 20 (11), 106-123).
- Bailey, R. C., Moses, S., Parker, C. B., (2007). Male circumcision for HIV prevention in young men in Kisumu, Kenya: A randomized controlled trial. *Lancet*, 369; 643-56.
- Balogun, K. E. (2012) HIV/AIDS vulnerability of students at the National University of Lesotho. Unpublished Masters Dissertation. University of the Free State
- Bandura, A. (1977). Self-Efficacy: Towards A Unifying Theory of Behavioural Change, *Psychol Rev.* 84, 191.
- Bandura, A. (1997). *Self-Efficacy: The Exercise of Control*. New York: Freeman.

- Bankole, A., Singh, S., Woog, V. & Wulf, D. (2004). *Risk and Protection: Youth and HIV and AIDS in Sub-Sahara Africa*. New York: Guttmacher Institute.
- Barnes, C. & Kelly, T. (2007). East Coastal Rural Horizons: Young Learners Draw their Futures. In N. De Lange, C., Mitchell, C & J. Stuart, J. (Eds.), *Putting People in the Picture: Visual Methodologies for Social Change*, 221-228. Rotterdam: Sense.
- Baumgartner, L. M. & Niemi, E. (2013). The Perceived Effect of HIV/AIDS on other Identities. *The Qualitative Report*, 18(8), 1-23. Retrieved from <https://Nsuworks.Nova.Edu/Tqr/Vol18/Iss8/1>
- Berry, L., Biersteker, L., Dawes, A., Lake, L. & Smith, C. (Eds.). (2013). *South African Child Gauge 2013*. Cape Town: Children's Institute, University of Cape Town.
- Beyers, C. (2013). Sexuality Educators: Taking a Stand by Participating in Research, *South African Journal of Education*, 33(4), 813-814.
- Beyond Access. (2003). *Beyond the Pale of MAC and DAC – Defining New Forms of Access to Control*. New York: UNESCO.
- Beyond Access. (2006). *Partnership for Quality with Equity*. London: Institute of Education,
- Bhana, D., & Singh, S. (2012). Gender, Sexuality and HIV and AIDS Education in South Africa, in Alexander W. Wiseman, Ryan N. Glover (ed) *The Impact of HIV/AIDS on Education Worldwide: International Perspectives on Education and Society* .Emerald Group Publishing Limited.
- Bhana, D. (2012). Gender and Sexuality in Young Children's Perspectives of AIDS. *Africa Education Review*, 9 (1), 47-62.
- Bhana, D., Morrell, R., Epstein, D., & Moletsane, R. (2006). The hidden work of caring: teachers and the maturing AIDS epidemic in diverse secondary schools in Durban. *Journal of Education*, 38, 5-24.

- Bhana, D., Morrell, R., Epstein, D., & Moletsane, R. (2006). The hidden work of caring: Teachers and the maturing AIDS pandemic in diverse secondary schools in Durban. *Journal of Education*, 38, 5 -23.
- Bhattacharyya, G. (2002). *Sexuality and Society: An Introduction*. London: Routledge.
- Bird, C. M. (2005). How I stopped dreading and learned to love transcription. *Qualitative Inquiry*, 11, 226-248.
- Blumer, Herbert (1969) *Symbolic Interactionism: Perspective and method*. Englewood Cliffs. NJ: Prentice Hall.
- Bodgan, R. & Taylor, S. J. (1975) *Introduction to Qualitative Research Methods*. New York: John Wiley and Sons, Inc.
- Boerger, M. A. (2005). Variations in figurative language use as a function of mode of communication. *Journal of Psycholinguistic Research*, 34(1), 31-49.
- Boers, F. (2003). Applied linguistics perspectives on cross-cultural variation in conceptual metaphor. *Metaphors and Symbol*, 18 (4), 231-238.
- Bower, J. E., Kemeny, M. E., Taylor, S. E., & Fahey, J. L. (1998). Cognitive processing, discovery of meaning, CD4 decline, and AIDS related mortality among bereaved HIV-seropositive men. *Journal of Consulting and Clinical Psychology*, 66, 979–986.
- Braun, H., Kanjee, A., Bettinger, E. & Kremer, M. (Eds.). (2006). *Improving Education through*

- Assessment, Innovation, and Evaluation*. Cambridge, MA: American Academy of Arts and Sciences. Retrieved from <https://www.amacad.org/publications/braun.pdf>. Accessed 24 November 2016.
- Braun, V. & Clarke, V. (2006). Using Thematic Analysis in Psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Brêtas, E. M., Lemos, J. V., Leger, P., & Lourenço, P. B., (2011). Structural Analysis of the Rehabilitation works of Bhandardana dam. Paper presented at the XXV111 Seminario Nacional de Barragens, Rio de Janeiro.
- Brewer, J. D. (2000). *Ethnography*. Buckingham: Open University Press
- Brown, L. (2006). Sexual Violence in Lesotho. *Pub Med*. 37(5), 269-280.
- Bruner, J.S. (1996). *The culture of education*. Cambridge, MA: Harvard University Press.
- Bujra, J. (2000) Targeting men for a change: AIDS discourse and activism in Africa, *Agenda*, 44, 6-23.
- Bulled, N. (2016). ‘Prescribing HIV Prevention: Bringing Culture into Global Health’ Routledge London/NY.
- Burgoyne, A. D. & Drummond, P. D. (2008). Knowledge of HIV and AIDS in Women in Sub-Saharan Africa, *African Journal Reproductive Health*, 12 (2): 14-31.
- Burns, K. (2002). Sexuality Education in a Girls’ School in Eastern Uganda. *Agenda*, 53, 81-88.
- Burr, W. R., Hill, R., Nye, I. F. & Reiss, I. L. (1979). *Contemporary Theories about the Family*. New York: The Free Press, a Division of McMillan Publishing Company. Inc.

- Buthelezi, T. (2004). The HIV/AIDS epidemic and teacher development: Defining positional perspectives. In R. Balfour, T. Buthelezi, & C. Mitchell (Eds.), *Teacher education at the centre of change*. Durban: SEMI.
- Bwatwa, Y. D. M. (1990). *Adult Education Methods. A Guide for Educators*. The National Adult Education Association of Tanzania.
- Cameron, D. (2004). *Language, Gender and Sexuality: Current Issues and New Directions, Professional Address*. Oxford: University of Oxford.
- Cameron, E. (1993). Legal Rights, Human Rights and AIDS: The First Decade. Report from South Africa 2. *AIDS Analysis Africa*, 3, 3–4.
- Cameroon Demographic and Health Survey (2004). *Nutrition of young children and mothers in Cameroon*. Calverton, Md., USA, ORC Macro.
- Campbell, C., Skovdal, M., Mupambireyi, Z. & Gregson, S. (2010). Exploring Children's Stigmatisation of AIDS-Affected Children in Zimbabwe through Drawings and Stories. *Social Science & Medicine*, 71(5), 975-985.
- Catania, J. A., Kegeles, S. M. & Coates T. J. (1990). Towards an Understanding of Risk Behaviour: An AIDS Risk Reduction Model (ARRM). *Health Edu Q*, 17(1), 53–72.
- Centre for Rural and Northern Health Research. (2008). *Rurality Literature Review*. Retrieved September 11, 2011, From http://www.nwlhin.on.ca/Uploadedfiles/Home_Page/Integrated_Health_Service_Plan/Cranhr_NWLHIN_Rurality_FINAL_%20Feb.%2001,2008.Pdf.
- Chaka-Makhooane, L. P., Letuka, P. N., Majara, K., Matashane-Marite, M., Matela-Gwintsa, B. L., Morolong, B. & Sakoane, P. (2002). *Sexual Violence in Lesotho. The Realities of Justice or Women. Women and Law in Southern Africa Trust*. Morija: Morija Printing Works.

- Chakanyuka, S. (2006). *Mentoring in Education*. Harare: Zimbabwe Open University.
- Charon, J. M. (2009). *Symbolic Interactionism: An Introduction, an Interpretation, an Integration*. (10th Ed.). Prentice Hall: RR Donnelley and Sons Inc.
- Chetty, D. (2000). HIV/AIDS and South African Universities: Current Issues and Future Challenges. A Presentation to the South African Universities' Vice Chancellors Association, October 26, Johannesburg.
- Children's Protection and Welfare Act No.7 (2011). Maseru. Lesotho. Government Printers.
- Chili, N. (2013). Tourism Education: Factors Affecting Effective Teaching and Learning of Tourism in Township Schools. *Journal of Human Ecology*, 4(1) 33-43.
- Chimwaza, A. F. & Watkins, S.C. (2003). Giving Care to People with Symptoms of AIDS in Rural Sub Saharan Africa. *AIDS Care*, 16(7):795–807.
- Chinsebu, K. C., Shimwooshili-Shaimemanya, C. N., Kasnda, C. D. & Zealand, D. (2011) Indigenous Knowledge of HIV/AIDS among High School Students in Namibia. *Ethnobiol Ethnomed*. 2011 June 9; 7:17. Doi: 10.1186/1746-4269-7-17.
- Clandinin, D. J. & Connelly, F. M. (1994). Personal Experience Methods. In N. K. Denzin & Y. S. Lincoln (Eds.). *Handbook of Qualitative Research*, 413-427. Thousand Oaks, CA: Sage.
- Cluver, L. D., Orkin, M., Gardner, F. & Boyes, M. E. (2012). Persisting Mental Health Problems among AIDS-Orphaned Children in South Africa. *Journal of Child Psychology, Psychiatry and Allied Discipline*, 53(4), 363-370.
- Cohen, L. & Manion, L. (1994). *Research Methods in Education*. (4th Ed.) London: Routledge.

- Cohen, L., Manion, L. & Morrison, K. (2000). *Research Methods in Education* (5th Ed.) London: Routledge Falmer.
- Cohen, L., Manion, L. & Morrison, K. (2007). *Research Methods in Education*. London: Routledge.
- Cohen, L., Manion, L. & Morrison, K. (2012). *Research Methods in Education*. (8th Ed.). London: Routledge.
- Cole, Nicki Lisa, "How Emile Durkheim Made His Mark on Sociology." Thought co, Jun. 22, 2018, Thoughtco.Com/Emile-Durkheim-Relevance-To-Sociology-Today-3026482.
- Collins, A., Joseph, D. & Bielaczyc, K. (1992). Design Research: Theoretical and Methodological Issues, *Journal of the Learning Sciences*, 13(1), 15-42, DOI: 10.1207/S15327809jls1301_2.
- Communication. *Journal of Psycholinguistic Research*, 34(1), 31-49.
- Collins, A., Joseph, D., & Bielaczyc, K. (1992, (2004). Design Research: Theoretical and Methodological Issues, *Journal of the Learning Sciences*, 13:1, 15-42, DOI: 10.1207/s15327809jls1301_2
- Conle, C. (2000a). Narrative Inquiry: Research Tool and Medium for Professional Development. *European Journal of Teacher Education*, 23(1), 49- 63.
- Conle, C. (2000b). Thesis as Narrative or What is the Inquiry in Narrative Inquiry? *Curriculum Inquiry*, 30(2), 189- 214.
- Conley, T. D. & Collins, B. E. (2005). Differences between Condom Users and Condom Nonusers in their Multidimensional Condom Attitudes. *Appl Soc Psychol*, 35(3), 603–620.
- Connelly, F.M. & Clandinin, D. J. (1990). Stories of Experience and Narrative Inquiry. *Educational Researcher*, 19(5), 2- 14.
- Connole, H. (1998). *The Research Enterprise: In Research Methodologies in Education: Study Guide*. Geelong, Victoria, Australia: Deakin University, 7-27.

- Coplan, D. B. (1992). The Meaning of Sesotho. *NUL Journal of Research*, 2, 1- 56.
- Coplan, D. B. (1993). History is Eaten Whole: Consuming Tropes in Sesotho Auriture. *History and Theory, Beiheft 32: History Making in Africa*, 32(4), 80- 104.
- Coplan, D. B. (2006). I've Worked Longer than I've Lived: Lesotho Migrants Songs as Maps of Experience. *Journal of Ethnic and Migration Studies*, 32(2), 223- 241.
- Cornelia Atsyor (15th February, 2016). Speech at the Launch of the Millennium Development Goals Report 2015 and Official Inauguration of the Sustainable Development Goals. Maseru Avani Lesotho.
- Correa, S. (2002). Sexual Rights: Much Has Been Said, Much Remains to be Resolved. Lecture in the Sexuality, Health and Gender Seminar. Department of Social Sciences, Public Health School, Columbia University, USA. Accessed [May 24, 2009] from [Www.Siyanda.Org](http://www.Siyanda.Org).
- Coulter, R. P. (1995). Struggling with Sexism: Experiences of Feminist First-Year Teachers. *Gender and Education*, 7(1), 33- 50.
- Creswell, J. W. (2009). *Qualitative Design: Qualitative, Quantitative and Mixed Methods Approaches*. (3rd Ed.). Thousand Oaks, CA: Sage.
- Creswell, J.W. (1998). *Qualitative Inquiry and Research Design: Choosing among Five Traditions*. Thousand Oaks, CA: Sage
- Creswell, J.W. (2005). *Educational Research: Planning, Conducting and Evaluating Qualitative and Quantitative Research*. (2nd Ed.). Upper Saddle River, NJ: Merrill/Pearson Education.
- Crotty, M. (1998). *The Foundations of Social Research: Meaning and Perspective in the Research Process*. London: SAGE Publications.
- Cunnison, S. (1989). Gender Joking in the Staffroom. In Acker, S. (Ed.). *Teachers, Gender and Careers*, 151- 167. Basingstoke: The Falmer Press.
- Dawson, C. (2002). *Practical Research Methods*. Oxford: How to Do Books.

- De Bruyn, M. (2000). Gender, Adolescents and the HIV/AIDS Epidemic: The Need for Comprehensive Sexual and Reproductive Health Responses. EGM/HIV-AIDS /2000/OP 3 Windhoek, Namibia.
- De La Vega, E. (Feb/March, 1990). Considerations for Reaching the Latino Population with Sexuality and HIV/AIDS Information and Education. *SIECUS Report*, 18 (3), 3.
- De Vos, A. S. (2005). Qualitative Data Analysis and Interpretation. In. De Vos, A. S., Strydom, H., Fouché, C.B. & Delpont, C.S. (Eds.) *Research at Grassroots: For Social Sciences and Human Service Professions*, 333-349. Pretoria: Van Schaik.
- De Vos, A. S., Strydom, H., Fouché, C. B. & Delpont, C. S. L. (2011). *Research at Grassroots: For Social Sciences and Human Service Professions*. (4th Ed.). Pretoria: Van Schaik.
- De Vos, A. S., Strydom, H., Fouché, C. B. & Delpont, C. S. L. (2005). *Research at Grassroots: For Social Sciences and Human Service Professions*. (3rd Ed.). Pretoria: Van Schaik.
- Delva, W., & Karim, Q. A. (2014). The HIV Epidemic in Southern Africa - Is an AIDS-Free Generation Possible? *Curr HIV/AIDS Rep*, 11, 99-108.
- Delva, W., Vercoutere, A., Loua, C., Lamah, J., Vansteelandt, S., De Koker, P. & Claeys, P. (2009). Psychological Well-Being and Socio-Economic Hardship among AIDS Orphans and other Vulnerable Children in Guinea. *AIDS Care*, 21(12), 1490-1498.
- Denscombe, M. (2007). Critical Incidents and Learning about Risks: The Case of Young People and their Health. In M. Hammersley (Ed.). *Educational Research and Evidence-Based Practice* 204-219. London: Sage and the Open University.
- Denzin, N. & Lincoln, Y. (2005). Introduction: The Discipline and Practice of Qualitative Research. In N. Denzin & Y. Lincoln (Eds.). *The Sage Handbook of Qualitative Research*. 1-20. Thousand Oaks, CA: Sage.

- Denzin, N. K. & Lincoln, Y. S. (2008). Introduction: The Discipline of Qualitative Research. In N.K. Denzin & Y. S. Lincoln (Eds.). *Collecting and Interpreting Qualitative Materials*. 1-43. London: Sage.
- Denzin, N. K. & Lincoln, Y. S. (2000). *A Handbook of Qualitative Research*. Thousand Oaks, CA: Sage.
- Denzin, N. K., & Lincoln, Y. S. (2005). *SAGE Handbook of Qualitative Research*. (3rd Ed.) Department of Basic Education and MIET Africa. (2010). *National Support Pack*. Durban: Department of Basic Education. (2010a). *Integrated Strategy on HIV and AIDS 2011-2016 Summary Report*. Pretoria: Department of Basic Education.
- Department of Basic Education. (2010b). *National Policy for an Equitable Provision of an Enabling School Physical Teaching and Enabling Environments*. Pretoria: Department of Basic Education.
- Department of Basic Education. (2013). *Draft National Policy on HIV and TB*. Pretoria: Department of Basic Education.
- Dewey, J. (1934). *Art as Experience*. New York: G.P Putnam's Sons.
- Dewey, J. (1938/1963). *Experience and Education*. New York: Collier Books.
- Dirkx, J. M. (2012). Self-Formation and Transformative Learning: A Response to Calling Transformative Learning into Question: Some Mutinous Thoughts by Michael Newman. *Adult Education Quarterly*, 62(4), 399-405.
- Dlamini, N., Okoro, F., Ekhosuehi, U. O., Esiet, A., Lowik, A. J. & Metcalfe, K. (2012). Empowering Teachers to Change Youth Practices: Evaluating Teacher Delivery and Responses to the FLHE Programme in Edo State, Nigeria. *African Journal of Reproductive Health*, 16(2), 87-102.
- Donald, D., Lazarus, S. & Lolwana, P. (2006). *Educational Psychology in Social Context*. (3rd Ed.). Cape Town: Oxford University Press.

- Education for All Global Monitoring Report. (2003). *Gender and Education for All: The Leap to Equality*. Paris: UNESCO. *Education Worldwide (International Perspectives on Education and Society*, 18, 213-230.
- EFA Global Monitoring Report (2009) *Overcoming inequality: Why governance matters*. Paris: UNESCO and Oxford University Press.
- Egyptian Anti-Stigma Forum (2012) 'Combating HIV/AIDS Related Stigma In Egypt: Situation Analysis and Advocacy Recommendations' Global UNAIDS.
- Eisner, E. W. (1998). *The Enlightened Eye: Qualitative Inquiry and the Enhancement of Educational Practice*. Upper Saddle River, NJ: Prentice Hall.
- Ely, M., Anzul, M., Friedman, T. & McCormack, S. A. (1991). *Doing Qualitative Research: Circles Within Circles*. London: The Falmer Press.
- Epprecht, M. (2000). *This Matter of Women is Getting Very Bad: Gender, Development and Politics in Colonial Lesotho*. Pietermaritzburg: University of Natal Press.
- Erulkar, A. & Ab Mekbib, T. (2007). Invisible and Vulnerable: Adolescent Domestic Workers in Addis Ababa, Ethiopia. *Vulnerable and Youth Studies*, 2(3), 246-256.
- Family Health International. (2005). Meeting the Needs of Young Clients: A Guide to Providing Reproductive Health Services to Adolescents. Accessed [30th May, 2008]. From <http://Www.Fhi.Org/Sp/RH/Pubs/Servdelivery/Adolguide/Chapter2.htm>
- Fandrych, I. (2003). Socio-Pragmatic and Cultural Aspects of Teaching English for Academic Purposes in Lesotho. *Southern African Linguistics and Applied Language Studies*, 21(1&2), 15-27.
- Fargas-Malet, M., Mcsherry, D., Larkin, E. & Robinson, C. (2010). Research with Children: Methodological Issues and Innovative Techniques. *Journal of Early Childhood Research*, 8(2), 175-192.

- Farrant, J. S. (1980). *Principles and Practice of Education Longman Education Texts*. (2nd Ed.). Longman.
- Ferguson, J. (2006). *Global Shadows: Africa in the Neoliberal World Order Anthropology, Globalization. African Studies*. Duke University Press.
- Ferreira, R. (2013). Participatory Methodologies and Educational Research: Editorial. *South African Journal of Education*, 33(4), 1-4.
- Field, T. (2015). Barriers to Antiretroviral Adherence: Descriptive Literature Review. *Masters Degree Thesis for Degree of Global Health Care Award by Arcada*.
- Fin, M., Eliot-White, M. & Walton, M. (2000). *Tourism and Leisure Research Methods*. Malaysia: Longman
- Francis, D. (2012). Teacher Positioning on the Teaching of Sexual Diversity in South African Schools. *Culture, Health & Sexuality* 14, 597–611.
- Francis, D. A & Depalma, R. (2014). Teacher Perspectives on Abstinence and Safe Sex Education in South Africa. *Sex Education*, 14(1), 81-94, DOI: 10.1081/14681811.2013.833091
- Francis, D. A. (2010). Sexuality Education in South Africa: Three Essential Questions. *International Journal of Education and Development*, 30, 314-319.
- Francis, J., Eccles, M. P., Johnston, M., Whitty, P., Grimshaw, M. J., Kaner, E. F. S., Smith, L. & Walker, A. (2008). Explaining the Effects of an Intervention Designed to Promote Evidence-Based Diabetes Care: A Theory-Based Process Evaluation of a Pragmatic Cluster Randomised Controlled Trial. *The Social Work Practitioner Researcher*, 20(11), 106-123.
- Gay, J. (1986). Mummies and Babies and Friends and Lovers in Lesotho. In E. Blackwood (Ed.). *Anthropology and Homosexual Behaviour*, 96- 116. London: Haworth Press, Inc.
- Gay, J. (1993). Mummies and Babies and Friends and Lovers in Lesotho. In D.N. Suggs & A.W. Miracle (Eds.). *Culture and Human Sexuality: A Reader*. Pacific Grove, CA: Brooks & Cole Publishers.

- Gay, L. R. (1992). *Educational Research: Competencies for Analysis and Application* (4th Ed.). New York: Mcmillan Publishing Company.
- Genberg, B. L., Yoojin, R., William, I. & Wilson, B. (2015). Four Types of Barriers to Adherence of Antiretroviral Therapy are Associated with Decreases Adherence Overtime. *AIDS Behaviour*, 19(1), 85-92.
- Gender Links, Southern Africa Development Community Protocol on Gender and Development Barometer. (2013).
- Gibbs, A. (1997). Focus Groups. *Social Research Updates*. 19. University of Surrey. Retrieved 15 November 2013, From [Http://Sru.Soc.Surrey.Ac.Uk/SRU19.Html](http://Sru.Soc.Surrey.Ac.Uk/SRU19.Html).
- Global UNAIDS, (2014). Guidelines for HIV mortality measurement. UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance, Geneva, Switzerland. UNAIDS: World Health Organization.
- Goduka, A. M. (1999). *Affirming Unity and Diversity in Education*. Kenwyn: Juta & Company Ltd.
- Goffman, E. (1963). *Stigma: notes on the Management of spoiled Identity*. New York Prentice
- Goffman, E. (1974). *Frame Analysis: An Essay on the Organisation of Experience*. Cambridge, MA: Harvard University Press. 586.
- Government of Lesotho. (2000). *Health Sector STI, HIV & AIDS Strategic Plan 2000/01- 2003/04*. Maseru: Ministry of Health.
- Government of Lesotho. (2003). *Draft Lesotho Gender Policy*. Unpublished Government Document.
- Government of Lesotho. (2003). *Sexual Offences Act No.3 Of 2003*. Maseru: Government Printer.
- Government of Lesotho, (2006). *Labour Code Amendment Act*. Maseru. Lesotho. Government Printer.
- Government of Lesotho, (1992). *Labour Code Order*, Maseru. Lesotho. Government Printing.
- Government of Lesotho. (2006). *Legal Capacity of Married Persons Act 9 Of 2006*. Maseru: Government Printer.

Government of Lesotho Ministry of Education and Training August, (2016-2026) Maseru, Lesotho:
Ministry of Education and Training.

Government of Lesotho. (2006). *National HIV and AIDS Policy*. Maseru: National AIDS Commission (NAC).

Government of Lesotho. (2016). *National Guidelines on the Use of Antiretroviral Therapy for HIV Prevention and Treatment*. Maseru: Ministry of Health.

Government of Lesotho, (2003). National Gender and Development Policy Maseru, Lesotho.
Government Printing.

Government of Lesotho, (2000). National HIV and AIDS Policy Framework. Maseru: NAC.

Government of Lesotho, (2008). National HIV Prevention Strategies for Multi-Sectorial Response to the HIV Epidemic in National Medicine Policy, Maseru. NAC

Government of Lesotho, (2011-2016) National Strategic Development Plan 2011/12-2015/16.
Maseru. Lesotho. Government Printing.

Government of Lesotho, (2000) National Strategic Plan (2000/2001-2003/2004). Maseru. Lesotho.
Government Printing.

Government of Lesotho, (2013). National Strategic Plan, Maseru. Lesotho. Government Printing.

Government of Lesotho, (2012) National Strategic Plan (NSP) on HIV and AIDS 2012/13-2015/16.
Maseru. NAC.

Government of Lesotho, (2016). National Guidelines on the use of Antiretroviral Therapy for HIV Prevention and Treatment, Maseru. NAC.

Government of Lesotho, (1993). The Constitution of Lesotho, Act No. 5. Constitutional law; Maseru,
Lesotho. Government Printing.

- Green, E. (2003). *Rethinking AIDS Prevention: Learning from Successes in Developing Countries*. Westport (Connecticut): Praeger Publishers. 374.
- Greig, H., Niyogi, D., Hogsden, K., Jellyman, P. & Harding, J. (2010). Heavy Metals: Confounding Factors in the Response of New Zealand Freshwater Fish Assemblages to Natural and Anthropogenic Acidity. *The Science of the Total Environment*. 408. 3240-50. 10.1016/J.Scitotenv.2010.04.006.
- Guba, E. G. & Lincoln, Y. S. (1994). *Competing Paradigms in Qualitative Research*. Newbury, CA:Sage
- Guzman, I. M. (2003). Contesting the Borders of the Imagined Nation: The Frame of Religious Marginalisation in Grassroots Socially Conservative Discourses about Sexuality in Public Education. *Journal of Communication Inquiry*, 27(1), 29- 48.
- Hall, C. (2004). Theorizing Changes in Teachers' Work. *Canadian Journal of Educational Administration and Policy*, 32.
- Hall, K. (2013a). Income Poverty, Unemployment and Social Grants. In L. Berry, A. Biersteker, L. Dawes, L. Lake & C. Smith. (Eds.). *South African Child Gauge*, 90-94. Cape Town: Children's Institute, University of Cape Town.
- Hall, K. (2013b). Children's Access to Housing. In L. Berry, L. Biersteker, A. Dawes, L. Lake & C. Smith. (Eds.). *South African Child Gauge*, 108-110. Cape Town: Children's Institute, University of Cape Town.
- Hall, K. (2013c). Children's Access to Basic Services. In L. Berry, L. Biersteker, A. Dawes, L. Lake & C. Smith. (Eds.). *South African Child Gauge*, 111-116. Cape Town: Children's Institute, University of Cape Town.
- Hamilton, A. (2000). Metaphor in Theory and Practice. The Influence of Metaphors on Expectations. *ACM Journal of Computer Documentation*, 24 (4), 237-253.

- Hammersley, M. & Atkinson, P. (2007). *Ethnography: Principles in Practice*. (3rd Ed.). London: Routledge.
- Harrison, A. (2014). HIV Prevention and Reaserach Considerations of Women in Sub-Saharan Africa: Moving towards Biobehavioural Prevention Strategies. *African Journal of Reproductive Health*, 18(3), 17 -24.
- Harrison, A., Colvin, C. J., Kuo, C., Swartz, A. & Lurie, M. (2015). Sustained High HIV Incidence in Young Women in Southern Africa: Social, Behavioural, and Structural Factors and Emerging Intervention Approaches. *Curr HIV/AIDS Rep*, 12, 207-215.
- HEAIDS. (2010). Curriculum-In-The-Making – Being a Teacher in the Context of the HIV and AIDS Pandemic – Teacher Education Pilot Project. Pretoria: Higher Education South Africa.
- Helleve, A., Flisher, A., Onya, H., Mukoma, W. & Klepp, K. (2009). South African Teachers' Reflections on the Impact of Culture on their Teaching of Sexuality and HIV/Aids. *Culture, Health & Sexuality* 11, 189–204.
- Henning, E. (2004). *Finding Your Way in Qualitative Research*. Pretoria: Van Schaik.
- Henning, E., Van Rensburg, W. & Smit, B. (2004). *Finding Your Way in Qualitative Research*. Pretoria: Van Schaik.
- Herek, T. & Glunt, R. (1998). *HIV& AIDS within the OBE Classroom* (Chapter 11). Northlands: Macmillan.
- Higgins, J. A. & Hirsch, J. S. (2008). Pleasure and Power: Incorporating Sexuality and Inequality into Research on Contraceptive Use and Unintended Pregnancy. *Am J Public Health*, 98(10), 1803–1813.
- Higgins, J. A., Hoffman, S. & Dworkin, S. L. (2010). Rethinking Gender, Heterosexual Men, and Women's Vulnerability to HIV/AIDS: Time to Shift the Paradigm. *American Journal of Public Health*, 100(3), 435–445.

- Higgins, J. A., Tanner, A. E. & Janssen, E. (2009). Arousal Loss Associated with Condoms and Risk of Pregnancy: Implications for Women's and Men's Sexual Risk Behaviours. *Prospect Sex Reproductive Health*, 41(3), 150–157.
- HIV and AIDS Counselling and Psychosocial Support Training Manual. (2009-2010). Elizabeth Glaser Pediatric AIDS Foundation Maseru.
- Hlalele, D. (2012). Exploring Rural High School Learners' Experience of Mathematics Anxiety in Academic Settings. *South African Journal of Education*, 32(3), 267-278. Doi: 10.15700/Saje.V32n3a623.
- Hlalele, D. (2012). Psychosocial Support for Vulnerable Rural School Learners: In Search of Social Justice! *Journal for New Generation Sciences*, 10(2), 63-76.
- Hoadley, U. (2007). Boundaries of Care: The Role of the School in Supporting Vulnerable Children in the Context of HIV and AIDS. *African Journal of AIDS Research*, 6(3), 251-259.
- Holderness, W. L. (2012). Equipping Educators to Address HIV and AIDS: A Review of Selected Teacher Education Initiatives. *SAHARA, Journal of Social Aspects of HIV/AIDS*, 9(1), 548-555.
- Hull, K. E. (2006). *Same Sex Marriage: The Cultural Politics of Love and the Law*. Cambridge: Cambridge University Press.
- Human Sexuality and HIV and AIDS Course Outline. (2014). National University of Lesotho ICF Macro. *STAT Compiler*, March 25, 2011.
- Ignezi, M. (2000). Meaning-Making in the Learning and Teaching Process. *Wiley, Research Academy*, 2000(82). Retrieved November 7 2018, From <https://doi.org/10.1002/Tl.8201>
- Ingham, R. (2005). We Didn't Cover That at School: Education against Pleasure or Education for Pleasure? *Sex Education*, 5(4), 375- 388.

International Planned Parenthood Federation, (IPPF) Qualitative Research on Legal Barriers to Young People's Access to Sexual and Reproductive Health Services, 2014. Available at [Www.Ippf.Org](http://www IPPF.Org).

Irvin, M. J., Meece, J. L., Byun, S. Y., Farmer, T. W. & Hutchins, B. C. (2011). Relationship of School Context to Rural Youth's Educational Achievement and Aspirations. *Journal of Youth and Adolescence*, 40(9), 1225-1242.

Izugbara, C.O. (2005). The Socio-Cultural Context of Adolescents' Notions of Sex and Sexuality in Rural South-Eastern Nigeria. *Sexualities*, 8(5), 600- 617.

Jackson, C. K. (2012). Non-Cognitive Ability, Test Scores, and Teacher Quality: Evidence From 9th Grade Teachers in North Carolina. Retrieved December 15 2018. From [https://Www.Nber.Org/Papers/W18624](https://www.Nber.Org/Papers/W18624) (DOI): 10.3386/W18624.

Jewkes, R. (2009). Growing up Sexual in the Age of HIV & Aids. In C. Mitchell & K. Pithouse. (Eds.). *Teaching and HIV & Aids in the South African Classroom*. Northlands: Macmillan. John Wiley and Sons, Inc.

Jolly, S. (2007). Why the Development Industry Should Get over Its Obsession with Bad Sex and Start to Think about Pleasure. *IDS Working Paper*, 283, Brighton: IDS.

Kempner, M. (2014). *50 Great Myths of Human Sexuality*. 1st Edition, Kindle Edition. ISBN-13: 978-0470674345. Retrieved December, 10 2018, from [https://www.amazon.com/50-Great-Myths-Human-Sexualit ebook/dp/B00SOMZ50Q](https://www.amazon.com/50-Great-Myths-Human-Sexualit-ebook/dp/B00SOMZ50Q)

Kendall, K. (1999). Women in Lesotho and the Western Construction of Homophobia. In E. Blackwood & S. Wieringa. (Eds.) *Female Desires: Transgender Practices across Cultures*, 21-49. Columbia: Columbia University Press.

Kendall, K. L. (1998). Mpho Matsepo Nthunya and the Meaning of Sex. *Women's Studies Quarterly*, 26(3&4), 220- 224.

- Khan, S. I., Hudson-Rodd, N., Saggors, S., Bhuiyan, M. I. & Bhuiya, A. (2004) Safer Sex or Pleasurable Sex? Rethinking Condom Use in the AIDS Era. *Sex Health*, 1(4),217–225.
- Khanare, F. (2015). *Rethinking Care and Support of 'Vulnerable' Learners in the Age of HIV and AIDS: An Arts-Based Approach*. (Unpublished Master Thesis). Nelson Mandela Metropolitan University.
- Khau, M. (2009a). “We are also human...” How teachers’ own sexualities affect how they deal with HIV&AIDS in the classroom. In C. Mitchell & K. Pithouse (Eds.). *Teaching and HIV&AIDS within the OBE classroom* (Chapter 11). Northlands: Macmillan.
- Khau, M. (2009b). Women teachers talk sex: How women teachers see themselves as women and as teachers within sexuality education classrooms. Paper presented at the “Every voice count: Critical Partnerships for Teacher Education in Rural Communities, International Symposium,” (February 26-27). Durban, South Africa.
- Khau, M. (2009c). Women teachers talk sex: A gendered analysis of women teachers’ experiences of teaching sexuality education in rural school in the age of HIV and AIDS. Paper presented at the “Gendering Excellence: Sexual Health, Embodiment and Empowerment- Bridging Epistemological Gaps Conference”, June 14-16, Linkoping, Sweden.
- Kimaryo. S. S., Okpaku, J., Githuku-Shongwe, A. & Feeney J. (2004). *Turning a Crisis into an Opportunity - Strategies for Scaling up the national response to the HIV/AIDS pandemic in Lesotho*. New Rochelle: Third Press Publishers.
- Kirby, D., Laris, B. A., Rolleri, L. (2006). Sex and HIV education programs for youth. Their impact on important characteristics. Scotts Valley, CA: ERT Associates.
- Kirby, D.B., Laris, B. A. Roller, L. A. (2007). Sex and HIV education programs: Their impact on sexual behaviours of young people throughout the world. *Journal Child Adolescence Health*, 40(3): 206-217.

- Kivivuori, J. (1997). Harassment and violence towards teachers. Helsinki: National Research Institute of Legal Policy, Research Communications.
- Klein, D. M. and White, J. M. (1996). *Family Theory: An introduction*. Thousand Oaks: Sage Publications.
- Klugman, B. (2000). Sexual rights in Southern Africa: A Beijing discourse or a strategic necessity? *Health and Human Rights*, 4(2), pp. 132- 159.
- Labhardt, N. D. (2014). Home- Based Versus Mobile Clinic HIV Testing and Counselling in Rural Lesotho: A Cluster- Randomized Trials. *PLOS Medicine*
- LaBoskey, V.K. (2004). The methodology of self-study and its theoretical underpinnings. In J.J. Loughran, M.L. Hamilton, V.K. LaBoskey, & T. Russell (Eds.), *International and Book of Self-study of Teaching and Teacher Education Practices*, (2): 1169-184). Dordrecht: Kluwer Academic Publishers.
- Lahelma, E., Palmu, T. & Gordon, T. (2000). Intersecting power relations in teachers' experiences of being sexualized or harassed by students. *Sexualities*, 3(4): 463- 481.
- Lapadat, J. C., & Lindsay, A. C. (1999). Transcription in research and practice: From standardisation of technique to interpretive positioning. *Qualitative Inquiry*, 3, 345-357.
- Laver, S. M. L., van den Borne, B. Kok, G. and Woelk, G. (1997). A Pre-Intervention Survey to determine Understanding of HIV and AIDS in farm worker communities in Zimbabwe. *AIDS Education and Prevention*, 9 (1), 94-110.
- Le Grange, L., 2008. Trends in educational research: South African perspectives. Paper read at the 2008 Research Seminar, Faculty of Education Sciences, University of the North-West, Potchefstroom, 28 February.
- Leach, F. (2002). School-based gender violence in Africa: A risk to adolescent sexual health. *Perspectives in Education*, 20(2): 99- 112.

- Leclerc- Madlala, S. (2014). The Lancet, Silver bullets, glass beads, and strengthening Africa's HIV response DOI: [https://doi.org/10.1016/S0140-6736\(14\)60593-6](https://doi.org/10.1016/S0140-6736(14)60593-6)
- Leedy, P.D., & Ormrod, J.E. (2005). *Practical Research: Planning and Design*. New Jersey: Pearson Educational International.
- Leininger, M. M. (1985). Nature, rationale and importance of qualitative research methods in nursing. In M. M. Leininger. (Ed.), *Qualitative Research Methods in Nursing*. (pp. 1-28).
- Lesotho College of Education [LCE] Calendar, (2008). Morija Printing.
- Lesotho College of Education, *Life Skills Book for Teacher Trainee* (2012). Morija. Printing Works.
- Lesotho College of Education, (2014). Guidance and counselling and Life Orientation course outline, Maseru, Lesotho. Lesotho College of Education.
- Lesotho College of Education, (2012). Reproductive Health and HIV and AIDS- Life Skills Course Book for Teacher-Trainees. Maseru. Lesotho. Morija Printing.
- Lesotho Constitution Order No. 5 of 1993 Maseru. Lesotho. Government Pinter.
- Lesotho Correctional Service and HIV and AIDS Policy (2009) Maseru. Lesotho. Government Printing.
- Lesotho Correctional Service Strategic Plan on HIV and AIDS (2009-2014). Maseru. Lesotho. Government Printer.
- Lesotho Correctional Service Strategic Plan on HIV and AIDS 2009-2014. Maseru. Lesotho. Government Printer.
- Lesotho Demographic and Health Survey (DHS) (2009) Maseru: Lesotho Ministry of Health and Social Welfare.
- Lesotho Demographic Health Survey (LDHS) 2014 Maseru: Lesotho Ministry of Health and Social Welfare.
- Lesotho Demographic Health Survey, 2010 Maseru: Lesotho Ministry of Health and Social Welfare.

- Lesotho Demographic Health Survey. 2004. Maseru: Lesotho Ministry of Health and Social Welfare.
- Lesotho Government Gazette. 2003. Sexual Offence Act No 3 of 2003. VLVIII (29). [Online]. Retrieved from: <http://webapps01.un.org> [2011, Sept. 29].
- Lesotho Government Gazette. 2005. National AIDS Commission Act 8 of 2005. [Online]. Retrieved from: <http://www.ilo.org> [2011, April 4].
- Lesotho Ministry of Education and Training, Life Skills Education Grade 4-10 (2007). Maseru. National Curriculum Development Centre.
- Lesotho. Ministry of Education and Training (2005). Education sector strategic plan, 2005-2015, Maseru, Lesotho: Ministry of Education and Training.
- Lesotho Ministry of Health (2012) 'Lesotho Global AIDS Response Country Progress Report' Maseru. NAC
- Lesotho Ministry of Health (2016) 'Lesotho Demographic and Health Survey 2014'
- Lesotho Ministry of Health and Social Welfare (2010). Maseru. Lesotho.
- Lesotho Poverty Reduction Strategy (2012/13-2016/17). Maseru. Lesotho. Government Printing.
- Lesotho Revised National Strategic Plan on HIV and AIDS (2012/13-2015/16). Maseru. Lesotho. Government Printing.
- Lesotho UNGASS Country Report, 2009. Maseru. Lesotho. Government Printing.
- Lesotho UNGRASS Country Report (2012). Maseru. Lesotho. Government Printing.
- Lesotho. Government Gazette. 2006. Lesotho: Legal Capacity of Married Person's Act 9 of 2006. [Online]. Retrieved from: <http://www.chr.up.ac.za> [2011, Sept. 29]. Lesotho. Unpublished Masters Dissertation. University of the Free State.
- Letuka, P. (2008) Gender, HIV and the Law in Lesotho: Embracing Rights-Based Approaches to Realise Sexual and Reproductive Health in Lesotho, Morija: LSA Publication.
- Lewis, D. (2008). Discursive Challenges for African Feminisms. *An African Journal of Philosophy*, XX, 77-79.

- Lewis, R.K., Paine-Andrews, A., Custard, C., Stauffer, M., Harris, K. & Fisher, J. (2001). Are parents in favour or against school-based sexuality education? A report from the Midwest. *Health Promotion practice*, 2(2): 155- 161.
- Lincoln, Y., & Guba, E. (1985). *Naturalistic Inquiry*. Beverly Hills, CA: Sage.
London, New York: Routledge.
- Loughran, J. (2002). Understanding self-study of teacher education practices. In J. Loughran & T. Russell (Eds.), *improving teacher education practices through self-study* (pp. 239- 248). London: Routledge Falmer.
- Lukes, S. (1985). *Emile Durkheim: His Life and Work, a Historical and Critical Study*. Stanford, Calif: Stanford University Press.
- Mahlomaholo, M. G. (2012). Early School Leavers and Sustainable Learning Environments. *Perspective in Education*, 30(1): 101-110.
- Maitse, T. (2000). Revealing silence: Voices from South Africa. In S. Jacobs, R. Jacobson, & J. Marchbank (Eds.). *States of conflict: Gender, Violence and Resistance* (pp. 199- 214) London: Zed Books.
- Makori1, A., & Onderi, H. (2013). Evaluation of secondary school principals' views on the use of untrained teachers in lesson delivery in a free secondary education system era in Kenya. *Journal of Education and Practice*, 4(24): 119-133.
- Malta, D. C., Iser, B. P. M., Claro, R. M., Moura, L., Bernal, R. T. I., Nascimento, A. F. (2011). 2013;22(3):423–434. <https://doi.org/10.5123/S1679-49742013000300007>
- Maree, K., & Van der Westhuizen, C. (2009). *Head Start in Designing Research Proposals in the Social Sciences*. Cape Town: Juta.
- Marks, E. (1963). Corporation forms; purpose clauses, agreements, resolutions, by-laws, with notes and comments under New York business corporation Law. Amityville, N.Y. Acme law Book Co.

- Marques, J & Nunes, L. (2012). The contributions of language and experience to the representation of abstract and concrete words: Different weights but similar organizations. *Memory & cognition*. 40: 10.3758/s13421-012-0220-6.
- Marshall, C., & Rossman, G. (2011). *Designing Qualitative Research* (5th ed.). London: Sage.
- Marshall, C., & Rossman, G. B. (2006). *Designing Qualitative Research* (4th ed.). Thousand Oaks, CA Sage.
- Marx, Weber. (1978). *Economy and Society: An Outline of Interpretive Sociology*, Volume 1. London, England. University of California Press.
- Masinga, L. (2012). Journeys to self-knowledge: methodological reflections on using memory work in a participatory study of teachers as sexuality educators. *Journal of Education*, 54: 121-137.
- Masinga, L. (2013). *Journeys to Self-Knowledge: A Participatory Study of Teachers as Sexuality Educators*. Durban: University of Kwazulu –Natal.
- Masinga, L. (2007). How can I effectively integrate sexuality education in my teaching practice in a grade 6 class? A teacher's self-study. Durban: University of Kwazulu-Natal.
- Masinga, L. (2009). An African teacher's journey to self-knowledge through teaching sexuality education. In K. Pithouse, Mitchell, C., & Moletsane, R. (Ed.), *Making Connections: Self-study and Social Action*. New York: Peter Lang.
- Matlho, L. (2016). Report on Assessment of the Legal Environment for HIV and AIDS in Maseru, Lesotho: Ministry of Law and Constitution Affairs.
- Matšela, F.Z. (1979). *The indigenous education of the Basotho and its implications for educational development in Lesotho*. Unpublished Doctoral Thesis, Boston: University of Massachusetts.
- McGrath, S. (2011). Active agents: young people making social justice (editorial). *International Journal of Educational Development*, 31: 205-206.
- McMillan, J. H. & Schumacher, S. (2001). *Research in Education: A Conceptual Introduction*. New York: Longman.

- Mda, Z. (1993). *When people play people: Development communication through theatre*. London: Zed Books.
- Meer, T. (2017). *Lesbian, gay, bisexual, transgender and intersex human rights in Southern Africa: A contemporary literature review 2012-2016*. Johannesburg: HIVOS.
- Meintjies, H., & Hall, K. (2013). Demography of South Africa's children. In L. Berry, L. Biersteker, Dawes, L. Lake & C. Smith (Eds.). *South African Child Gauge* (pp. 86-89). Cape Town: Children's Institute, University of Cape Town.
- Merriam, S. (2009). *Qualitative Research: A Guide to Design and Implementation*. San Francisco: Jossey-Bass Publishers.
- Meyer-Weitz, A., Reddy, P., Weitjs, W., van den Borne, B., & Kok, G. (1998). The socio-cultural contexts of sexually transmitted diseases in South Africa: implications for health education programmes. *AIDS CARE*, 10 (1): s39-s55.
- Meyiwa, T., Letshekha, T., & Wiebesiek, L. (2013). Masihambisane, lessons learnt using participatory indigenous knowledge research approaches in a school-based collaborative project of the Eastern Cape. *South African Journal of Education*, 33(4): 1-15.
- Michael, R. and Solomon, M. R. (1983). The Role of Products as Social Stimuli: A Symbolic Interactionism Perspective. *Journal of Consumer Research*, 10 (3): 319–329. <https://doi.org/10.1086/208971>
- Miles, M. B. & Huberman, A. M. (1994). *Qualitative Data Analysis* (2nd Ed.). Thousand Oaks: Sage Publications.
- Milkman, K. L., Akinola, M., & Chugh, D. (2014). What happens before? A field experiment exploring how pay and representation differentially shape bias on the pathway into organizations. PMID: 25867167 DOI: 10.1037/apl0000022. (Accessed 15/06/2016).

- Miller, D. C., & Salkind, N. J. (2002). *Handbook of Research Design and Social Measurement* (6th ed.). Thousand Oaks: Sage.
- Miller, S. A. & Byers, E. S. (2010). Psychologists' sexual education and training in graduate school. *Canadian Journal of Behavioural Science*, 42(2): 93-100.
- Ministry of Education (2000a). A Policy Document on Free Primary Education in Lesotho: Ministry of Education External Circular Notice No. 1 of January [on line] <http://www.lesotho.gov.ls.circular/cir-edu-11jan2000.html> (Accessed 22/14/2003).
- Ministry of Education (2000b). Free Primary Education in Lesotho: Ministry of Education External Circular Notice No. 9 of October. Maseru, Lesotho. Ministry of Education.
- Ministry of Education and Training (2018) Non-Formal Education (NFC) Policy: Maseru, Lesotho: Ministry of Education and Training.
- Ministry of Health and Social Welfare (2004). National HIV Testing and Counselling Policy. Maseru: Government Printers.
- Ministry of Health and Social Welfare (2010). Antiretroviral Treatment Guidelines. Maseru: Ministry of Health
- Ministry of Health and Social Welfare, (2008) Annual Corporate Plan. Maseru. Ministry of Health
- Ministry of Education (2000b). Free Primary Education in Lesotho: External Circular Notice No. 9 of October. Maseru, Lesotho. Ministry of Education
- Ministry of Health and Social Welfare, (2008). Know your status: campaign review: 2008 report. Maseru, Lesotho. Ministry of Health and Social Welfare.
- Ministry of Health and Social Welfare (2004). Demographic health survey. Maseru, Lesotho. Ministry of Health

- Mishler, E. G. (1990). Validation-in-Inquiry Guided-Research-The- Role-of-Exemplars-in-Narrative- Studies. 267420769
- Mitchell, C., & Murray, J. (2012). Social networking practices and youth advocacy efforts in HIV awareness and prevention: What does methodology have to do with it? *Educational Research for Social Change*, 1(2): 26-40.
- Mitchell, C., & Pithouse, K. (2009). *Teaching and HIV and AIDS*. Johannesburg: MacMillan South Africa.
- Mitchell, S., Cockcroft, A., Lamothe, G. & Anderssen, N. (2010). Equity in HIV testing: evidence from a cross-sectional study in ten Southern African countries. *BMC InternationalHealth&HumanRights*, 10(23),unpaginated.
<https://bmcinthealthhumrights.biomedcentral.com/articles/10.1186/1472-698X-10-23>
- Mkumbo, K. (2013). Assessment of HIV/AIDS knowledge, attitudes and behaviours among students in higher education in Tanzania, *Global Public Health*, 8:10, 1168-1179, DOI: [10.1080/17441692.2013.837498](https://doi.org/10.1080/17441692.2013.837498).
- Mochaba, M.B. (1992). Languages in contact: The impact of the phonology of Sesotho on English. *NUL Journal of Research*, 2: 57- 68.
- Mohapeloa, J. (1982). Education in Lesotho. In A.B. Fafunwa & J.U. Ausiku (Eds.). *Education in Africa: A Comparative Survey* (pp. 34- 43). London: Allen and Unwin.
- Mokobocho -Mohlakoana, K.M. (2005). Pregnant at the wrong time: Experiences of being a pregnant young woman while schooling in selected Lesotho cases. Unpublished Doctoral Thesis. University of KwaZulu-Natal, Durban.

- Moletsane, R. (2012). Repositioning educational research on rurality and rural education in South Africa: beyond deficit paradigms. *Perspectives in Education*, 30(1): 1-8.
- Moletsane, R. (2014). The need for quality sexual reproduction health education to address barriers to girl's education outcomes in South Africa. <https://www.bookings.edu/wp-content/uploads/2016/06/Echidna-Moletsane-2014web.pdf>. Retrieved July 10 2017.
- Moletsane, R., & Ntombela, S. (2010). Gender and rurality in southern African contexts: an introduction. *Agenda*, 24(84), 4-8.
- Monjok, E., Smesny, A., & Essian, E. J. (2010). *HIV/AIDS - Related Stigma and Discrimination in Nigeria: Review of Research Studies and future directions for Prevention Strategies. Uganda. Afr J Reproduction Health*, 13(3): 21–35.
- Monk, D. H. (2007). Recruiting and retaining high-quality teachers in rural areas. *Future Child*, 17(1): 155-174.
- Morgan, D. (1988). *Focus Groups as Qualitative Research*. London: Sage.
- Morrell, R. (2003). Silence, sexuality and HIV/Aids in South African schools. *The Australian Educational Researcher*, 30: 41–61.
- Motalingoane-Khau, M. (2007a). But he is my husband. How can that be rape? Exploring the silences around date and marital rape in Lesotho. *Agenda*, 74: 56- 68.
- Motalingoane-Khau, M. (2007b). Understanding adolescent sexuality in the memories of four female Basotho teachers. Unpublished Master's Thesis. University of KwaZulu-Natal, Durban.
- Motalingoane-Khau, M. (2010). Women teachers talk sex: a gendered analysis of women teachers' experiences of teaching sexuality education in rural schools in the age of HIV and AIDS. Unpublished PhD thesis. University of KwaZulu-Natal, Durban.

Mouton, J. (2001). *How to Succeed in your Masters and Doctorial Studies*. Pretoria: Van Schaik Publishing.

Mturi, A.J. & Hennink, M.M. (2005). Perceptions of sex education for young people in Lesotho. *Culture Health and Sexuality*, 7(2): 129- 143.

Mukeredzi, T. G. (2012). Qualitative data gathering challenges in a politically unstable rural environment: a Zimbabwean experience. <http://ejournals.library.ualberta.ca/index.php/IJQM/article/view/4407/13579> Retrieved, March 12, 2012.

Mukoma, W., Flisher, A., Ahmed, N., Jansen, S., Mathews, C., Klepp, K. & Schaalma, H. (2009). Process evaluation of a school-based HIV/Aids intervention in South Africa. *Scandinavian Journal of Public Health*, 37: 37–47.

Mulwo, A. (2009). Integrating HIV/AIDS into university curriculum: The challenges of participatory communication. A paper presented to the HEAIDS symposium “From Reflection to Action: Obstacles and Success in Integrating HIV/AIDS. In to University Curricula”, East London, University of Fort Hare, May 15–17.

Mulwo, A.K., Tomaselli, K.G. & Dalrymple, L. (2009). Condom brands, perceptions of condom efficacy, and the implications for HIV prevention among students at three universities in Kwazulu-Natal Province. *South Africa. African Journal of AIDS Research*, 8(3): 311–320.

Murphy, E. M., Greene, M. E., Mihailovic, A., Olupot- Olupot, P. (2006). Was the “ABC” Approach (Abstinence, Being Faithful, Using Condom) responsible for Uganda’s Decline in HIV? 3: 9: e379

Mutonyi, H., (2007) *Analogies, Metaphors, and Similes for HIV/AIDS Among Ugandan Grade 11 Students*. 53: 2: Nacional De Barragens, Rio De Janeiro.

- Namulundah, F. (1998). A critical analysis of Bell Hooks' engaged pedagogy: a transgressive education for the development of critical consciousness (abstract). Retrieved February 14, 2010, from <http://fordham.bepress.com/dissertations/AAI9975348/>
- Nash, R.J. (2004). *Liberating Scholarly Writing: The Power of Personal Narrative*. New York: Teachers collage Press.
- Nashon, S. M. (2004), The nature of analogical explanation: High school physics teachers' use in Kenya. *Research in Science Education*, 34 475- 502.
- National AIDS Commission (2016). Maseru: NAC.
- National AIDS Commission Act (2006). Maseru: NAC.
- National AIDS Commission Act No.8 (2005). Maseru. Lesotho. Government Printer.
- National AIDS Commission (2009). National HIV and AIDS strategic plan, 2006-2011: revised April 2009. Maseru, Lesotho. National AIDS Commission.
- National University of Lesotho, (2009). HIV and AIDS Policy, Maseru. Lesotho. NUL Printing.
- Neff, M. C., & Paterno, T. (1972). *Using Real life materials for the culturally disadvantaged*. Englewood Cliffs - N. J. Prentice Hall.
- Nelson Mandela Foundation (2005). *Emerging voices: a report on education in South African rural communities*. Cape Town: HSRC.
- Ngarina, M., Popenoe, R., Kilewo, C., Biberfeld, G., & Ekstrom, A. M. (2013). Reasons for poor adherence to antiretroviral treatment postnatally in HIV infected women treated for their own health: Experiences from the Mitra Plus study in Tanzania. *BMC Public Health*, 13(1): 1.
- Nieuwenhuis, J. (2007a). Qualitative research design and data gathering techniques. In K. Maree (Ed.), *First steps in Research*. Pretoria: Van Schaik Publishers.

- Nieuwenhuis, J. (2007b). Analysing qualitative data. In K. Maree (Ed.), *First steps in Research*. Pretoria: Van Schaik Publishers.
- Nieuwenhuis, J. (2010) Introducing qualitative research. In K. Maree (Ed.), *First step in Research* (pp 46-48). Pretoria.
- Nisbett, R. E., Peng, K., Chol, I., & Nrenzayan, A. (2001). Culture and System of Thought: Holistic Versus Analytic Cognition. *Psychological Review*, 108: 291-310.
NJ: Prentice Hall.
- Nolen-Hoeksema, S., McBride, A. & Larson, J. (1997) Rumination and psychology distress among bereaved partners. *Journal of Personality and Social Psychology*. 72: 855-862.
- Ntaote, G. M. (2011). Exploring ways of assisting Lesotho educators to offer care and support to children orphaned and rendered vulnerable by HIV and AIDS (Unpublished PhD thesis). Nelson Mandela Metropolitan University, Port Elizabeth.
- Nyabanyaba, T. 2008. *The use of Open, Distance and Flexible Learning (ODFL) initiatives to open up access to education in the context of high HIV and AIDS prevalence rates: the case of Lesotho*. London. SOFIE. Online. Retrieved from: <http://www.dfid.gov.uk> [2011, Sept. 22].
- Nyabblade, L., & Mac Quarrie, K. (2006). Can we measure HIV/AIDS-related stigma and? discrimination? Current knowledge about, quantifying stigma in developing countries. Policy Project. Washington, DC: International Centre for Research on Women (ICRW) and United States Agency for International Development (USAID). Retrieved from http://pdf.usaid.gov/pdf_docs/PNADF263.pdf
- Obeng-Quaido, A. (1987). New development-oriented models of communication research: A case of focus group research. *Africa Media Review*, 1(2).
- Obiri-Yeboah, D., Amoako-Sakyi, D., Baidoo, I., Abdu-Oppong, A., & Rheinlander, T. (2015). The fears of disclosing HIV status to sexual partners: A mixed methods study in a counselling setting in Ghana. *AIDS Behaviour*, doi: 10.1007/s10461-015-1022-1

- Ogina, T. A. (2007). Redefining the role of educators in managing the needs of orphaned learners (Unpublished PhD thesis). University of Pretoria, Pretoria.
- Ogina, T. A. (2012). The use of drawings to facilitate interviews with orphaned children in Mpumalanga province, South Africa. *South African Journal of Education*, 32(4): 428-440.
- Orpen, C. (1987) The Role of Qualitative Research in Management. *South African Journal of Business Management*, 18: 250-254.
- Oshi, D.C., & Nakalema, S., & Oshi, L.L. (2005). Cultural and social aspects of HIV/AIDS sex education in secondary schools in Nigeria. *Journal of Biosocial Science*, 37(2): 175-183.
- OSISA. (2012). Youth and adult learning and education in Lesotho. 2013, from http://www.osisa.org/sites/default/files/lesotho_yale_final.pdf Retrieved 12 November 2013.
- Parag, M. (2009). Educators' perceptions of teaching learners about HIV/AIDS and of schools as caregiving centres for orphans and vulnerable children: the case of an urban secondary school in Durban (Unpublished master thesis). University of South Africa, Durban.
- Park, C.L., Folkman, S. & Bostrom, A. (2001). Appraisals of Controllability and coping in caregivers and HIV+ men: Testing the goodness-of-fit hypothesis. *Journal of Consulting and Clinical Psychology*, 69: 481-488.
- Parker, I. (eds.). (1998). *Social Constructionism, Discourse and Realism*. London: Sage Publications.
- Parker, R., Aggleton, P., Attawell, K. Pulerwitz, J. and Brown, L. (2002). *HIV and AIDS- related Stigma and Discrimination: A Conceptual Framework and Agenda for Action*. Population Council, Horizons.
- Patton, M.Q. (2002). *Qualitative Research and Evaluation Methods*, 3rd Ed. Thousand Oaks, CA: Sage Publications.
- Pedersen, J.S., & Dobbin, F. (2006). In Search of Identity and Legitimation: Organisational Culture and Neo-institutionalism. *American Behavioural Scientist*, 49: 897-907.
- Perlez, J. (1991) AIDS outweighed by the desire to have a child. *The New York Times*, April \20.

- Petchesky, R. (2005). Rights of the body and perversions of war: Sexual rights and wrongs ten years past Beijing. *UNESCO's International Social Science Journal, Special Issue on Beijing+10*.
- Pillay, D., & Saloojee, S. (2012). Revisiting rurality and schooling: a teacher's story. *Perspectives in Education*, 30(1): 43-52.
- Pinel, D. (1992). Questioning participatory community development in the third world. *Nexus*, 10(1): 1-14.
- Pittman, K. M. (1999). Student generated analogies: Another way of knowing? *Journal of Research in Science Teaching*, 36(1): 1-22.
- Pretty, J., Guut, I., Thompson, J. and Scoones, I. (1995) *Participatory Learning and Action: A Trainer's guide*. London: IIED
- Raffaelli, M., & Soarez-Al-Adam, M. (1998). Reconsidering the HIV/AIDS prevention needs of Latino Women in the United States. In N. L. Roth, . & L. K. Fuller, (Eds.), *Women and AIDS: Negotiating Safer Practices, Care and Representation* (pp 7-41). New York: The Haworth Press.
- Raht, D., Smith, J. & MacEntee, K. (2009). Engaging youth in addressing HIV & Aids: Creative and participatory methods in the classroom. In C. Mitchell, & K. Pithouse. (eds.). *Teaching and HIV & Aids in the South African classroom* (pp. 219-236). Johannesburg: MacMillan South Africa
- Ralebitso, M. (1994). *Introduction to Guidance and Counselling*. Maseru: Epic Printers.
- Redding, S. & Walberg, H. J. (2012). Promoting learning in rural schools. from http://www.centerii.org/survey/downloads/Promoting_Learning_in_Rural_Schools.pdf
Retrieved 12 November 2012.
- Reddy, P., James, S. & McCauley, A. (2005). Programming for HIV prevention in South Africa schools: A report on programme implementation. Horizon Final Report. Washington, DC. Population Council.

- Reddy, S. (2004) Safe sex and safe love? Competing discourses within the context HIV and AIDS
 Alternation 11(2): 440-443.
- Reddy, S. (2005). "It's not as easy as ABC": Dynamics of intergenerational power and resistance
 within the context of HIV/AIDS. *Perspectives in Education*, 23, 11–19.
- Reddy, S. (2005). It's not as easy as ABC: Dynamics of intergenerational power and resistance within
 the context of HIV/AIDS. *Perspectives in Education*, 23(3): 11- 19.
- Reddy, V. (2005). Subversive pleasures, spaces of agency: Some reflections on lesbian and gay
 service-delivery work in e-Thekwini. *Feminist Africa*, 5. from
www.feministafrica.org/2level.html Accessed 29 May 2009.
- Reddy, V. (2009). Queer marriage: Sexualising citizenship and the development of freedoms in South
 Africa. In M. Steyn & M. van Zyl (Eds.). *The prize and the price: Shaping sexualities in South
 Africa* (pp. 341- 363). Cape Town: HSRC Press.
- National University of Lesotho (2015). Registration Requirements for year1 Information Booklet.
 Roma, Lesotho. National University of Lesotho.
- Report of the mid-term review of the National HIV and AIDS strategic plan, 2006-2011. Maseru,
 Revised National Strategic Plan on HIV and AIDS 2012/13-2015/16. Maseru. Lesotho. Government
 Printing.
- Richter, L. (2013). Foreword. In L. Berry, L. Biersteker, A. Dawes, L. Lake & C. Smith (Eds.), *South
 African child gauge 2013* (pp. 7). Cape Town: Children's Institute, University of Cape Town.
- Riessman, C.K. (2002). Narrative analysis. In A.M. Huberman & M.B. Miles (Eds.). *Qualitative
 researchers' companion* (pp. 217- 270). Thousand Oaks, CA: Sage Publications.
- Rofes, E. (1996). *Reviving the Tribe: Regenerating Gay Men's Sexuality and Culture in the Ongoing
 Epidemic*. New York: The Hawarth.
- Rooth, E. 2005. An investigation of the status and practice of Life Orientation in South African
 schools in two provinces.

- Rosen, S., & Fox, M. P. (2011). Retention in HIV care between testing and treatment in sub
- Rubin, G. (1993). Thinking sex: Notes for a radical theory of the politics of sexuality. In A.G. Bailey & K. Grandy (Eds.). *The Lesbian and Gay Studies Reader*. New York: Routledge.
- SAFAIDS. (May 2015). Policy Brief: Lesotho- Violence against Women and HIV: Upholding the Zero Agenda by moving towards a Protective Legal and Social environment for women. [accessed May 2015]
- Sarantakos, S. (2005). *Social Research* (3rd Ed.). New York: Palgrave Macmillan.
- Sathiparsad, R. & Taylor, M. (2006). 'Diseases come from girls': perspectives of male learners in rural KwaZulu-Natal on HIV infection and AIDS. *Journal of Education*, 38:
- Sathiparsad, R. (2006). Gender-Based Violence and Masculinity: A Study of Rural Male Youth. A thesis submitted for the degree of Doctor of Philosophy. University of KwaZulu-Natal, South Africa.
- Schein, E.H. (1996). Culture: The missing Concept in Organisation Studies. *Administrative Science Quarterly*, 41, 229-40.
- Schenk, K. D. (2009). Community interventions providing care and support to orphans and vulnerable children: A review of evaluation evidence. *AIDS Care*, 21(7): 918-942.
- Schenk, K. D., Michaelis, A., Sapiano, T. N., Brown, L., & Weiss, E. (2010). Improving the lives of vulnerable children: implications of Horizons Research among orphans and other children affected by AIDS. *Public Health Reports*, 125(2): 325-336.
- Schumacher, K. (1995) Family caregiver role acquisition: Role Making through situation interaction. *Scholarly Inquiry for Nursing Practice*, 9 (3): 211-226.
- Sefeeane, K. (2008). Speech on National AIDS day, National AIDS Commission, Maseru.
- Seidel, G. & Vidal, L. (1997) The implications of 'medical,' 'gender in development,' and 'culturalist' discourses for HIV and AIDS policy in Africa. In C. Shore & S. Wright (editors). *Anthropology*

- of Policy: Critical Perspectives on Governance and Power* (pp. 59–87). London, UK: Routledge:
- Selikow, T-A., Zulu, B. & Cedras, E. (2002). The ingagara, the regte and the cherry: HIV/AIDS and youth culture in contemporary urban townships. *Agenda*, 53: 22-32.
- Seotsanyana, M. (2002). *Radical Pedagogy: Continuity, Change and Growth in Lesotho's Educational System*. Roma: National University of Lesotho.
- Shackleton, C. M., Shackleton, S. E., Buiten, E. & Bird, N. (2007). The importance of dry woodlands and forests in rural livelihoods and poverty alleviation in South Africa. *Forest Policy and Economics*, 9(5): 558-577.
- Silverman, D. (2010). *Doing Qualitative Research: A Practical Handbook* (3rd ed.). London: Sage.
- Simbayi, L. C., Andipatin, M., Potgieter, C., Msomi, N., Ratele, K., Shefer, T., Strebel, A., & Wilson, T. (2000). Knowledge, attitudes and behavioural practices of South Africans regarding sexually transmitted diseases. *International Journal of Psychology*, 35(3&4), 16
- Skovdal, M. (2009). *Young carers in western Kenya: collective struggles and coping strategies* (Unpublished PhD thesis). London: London School of Economics.
- South African Human Rights Commission (SAHRC). (2012). *Charter of children's basic education rights. The right of children to basic education*. Pretoria: Department of Basic Education.
- South African National HIV Prevalence, Incidence, Behaviour and Communication Survey. (2017). South Africa.
- Stone, N. & Ingham, R. (2006). Young people and sex and relationship education. In R. Ingham & P. Aggleton (Eds.). *Promoting young people's sexual health: International perspectives* (pp. 192-208). London: Routledge.
- Strauss, M., Rhodes, B. & George, G. (2015). A qualitative analysis of the barriers and facilitators of HIV counselling and testing perceived by adolescents in SouthAfrica. *BMC Health Services*, 15(1): 250-

- Strelitz, L. (2005). *Mixed reception: South African youth and their experiences of global media*. Pretoria: UNISA Press.
- Struwig, F. W. & Stead, G B. (2001). *Planning, designing and reporting research*. Cape Town: Maskew Miller Longman.
- Stryker, S. and Statham, A. (1995). Symbolic interaction and role theory. In G. Lindzey and E. Aronson (Eds.). *Handbook of Social Psychology* (3rd ed.) pp 311-378. New York: Random House.
- Su, Y. (2011). The failure of the American ABC HIV prevention Model in Botswana. Vol. 4, No. 1, Fall 2010, 93-100.
- Sukati, C. W. S., Vilakati, N., & Esampally, C. (2010). *HIV/AIDS education: what works for Swaziland University students?*
- Swann, J. & Pratt, J. (2003). Glossary: A popperian view of some important research terms and their usage. In J. Swann & J. Pratt (Eds.). *Educational Research in Practice: Making Sense of Methodology* (pp. 195-220). London: Continuum.
- Swidler, L. (1986). *Religious liberty and human rights in nations and in religions*. New York:
- Tallis, V. (2012). *Feminisms, HIV & AIDS-subverting power, reducing vulnerability*. New York: Palgrave Mc Millan.
- Taukeni, S. (2012). Orphaned learners' experiences with regard to bereavement support: Implications for school guidance and counselling. *Bereavement Care*, 31(3), 114-119
- Taylor, J. (1977). Towards alternative forms of social work research: the case of naturalistic
- Taylor, M., Dlamini, S., Kagoro, H., Jinabhai, C., Sathiparsad, R. & De Vries, H. (2002). Self-reported Risk behaviour of Learners at Rural Kwa-Zulu Natal High Schools. *Agenda*, 53: 69–74.
- Terre-Blanche, M., Durrheim, K., & Painter, D. (Eds.). (2006). *Research in Practice*. Cape Town: University of Cape Town Press.

- Tesch, R. (1987). *Qualitative Research: Analysis Types and Software Tools*. London: Routledge.
- Tesch, R. (1990). *Qualitative Research: Analysis Types and Software Tools*. New York: Falmer Press.
- The Convention on the Rights of the Child (CRC), (1989). Available at: www.unicef.org/crc. Accessed 25. 10. 2017.
- The International Federation of Red Cross and Red Crescent Societies. (2008). World Disaster Report: Focus on HIV and AIDS. Switzerland. ATAR Roto Presse. [Online]. from: <http://www.ifrc.org> [Retrieved 29 March 2010]
- Themane, M. J. (2010). Understanding curriculum: A challenge to curriculum development in teacher education programmes. *South African Journal of Higher Education*, 25 (8): 1639-1651.
- Theron, L.C., 2007. The impact of the HIV epidemic on the composite wellbeing of educators in South Africa: a qualitative study. *African Journal of AIDS Research*, 6(2): 175-186.
- Thomas, E. & Mulvey, A. (2008). Using the arts in teaching and learning: building student capacity for community-based work in health psychology. *Journal of Health Psychology*, 13(2): 239-250.
- Thomas, F. (2008). Indigenous narratives of HIV and AIDS: morality and blame in a time of change. *Medical Anthropology*, 27:227-256.
- Tlou, S. D. McElmurry, B. J. & Norr, K. F. (1996). AIDS awareness and knowledge among Botswana women: Implications for prevention programs. *Health Care for Women International*, 17, 133-148.
- Trafford, V., & Leshem, S. (2008). *Stepping Stones to Achieving your Doctorate: by Focusing on Your Viva from the Start*. Maidenhead: Open University Press.
- Tuyizera, A. P. (2007). *Gender and Development: The role of Religion and Culture*. Makerere University, Uganda: Fountain Publishers.

UNAIDS (2000) HIV and AIDS-related stigmatisation, discrimination and denial: forms, contexts and determinants. Research studies from Uganda and India. Geneva

UNAIDS (2003) Young people: Partners in HIV/AIDS prevention. New York: UNAIDS.

UNAIDS (2008). Report on the global AIDS epidemic. From<http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/> Accessed February 24, 2009.

UNAIDS (2003). *Young People: Partners in HIV/AIDS Prevention*. New York: UNAIDS.

UNAIDS. (2004). *Global report on the AIDS epidemic*. Geneva: UNAIDS.

UNAIDS (2008). Report on the Global AIDS Epidemic: Annex: 2: Country Progress Indicators.

UNAIDS. (2011). UNAIDS terminology guidelines (revised version). from http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/JC2118_terminology-guidelines_en.pdf Retrieved 27 April 2012.

UNAIDS. (2015). *2030 Ending the AIDS epidemic _Fact Sheet– Global Statistics*. Geneva: UNAIDS.

UNAIDS/ WHO. (2004, June). UNAIDS/WHO Policy Statements on HIV Testings. Geneva:

UNAIDS/WHO., from http://www.who.int/rpc/research_ethics/hivtestingpolicy_en_pdf.pdf Retrieved 30 November, 2013

UNESCO. (2000). *Achieving Universal Primary Education by 2015: A Chance for Every Child*. World Bank: World Bank Publication.

UNESCO. (2000). *Women as Educators, and Women's Education in E-9 Countries*. Paris: UNESCO.

UNESCO. (2002). *EFA Global Monitoring Report*. New York: UNESCO.

- UNESCO. (2004). *Gender and Education for ALL the Leap to Equality*. (EFA Global Monitoring Report). Paris: UNESCO.
- UNESCO. (2005). *Education for All and New Development Compact. Education for Social Justice*. London: UNESCO.
- UNFPA. (2010). *Rapid Assessment on Sexual and Gender Based Violence and Food Insecurity*.
- UNFPA. (2010). *Rapid Assessment on Sexual and Gender-based Violence and Food Insecurity in Lesotho*. Maseru. Lesotho. Government Printing.
- UNICEF. (2010a). *Children as Advocates: Strengthening Child and Young People's Participation in Advocacy Fora*. New York: UNICEF.
- UNICEF. (2013a). *Towards an AIDS-free Generation – Children and AIDS: Sixth Stocktaking Report*. New York: UNICEF.
- UNICEF. (2014). *Every child counts: revealing disparities, advancing children's rights*. from <http://www.unicef.org/sowc2014/numbers/>
- UNICEF/UNAIDS/USAID. (2004). *Children on the Brink 2004: A Joint Report of New Orphan Estimates and a Framework for Action*. New York, UNICEF United Nations Agenda -25 September 2015. Retrieved 7 April 2014. University of London, United Kingdom. University Press.
- Unterhalter, E. North, A., Arnot, M., Lloyd, C, Moletsane, L., Murphy-Graham, E and Parkes J, Saito, M (2014) *Interventions to enhance girls' education and gender equality. Education Rigorous Literature Review*.

- Uwah, C. & Wright, S. (2011). Socio-Cultural identities, perceptions of sexuality/Sexual behaviour and cultural context as determinants of HIV and AIDS prevalence in Southern Africa. *World Journal of AIDS*, 2: 17-23
- Valdez, P. (2004). *The Changing Role of Public Higher Education in Service to the Public Good*. London: Oxfam.
- Valdiserri O. R. (2000) HIV/AIDS Stigma: An impediment to public health. *American Journal of Public Health*. 92(3):341–342.
- Van Staden, A. (2009) Reviewing gender and cultural factors associated with HIV/AIDS among university students in the South African context. University of the Free State, Bloemfontein.
- Van Vollenhoven, W. J. & Els, C. J. (2010). Do South African HIV/AIDS educational Policies and praxis promote best interest of learners? from <http://www.researchgate.net/publication/257757849> Retrieved November 11, 2012.
- Vinod, M., Agrawal, P., Alva, S., Gu, Y. & Shanxiao, Wang, S. (2009). Changes in HIV-related knowledge and behaviours in Sub-Sahara Africa. DHS Comparative Reports Calverton, Maryland. USA: ICF Macro.
- Visconti, L. M. (2010). Ethnographic Case Study (ECS): Abductive Modelling of Ethnography and Improving the Relevance in Business Marketing Research. *Industrial Marketing Management*, 39 (2010), 25-39.
- Lesotho Ministry of Finance and Development Planning (2004). *Vision 2020*. Lesotho Ministry of Finance and Development Planning. Maseru. Lesotho. Government Printing.

- Walcott, C. M. Chenneville, T. & Tarquini, S. (2011). Relationship between recall of sex education and college students' sexual attitudes and behaviour. *Psychology in the Schools*, 48(8): 828-842).
- Walsh, S., Mitchell, C. & Smith, A. (2002). The Soft Cover Project: Youth participation in HIV/Aids intervention. *Agenda* 53: 106–11.
- WHO, (1999). report-making a difference. Geneva: WHO
- WHO. (2003). *Treating 3 Million People by 2005*. Geneva: WHO
- WHO/UNAIDS/UNICEF. (2011). Global HIV and AIDS Response: Epidemic Update and health sector progress towards Universal Access 2011
- Williams, B. G., Gouws, E., Somse, P., Mmelesi, M. & Lwamba, C. (2015). Epidemiological Trends for HIV in Southern Africa: Implications for Reaching the Elimination Targets. *HIV/AIDS Rep*, 12: 196-206.
- Wolcott, H. F. (1994). *Transforming Qualitative Data: Description, Analysis, and Interpretation*. Thousands Oaks, CA: Sage.
- Wolcott, H. F. (1994). *Transforming Qualitative Data: Description, Analysis, and Interpretation*. Thousands Oaks, CA: Sage.
- Wood, L. and Goba, L. (2011). Care and support of orphaned and vulnerable children at school: helping teachers to respond. *South African Journal of Education*. 31, 275-290.
- Wood, L. (2008). *Dealing with HIV and AIDS in the Classroom*. Cape Town: Juta Publishing

- Wood, L. (2012). How youth picture gender injustice: building skills for HIV prevention through a participatory, arts-based approach. *South African Journal of Education*, 32(4): 349.
- Wood, L., De Lange, N., & Mkumbo, K. (2013). Drawing AIDS: Tanzanian teachers picture the pandemic. Implications for re-curriculation of teacher education programmes. *Perspectives in Education*, 31(2): 1-13.
- Wood, L., Ntaote, G. M. & Theron, L. (2012). Supporting Lesotho teachers to develop resilience in the face of the HIV and AIDS. *Teach Teacher Education*, 28(3): 428-439.
- Woods, M.A. (2012). HIV-infected adolescents face multiple levels of stigma. *HIV Clinician*, 24 (2), 7-10.
- Woolner, P., McCarter, S., Wall, K. & Higgins, S. (2012). Changed learning through changed space: when can participatory approach to learning environment challenge misconceptions and alter practice? *Improving Schools*, 15(1), 45-60.
- World Bank and International Monetary Fund (IMF). (2013). Global monitoring report 2013. Rural-urban dynamics and the Millennium Development Goals., from http://siteresources.worldbank.org/INTPROSPECTS/Resources/3349341327948020811/8401693-1355753354515/8980448-1366123749799/GMR_2013_Full_Report.pdf Retrieved 12 March 2014.
- Worth, D. (1989) Sexual decision making and AIDS: why condom promotion among vulnerable women is likely to fail. *Stud Fam Plann*, 20(6): 297–307 York, NY:
- Yates, S. J. (2004). *Doing Social Science Research*. London: Sage.

- Zaid, Y. A., & Popoola, S. (2010). Quality of life among rural Nigerian women: the role of information. from <http://digitalcommons.unl.edu/libphilprac/513>. 14 Retrieved February 2013.
- Zamudio-Haas, S., Mudekunye-Mahaka, I., Lambdin, B. H. & Dunbar, M. S. (2012). If, When and How to Tell: A qualitative study of HIV disclosure among young women in Zimbabwe. *Journal of Reproductive Health*, 20(39):18-26.
- Zerbe, A. (2015). Acceptability and Uptake of Home-Based HIV Self-Testing in Lesotho: poster presentation. Maseru. NAC.
- Zhang, L. L. X. and Shah, I. L. (2007) where do Chinese adolescents obtain knowledge of ex? Implications for sex education in China. *Health education*. 107(4): 351-363.
- Zhao, G., Zhao, Q., Li, X., Fang, X., Zhao, J. & Zhang, L. (2010). Family-based care and psychological problems of AIDS orphans: does it matter who was the care-giver? *Psychological Health Medicine*, 15(3), 326-335.
- Zierler, S. & Krieger, N. 1997. Reframing women's risk: social inequalities and HIV infection. *Annual Review, Public Health*, 18: 401-436.

APPENDICES

APPENDIX A

PERMISSION TO CONDUCT RESEARCH
MAFETENG DISTRICT EDUCATION OFFICE

Dear District Education Officer,

I am Aletta 'Matopollo Monyake. I am studying with the University of KwaZulu-Natal Durban in South Africa. My address is: P.O. Box 17, Mafeteng 900 and my cell phone number is 58914834.

I humbly request your permission to conduct my PhD research at Lilomo High School, which falls under your region. The title of my research project is: **HIV and AIDS Education: and meaning making among young people in Lesotho.**

The aims of my project are to investigate the meaning that the learners attach to HIV and AIDS education and HIV and AIDS interventions, the factors which inform such meaning and the implications of such meaning on HIV and AIDS education and on the lives of the young people.

The young people and their teachers will be involved in three focus group interviews that will last about one hour each for about six months from January to June 2013. The research study will also involve looking at some of the teaching/learning materials used by HIV and AIDS educators.

I will endeavour to meet the participants in places where they will not have to incur expenses solely because of their involvement in the study. Where it is not possible to do so, I undertake to reimburse the participants all financial expenses incurred to meet the requirements of the study.

Throughout the research process I will take written field notes and, with the permission of the participants, all interviews and discussions will be audio tape-recorded and transcribed for analysis in the thesis. Once the project is finalized, the findings will be made accessible to you and the

participants. The interview transcripts and field notes will be kept at the University of Kwazulu-Natal with my supervisors for a period of five years. After that they will be disposed of.

I will ensure confidentiality and anonymity of the participants by using codes and pseudonyms in the field notes and the final report (thesis). Participation in the study is voluntary. This means that students and staff who decide not to participate are free to do so and those who participate can also choose to withdraw at any time during the course of the study without fear of penalty. There is no possibility of discomfort or any possible danger involved in participating in the study. However, it is possible that discussing issues related to HIV and AIDS may make some participants uncomfortable and maybe even distressed. I will inform the participants that they are at liberty not to answer the questions that they regard as negative or to stop the interview should they so wish, without fear of penalty. There will be no material benefits for the participants.

For more information about myself and the research project that I wish to undertake, you may contact my supervisors **Professor R. Moletsane and Doctor P. Morojele** who are based at the:

University of KwaZulu-Natal at the following address:

Faculty of Education

University of KwaZulu-Natal,

Edgewood Campus

Private Bag X03

Ashwood

3605

Tel (0027) 31 260 1024

Fax (0027) 31 260 7594

emails: moletsaner@ukzn.ac.za. Morojelep@ukzn.ac.za.

DECLARATION

I..... **(full names of District Officer)** hereby confirm that I understand the contents of this document and the nature of the research project, and I give permission for the school to participate in the research project. I understand that teachers and learners are at liberty to withdraw from the project at any time, should they so desire.

SIGNATURE OF EDUCATION OFFICER

.....

DATE

.....

APPENDIX B

PERMISSION TO CONDUCT RESEARCH

SCHOOL PRINCIPAL

Dear Principal,

I am Aletta Matopollo Monyake. I am studying for a PhD with the University of KwaZulu-Natal, Durban, in South Africa. My address is: P.O. Box 17, Mafeteng 900 and my cell phone number is 58914834.

I humbly request for your permission to collect information for the research study from your school. The title of my research project is: **HIV and AIDS Education and meaning-making among young people in Lesotho.**

The aim of the project is to investigate the meaning that young people attach to HIV and AIDS education and HIV and AIDS interventions, the factors which inform such meaning and the implications that such meaning have on the success of HIV and AIDS education and on the lives of young people.

The students and teachers will be involved in three individual focus group interviews and focus group discussions that will last about one hour each for about six months from January to June 2013. The research study will also involve looking at some of the teaching/learning materials used by teachers.

I will endeavour to meet participants in places where they will not have to incur expenses solely because of their involvement in the study. Where it is not possible to do so, I undertake to reimburse the participants all financial expenses incurred to meet the requirements of the study.

Throughout the research process I will take written field notes and, with the permission of the participants, all interviews and discussions will be audio tape-recorded. The recordings will be transcribed for analysis. Once the project is finalized, the findings will be made accessible to you and the participants. The interview transcripts and field notes will be kept at the University of Kwazulu-Natal with my supervisors for a period of five years. After that they will be disposed of.

I will ensure confidentiality and anonymity of the participants by using pseudonyms in the field notes and the final report (thesis). Participation in the study is voluntary. This means that teachers and students who decide not to participate are free to do so and those who participate can also choose to withdraw at any time during the course of the study without fear of penalty. There is no possibility of discomfort or any possible danger that would be involved in my research study. However, it is possible that discussing issues related to HIV and AIDS may make some participants uncomfortable and maybe even distressed. I will make sure to inform them that they are at liberty not to answer the questions that they regard as negative. They may even choose to stop the interview should they so wish without fear of penalty. There will be no material benefits for the participants.

For more information about myself and the research project you may contact my supervisors

Professor R. Moletsane and Dr P. Morojele who are based at the:

University of KwaZulu-Natal at the following address:

Faculty of Education

University of KwaZulu-Natal,

Edgewood Campus

Private Bag X03

Ashwood

3605

Tel (0027) 31 260 3023

Fax (0027) 31 260 7594

emails: moletsaner@ukzn.ac.za, Morojelep@ukzn.ac.za.

DECLARATION

I..... **(full names of Principal)** hereby confirm that I understand the contents of this document and the nature of the research project, and I give permission for my school to participate in the research project. I understand that teachers and learners are at liberty to withdraw from the project at any time, should they so desire.

SIGNATURE OF SCHOOL PRINCIPAL

.....

DATE

.....

APPENDIX C

INFORMED CONSENT YOUTH/STUDENTS

Dear Youth/Student,

My name is Aletta 'Matopollo Monyake. I am studying with the University of KwaZulu- Natal, Durban, in South Africa. My address is: P.O. Box 17, Mafeteng 900 and my cell phone number is 58914834.

I humbly request for your consent to participate in my PhD research to be conducted in your school. The title of my research project is: **HIV and AIDS education and meaning-making among young people in Lesotho schools.**

The aims of my project are to investigate the meaning that young people attach to HIV and AIDS education and HIV and AIDS interventions, the factors which inform such meaning and the implications that such meaning have on the lives of young people

If you agree to participate, you will be involved in three individual and focus group interviews that will last about one hour each for about six months from January to June 2013. The research will also involve looking at some of the teaching/learning materials that your teachers/counsellors have used in the HIV and AIDS classes/lessons.

I will endeavour to meet with you in places where you will not have to incur expenses solely because of your involvement in the study. Where it is not possible to do so, I undertake to reimburse you the financial expenses incurred to meet the requirements of the study.

Throughout the research process I will take written field notes and, with your permission, all interviews and discussions will be audio tape-recorded and later transcribed for analysis in the thesis.

Once the project is finalized, the findings will be made accessible to you. These interview transcripts and field notes will be kept at the University of Kwazulu-Natal with my supervisors for a period of five years. After that they will be disposed of.

I will ensure confidentiality and your anonymity by using pseudonyms (not your real names) in the field notes and in the final report (thesis). Participation in the study is voluntary. This means that if you decide not to participate you are free to do so and you can also choose to withdraw your participation at any time during the course of the study without fear of penalty. There is no possibility of discomfort or any danger in which you may be involved through this research. However, it is possible that discussing issues related to HIV and AIDS may make you uncomfortable and may even distress you. If this happens, you are at liberty not to answer the questions that you regard as negative or to stop the interview altogether should you so wish, without fear of penalty. Please also note that there will be no material benefits for you in participating in the study. You will only be reimbursed for the funds that you spend to participate.

For more information about myself and the research project that I request you to participate in, you may contact my supervisors Professor R. Moletsane and Dr P. Morojele who are based at the University of KwaZulu-Natal at the following address:

Faculty of Education

University of KwaZulu-Natal,

Edgewood Campus

Private Bag X03

Ashwood

3605

Tel (0027) 31 260 1024

Fax (0027) 31 260 7594

emails: moletsaner@ukzn.ac.za. morojelep@ukzn.ac.za.

DECLARATION

I..... (full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participate in the research project. I understand that I am at liberty to withdraw from the project at any time, should I so desire.

SIGNATURE OF PARTICIPANT

.....

DATE

.....

APPENDIX C
INFORMED CONSENT
YOUTH/STUDENTS
Sesotho Translation

Lumela Mocha/ Moithuti

Lebitso laka ke **Aletta 'Matopollo Monyake**. Ke moithuti Unifesething ea KwaZulu-Natal, Durban, South Africa. Aterese ea ka ke: P.O. Box 17, Mafeteng 900, phono ea ka ke 58914834.

Ka boikokobetso ke kopa hore o nke karolo lipatlisiso tsa ka tsa lithuto tsa bongaka ba thuto tseo ke li etsang sekolong/ setsing sa tlhokomelo ea bacha sa heno. Sehlooho sa lipatlisiso tsa ka ke: **Patlisiso ea moelelo oo bacha ba Basotho ba o fang thuto ka Koatsi ea bosolla hlapi (HIV and AIDS education) eo ba e fumanang litsing tsa thuto.**

Sepheo sa lipatlisiso tsena ke ho fumana hore na thuto ka koatsi ea bosolla hlapi e fetisetsa moelelo o fe ho bacha, hore na se susumetsang moelelo oo ke eng le hore na moelolo oo o thusa ho tlisa kapa ho sitisa phetoho ea boitsoaro joang.

U tla nka karolo nako e ka etsang hora makhetlo a mararo khoeling tse tseletseng tsa lipatlisiso tsena ho tloha ka Pherekhong 2013. Ke tla kopana le uena sebakeng se sa tlo u kenya litsenyehelong tsa letho. Moo maemo a tlamang hore u palame koloi kapa u kene litsenyehelong tse itseng, ke tla u buseletsa chelete ea litsenyehelo tseo.

Nakong ea lipotso ke tla nne ke ngola-ngole litaba tseo le ho li theipa ka tumello ea hao. Ha liphuputso tsena li fihlile pheletsong ke tla u fumantsa sephetho sa tsona. Lingoloe le tsohle tse theipiloeng li tla bolokoa Unifesiting ea KwaZulu-Natal, ho batataisi ba ka nako e etsang lilemo tse hlano; ka mora' moo li tla senngoa.

Ke tla boloka lekunutu la bohle ba nkileng karolo ka ho sebelisa mabitso a maiqapelo a batho le litsi tseo ba leng ho tsona ho tloha qalong ho fihlela ha lipatlisiso li se li felile. Bohle ba tla nka karolo ka

boikhethelo mme ha ho kotsi ea letho ha motho a sa amohele ho nka karolo; motho ka mong o bolokolohing ba ho ikhula ho nkeng karolo le ha e-ba a sea qalile ho nka karolo liphuputsong tsena mme ha ho kotsi ea letho e ka mo hlahelang ka lebaka la ho ikhula hoo. Le teng ha ho kotsi ea letho e ka bakoang ke ho nka karolo. Le ha ho le joalo mohlomong ho ka ba boima ho ba bang ho buoa ka HIV le AIDS. Ke hopotsa motho ea joalo hore o bolokolohing ba ho se arabe lipotso tseo a utloang eka li mo utloisa bohloko le hore aka emisa ho nka karolo ho hang a sa tsohe letho. Ela hloko hore ha ho na letho leo motho ea nkang karolo liphuputsong tsena a le le lefuoa.

Bakeng sa ho tseba haholoanyane ho feta mona ka liphuputso tsena o ka buoa le batataisi ba ka e leng **Moprofessara R. Moletsane le ngaka P. Morojele** ba fumanehang Unifisithing ea KwaZulu- Natal atereseng e latelang:

Faculty of Education
University of KwaZulu-Natal,
Edgewood Campus
Private Bag X03
Ashwood
3605
Tel (0027) 31 260 1024
Fax (0027) 31 260 7594
emails: moletsaner@ukzn.ac.za, morojelep@ukzn.ac.za.

PHATLALATSO EA BOITLAMO

‘Na..... (mabitso a mocha/ moithuti) ke tiisa hore ke utloisisa litaba tse ngotsoeng mona, le sepopeho sa liphuputso tsena, me ke lumela ho nka karolo ho eona. Kea tloisisa hore ke bolokolohing ba ho itokolla ho tsona neng kapa neng ha ke rata ho etsa joalo.

MOSAENO OA MOITHUTI/ MOCHA
LETSATSI

APPENDIX D
INFORMED CONSENT DOCUMENT
PARENTS/GUARDIANS

Dear Parent/Guardian,

My name is **Aletta Matopollo Monyake**. I am studying with the University of KwaZulu-Natal Durban in South Africa. My address is: P.O. Box 17, Mafeteng 900 and my cell phone number is 58914834.

I humbly request for your consent for your child to participate in my PhD research to be conducted in his/her school. The title of my research project is: **HIV and AIDS education and meaning-making among young people in Lesotho schools**.

The aims of my project are to investigate the meaning that young people attach to HIV and AIDS education and to HIV and AIDS interventions, to the factors which inform such meaning and the implications of that meaning on the lives of young people.

Your child will be involved in three individual focus group interviews that will last about one hour each for about six months from January to June 2013. The research study will also involve looking at some of the teaching/learning materials used by teachers in the school.

I will endeavour to meet participants in places where your child will not have to incur expenses solely because of their involvement in the study. Where it is not possible to do so, I undertake to reimburse the participants for all the financial expenses incurred to meet the requirements of the study.

Throughout the research process I will take written field notes and, with the permission of the participants, all interviews and discussions will be audio tape-recorded and then transcribed for analysis. Once the project is finalized, the findings will be made accessible to you and to the participants. The interview transcripts and field notes will be kept at the University of Kwazulu-Natal with my supervisors for a period of five years. After that they will be disposed of.

I will ensure confidentiality and anonymity of the participants by using pseudonyms (not the real names of your child) in the field notes and the final report (thesis). Participation in the study is voluntary. This means that you or your child may decide not to participate. If your child participates, you may choose to withdraw your child or your child may choose to withdraw from the study at any time during its course without fear of penalty. There is no possibility of discomfort or any possible danger that I think would be involved in this research study. However, it is possible that discussing issues related to HIV and AIDS may make your child uncomfortable and may be even distressed. If this happens, I assure you that he/she will be at liberty not to answer the questions that he/she regards as negative or to stop the interview without any fear of penalty. Please note that there will be no material benefits for your child for participating in the study.

For more information about myself and the research project that I wish to undertake you may contact my supervisors **Professor R. Moletsane and Dr P. Morojele** who are based at the:

University of KwaZulu-Natal at the following address:

Faculty of Education

University of KwaZulu-Natal,

Edgewood Campus

Private Bag X03

Ashwood

3605

Tel (0027) 31 260 3023

Fax (0027) 31 260 7594

emails: moletsaner@ukzn.ac.za. Morojelep@ukzn.ac.za.

DECLARATION

I..... **(full names of parent/guardian)**

hereby confirm that I understand the contents of this document and the nature of the research project.

I give consent for my child to participate in the research project. I understand that I am at liberty to withdraw my child from the project at any time, should I so desire and that my child is also at liberty to withdraw from it without any penalty.

SIGNATURE OF PARTICIPANT

DATE

APPENDIX D
INFORMED CONSENT
PARENTS/ GUARDIANS
Sesotho Translation

Lumela Mme/ Ntate,

Lebitso laka ke **Aletta 'Matopollo Monyake**. Ke moithuti Unifesething ea KwaZulu-Natal Durban ho la Afrika. Aterese ea ka ke: P.O. Box 17, Mafeteng 320, phono ea ka ke 58914834.

Ka boikokobetso ke kopa hore ngoana oa hao a nke karolo lipatlisisong tsa ka tsa lithuto tsa bongaka ba thuto tseo ke li etsetsang sekololong sa hae/ setsing sa bacha. Sehlooho sa lipatlisiso tsa ka ke: **Patlisiso ea moelelo oo bacha ba Basotho ba o fumanang ka thuto ea (HIV and AIDS education) eo ba e rutoang litsing tsa thuto.**

Sepheo sa liphuputso tsena ke ho batlisisa moelelo oo barupeli le bana ba o fumanang thutong eo ba fuoang ka HIV and AIDS, se susumetsang moelelo oo le hore na moelolo oo o thusa ho tlisa kapa ho sitisa phetoho ea boitsoaro joang.

Ngoana o tla nka karolo nako ea hora makhetlo a mararo khoeling tse tseletseng tsa lipatlisiso tsena ho tloha ka Pherekhong 2013. Ke tla kopana le bana sebakeng se sa tlo ba kenya litsenyehelong tsa letho. Moo maemo a tlamang hore ba palame, ke tla ba buseletsa litsenyehelo tsa bona.

Nakong ea lipotso ke tla nne ke ngola-ngole litaba tseo le ho li theipa ka tumello ea hao. Ha liphuputso li phethahetse ke tla u fumantsa sephetho sa tsona. Lingoloa le tsohle tse theipiloeng li tla bolokoa Unifesiting ea KwaZulu-Natal, ke batataisi ba ka nako e etsang lilemo tse hlano. Ka morao ho moo li tla senngoa.

Ke tla boloka lekunutu la bohle ba nkileng karolo ka ho sebelitsa mabitso a maiqapelo a batho le litsi liphuputsong ha e se e felile. Bohle ba nka karolo ka boikhetlo, ha ho kotsi ea letho ha motho a sa

amohele ho nka karolo. Motho o bolokolohing ba ho ikhula ho nkeng karolo neng kappa neng ho se kotsi ea letho. Hape ha ho kotsi ea letho e ka bakoang ke ho nka karolo. Leha hole joalo, mohlomong ha ho buuo ka HIV and AIDS ho na le ba ka utloang ho le boima. Ke eletsa hore motho ea utloang ho le joalo o bolokolohing ba ho se arabe lipotso tseo a utloang eka li mo utloisa bohloko le hore aka emisa ho nka karolo a sa tsohe letho. Ela hloko hore ha ho patala ea letho ho motho ea nkang karolo liphuputsong tsena a tla e fumana.

Bakeng sa ho tseba haholoanyane ka liphuputso tsena o ka buoa le batataisi ba ka e leng **Moprofessara R. Moletsane le ngaka P. Morojele** ba fumanehang Unifesithing ea KwaZulu- Natal atereseng e latelang:

Faculty of Education

University of KwaZulu-Natal,

Edgewood Campus

Private Bag X03

Ashwood

Tel (0027) 31 260 1024

Fax (0027) 31 260 7594

email: moletsaner@ukzn.ac.za.morojelep@ukzn.ac.za.

PHATLALATSO EA BOITLAMO

‘Na..... (mabitsoa motsoali/moholisi) ke tiisa hore ke utloisisa litaba tse ngotsoeng mona, le sebopeho sa liphuputso tsena, me ke lumela hore ngoana oaka a nke karolo ho tsona. Kea utloisisa hore o bolokolohing ba ho ikhula ho tsona neng kapa neng ha a rata ho etsa joalo.

MOSAENO OA MOTSOALI/MOHOLISI

LETSATSI

APPENDIX E
INFORMED CONSENT DOCUMENTS
TEACHERS

Dear teacher,

My name is **Aletta 'Matopollo Monyake**. I am studying with the University of KwaZulu-Natal Durban in South Africa. My address is: P.O. Box 17, Mafeteng 900 and my cell phone number is 58914834.

I humbly request your consent to participate in my PhD research which is to be conducted in your school.

The title of my research project is: **HIV and AIDS education and meaning-making among young people in Lesotho schools**. The aims of my project are to investigate the meaning that young people attach to HIV and AIDS education and HIV and AIDS interventions, factors which inform such meaning and the implications of such meaning on the lives of young people.

As a participant, you will be involved in three individual and focus group interviews that will last about one hour each for about six months from January to June 2013. The research study will also involve looking at some teaching/learning materials that you have used.

I will endeavour to meet with you in places where you will not have to incur any expenses solely because of your involvement in the study. Where it is not possible to do so, I undertake to reimburse you for all the financial expenses incurred to meet the requirements of the study.

Throughout the research process I will take written field notes and, with your permission, all the interviews and discussions will be audio tape-recorded and transcribed for analysis. Once the project is finalized, the findings will be made accessible to you. The interview transcripts and field notes will be kept at the University of Kwazulu-Natal with my supervisors for a period of five years. After that they will be disposed of.

I will ensure confidentiality and your anonymity by using pseudonyms (not your real names) in the field notes and the final report (thesis). Participation in the study is voluntary. This means that if you decide not to participate you are free to do so and you can also choose to withdraw your participation at any time during the course of the study without fear of penalty. There is no possibility of discomfort or any possible danger that would be involved in my research. However, it is possible that discussing issues related to HIV and AIDS may make you uncomfortable and may be even distressed. You are at liberty not to answer the questions that you regard as negative or to stop the interview altogether, and without fear of penalty should you wish to do so. Please also note that there will be no material benefits for you for participating in the study. You will only be reimbursed for the money that you spend to participate.

For more information about me and the research project that I request you to participate in, you may contact my supervisors **Professor R. Moletsane and Dr P. Morojele** who are based at the University of KwaZulu-Natal at the following address:

Faculty of Education
University of KwaZulu-Natal,
Edgewood Campus
Private Bag X03
Ashwood
3605
Tel (0027) 31 260 1024
Fax (0027) 31 260 7594
emails: moletsaner@ukzn.ac.za. morojelep@ukzn.ac.za.

DECLARATION

I..... **(full names of participant)**
hereby confirm that I understand the contents of this document and the nature of the research project. I consent to participate in the research project. I understand that I am at liberty to withdraw from it at any time, should I so desire.

SIGNATURE OF PARTICIPANT

DATE:

APPENDIX F

TEACHERS, HIV AND AIDS EDUCATORS QUESTIONNAIRE

Preamble

Thank you for agreeing to participate in this study. As I indicated earlier, the purpose of this study is to explore the nature of the content and discourses underpinning the formal curriculum of HIV and AIDS intervention programmes, examining the meaning that young adults make of these programmes and the factors informing the meaning that they make. The study will further explore the implications of this meaning for curriculum development.

This questionnaire is aimed at soliciting your views regarding your teaching in the HIV and AIDS programme (what you teach, what methods you use and how well you think the programme is working, giving the reasons for your opinion). In addition, we are going to discuss the meaning young people attach to HIV and AIDS education programme provided in your school the factors that inform such meaning, including the content of the interventions/curricula that you have implemented in your programme. We will also discuss the implications of this meaning for curriculum development and on young people's lives in particular. You will be requested to recommend what you think should be done in order to bring about appropriate or relevant content that is tailored to meet the needs of the local young people. Kindly respond to each question as fully as possible

Personal/ Background information

1. AGE GROUP:

- a) 21-25()
- b) 26-30()
- c) 31-36()
- d) 37-40()
- e) 41-45()

f) 46 and above ()

2. SEX:

a) Female ()

b) Male ()

3. EDUCATIONAL LEVEL:

a. High school ()

b. Tertiary education:

Diploma: ()

Bachelor's Degree: ()

Honours degree: ()

Master's degree: ()

4. POSITION:

a) School Teacher: ()

b) Youth Corner staff member: ()

c) Youth Corner volunteer: ()

d) Peer educator: ()

YOUR ROLE:

a) Life skills teacher ()

b) Expert patient ()

c) Community lay counsellor ()

d) Professional counsellor ()

Other: Explain.....

5. YOUR HIV and AIDS TRAINING

a) Did you receive any training in HIV and AIDS education?

Yes ()

No ()

b) How long was the training?

c) What was the content of your training? What were you taught (in terms of skills, concepts, etc.)?

6) YOUR HIV and AIDS TEACHING

a) At what level/class do you teach in your school? what is the age group of your learners?

b) What curriculum and materials do you follow/use in your teaching?

c) What teaching methods do you mostly use?

d) How effective do you regard your teaching in this area? What are the reasons for your success or lack of it?

APPENDIX G

PARTICIPATORY WORKSHOPS (for learners/youths)

I would like to thank you again for agreeing to participate in my study. This workshop is a follow-up to the interview that we had on ... **(DATE)**. Firstly, I will ask you to draw a picture on your own and then to discuss it with your group members. Second, I will request you to role-play several scenarios focusing on HIV and AIDS and then discuss how you would respond to each scenario as an individual and together with your peers. The purpose of these workshops is for you to tell me, through these activities how you understand HIV and AIDS and why you have such views.

SESSSION 1: DRAWING WORKSHOP

(DRAWINGS WILL BE COLLECTED AND DISCUSSIONS TAPE RECORDED)

Drawing Activity:

Draw a picture of a lesson on HIV and AIDS (in a typical classroom where a teacher is teaching about HIV and AIDS to a group of learners like yourself).

In your Groups:

1. Describe and explain to your group members the content being taught in the lesson on your drawing.
2. What are the feelings of the learners about the content being taught?
3. What are their responses to the lesson?
4. How relevant is the content to the learners in this class?
5. What aspects of the lesson are working well? What aspects are not working? Why are they not working?

APPENDIX G

SESSION 2: ROLE PLAY

You are expected to divide yourselves into small groups of three. Pick a scenario from the box. Choose a character/role that you want to play. Role-play the scenario as a group. Try to think, behave and respond in the manner of the person in the role play. After the role play, each group will go back to the big group to present and address a set of questions that I have for you.

Scenario one:

Sephali is in the same class (Form A) with his friend, Lerapo. From their morning lessons they were taught about the importance of abstinence from sex during adolescence. At break time they sat down to have some snacks, Sephali stated the importance of abstinence as a proper strategy that they can adopt in order to prevent HIV infection. His friend shows some reluctance and suggests other ways of staying negative.

Scenario two:

A 15-year-old school girl finds out that she is pregnant and is HIV positive. The HIV professional counselor has advised her to inform the father of her child (boyfriend) and to encourage him to take an HIV test.

Scenario three

Lerako is a 16-year-old girl who is in love with an 18-year-old boy whose name is Mokopu. Mokopu tells Lerako that to show that she truly loves him and to strengthen their love they have to engage in sexual intercourse.

Scenario four:

Seruo and Theepe have been childhood friends since time immemorial; they are now in Form C. With a belief that “a friend indeed is a friend in need.” Theepe discloses her HIV-positive status to Seruo.

Scenario five:

Seeta and Kausi have been dating at the University for the past three years of their study. Their relationship has been very stable ever since. They are planning to take their relationship to a higher level by getting married. From their youth corner lessons they know that it is important to take an HIV test.

Scenario six:

A 21-year-old girl has been in a stable relationship which involved sexual intercourse using a condom. She was invited to a party with some friends without her usual boyfriend. After the party and more than usual alcohol intake, she ends up having sex without a condom with one of the boys who was at the party. She does not know this boy very well but suspects that he is sexually active with multiple female partners.

Scenario eight:

A group of boys are sitting near the school toilet. When they see Kepi (a boy) they start laughing, teasing and mocking him that he is not circumcised and that he fears girls (he has no girlfriend and is a virgin). They tell him that he is not welcome to join their group.

Scenario nine:

There has been gossip around Letsoapong village that Tekesi's father came back very sick from the mines and died of AIDS. At school, Tekesis's friends no longer play with her.

Scenario ten

Patsi is 13 years old and she is in Form B. She lives alone in town in a rented room because her village is far away from her school. She proudly tells her friends about her neighbor Selepe, a married taxi driver of about 24 years of age who is her “sugar daddy”.

QUESTIONS FOR DISCUSSION AFTER THE ROLE PLAYS:

1. How did you feel when you were playing your role? About the other people and their roles?
2. Do you think the various characters in the role-play behaved/responded to the situation appropriately? Why/why not?
3. What would you have done differently? Why?
4. Does the HIV and AIDS education programme at your school/youth corner prepare you well for responding to situations like the one depicted in the role play?
5. What needs to change in the lessons to better prepare young people for these situations?

APPENDIX H

SESSION 3: LETTER WRITING

Choose one of the stories below and write a letter to your teacher/principal about the issue.

STORY ONE:

Form B students were taught about prevention of HIV and AIDS in their life skills education lesson. After school a girl named Metsi asks her friends (Lejoe, Mobu, Thupa and Lekhala) how they feel in the life skills education lesson! Hm! It was as if they were waiting for Metsi's question.

Write a letter to the teacher describing what the friends' responses were to Metsi's question.

STORY TWO:

Mrs. Terata is a Form A Life skills education teacher. In her first lesson with the learners she wanted to know how much they know about HIV and AIDS and their understanding, meaning and definition of HIV and AIDS and HIV and AIDS education intervention programmes.

Write her a letter describing your (and some of your friends' responses to her questions).

STORY THREE:

In their classroom after school, a group of HIV and AIDS peer educators were sharing their experiences. Their major concern was the escalating prevalence of HIV infection among the youth. They were also aware that their peers had different forms of meaning of HIV and AIDS regardless of HIV and AIDS education interventions provided to them and that they often ignore the lessons they are taught at school.

Write a letter to the principal/professional counsellor/HIV and AIDS educator describing the problem.

APPENDIX I

FOCUS GROUP INTERVIEW SCHEDULE FOR LEARNERS/YOUTH

You are requested to participate in this interview which will last for about one hour. The purpose of the interview is to solicit your views about the various ways in which you understand (the meaning young people attach to) HIV and AIDS education and HIV and AIDS interventions provided in your school/ youth corner, the reasons for your views and what you think is working and not working in the programmes that you have been exposed to. The interview will also ask you what you think needs to be done in order to bring about appropriate and relevant content tailored to meet your needs and the needs of other young people.

(Remember that you can choose not to answer any of the questions if you feel uncomfortable about doing so or you can stop the interview at any point).

1. What is HIV? What is AIDS?
2. From whom did you first hear about HIV and AIDS?
3. What did you hear? What messages did you hear?
4. How have the first HIV and AIDS messages you heard influenced your understanding, definition and meanings of HIV and AIDS?
5. How has your understanding changed since you first heard of HIV and AIDS?
6. Does your school offer any HIV and AIDS education?
7. What topics/issues are covered in the HIV and AIDS education programme?
8. In your HIV and AIDS education programme, how are you taught? What methods are used? What kind of teaching materials are used?
9. How useful have you found the programme to be? Which of the approaches/methods used by your teachers do you find to be most useful?
10. Based on what you have learned from school about HIV and AIDS, what is your approach to staying HIV negative?

11. What is your view about people who are infected with HIV? Do you think you have these views because of participating in the lessons about HIV and AIDS at your school? Explain

12. Based on your experiences so far, how do you think the current HIV and AIDS education could be changed /improved in order to be more effective in helping the youth like you in the fight against HIV and AIDS?

APPENDIX J
TEACHERS AND HIV AND AIDS EDUCATORS
FOCUS GROUP DISCUSSION

1. What curriculum materials do you use in your HIV and AIDS education class?
2. Who is responsible for developing and designing the teaching materials?
3. Describe a typical training session curriculum unit (school-based teachers). Include the methods of teaching that you use, the teaching materials, your role, the learner's roles, etc.
4. How do the learners respond to your teaching and the HIV and AIDS education that they are exposed to in your classes?
5. What factors (in the school as well as in the community and society) do you think influence the ways in which the learners respond?
6. How effective do you think the HIV and AIDS education programmes are? Explain.
7. What needs to change in order to make them more effective?
8. Other comments to help this research study

APPENDIX K
DOCUMENT ANALYSIS SCHEDULE

1. Curriculum Policy on HIV and AIDS in the education sector

This policy will be analysed to document the nature of content, approaches and issues covered in the document in relation to education intervention programmes geared towards HIV and AIDS epidemic.

Questions/Issues:

1. What content does the policy mandate?
2. What methodologies does the policy suggest to achieve what is to be achieved?
3. Examine how the mission, goals, objectives are stated as they direct and provide the activities, strategies and programmes.
4. Find out whether the idea was sold to the people through collective bargaining so that they gain knowledge and accept it.
5. How were stakeholders involved in its development?
6. How was the policy implemented?
7. Examine the intended approaches for the review of the policy progress.

2. HIV and AIDS Teacher training manual

This section is aimed at documenting the kinds of training and content covered as well as materials and approaches that teachers are encouraged to employ in delivering HIV and AIDS content to the learners at the school:

The questions will focus on:

1. Content provided to HIV and AIDS educators.
2. Strategies, approaches educators are encouraged to use in the teaching and learning process about HIV and AIDS.

3. Learning outcomes and concepts that educators are expected to teach their learners.
4. How educators are encouraged to assess content acquisition.

3. Life Skills Education Teacher's guide

This document will be analysed to document the teaching/learning methods and content that teachers are expected to impart to the youth.

Questions/Issues to be interrogated include:

1. Teaching and learning activities that are suggested for imparting and acquisition of skills and knowledge about HIV and AIDS.
2. Suggested methods of teaching and learning different concepts in HIV and AIDS education.
3. Suggested learning and teaching materials relevant for different concepts to be taught.

4. Life Skills Education Syllabus for Standards 4-7 and Forms A-C

This analysis will document the time allocated for HIV and AIDS education, the content, teaching learning activities, learning outcomes and modes of assessment.

Questions: Issues

1. To find out how often HIV and AIDS education is provided to learners (daily, weekly, monthly and annually).
2. What is taught to different age groups of learners?
3. How is content imparted to different age groups of learners?
4. What are the suggested modes of assessment?

5. Teachers' Resources: Text books and HIV and AIDS teaching/learning materials

To document how words, pictures, methods are used to ensure effective imparting and acquisition of knowledge and skills to fight HIV and AIDS.

Questions: Issues

1. What is the nature of content that is provided to learners?
2. What methods are used in the teaching and learning of such content?
3. What teaching and learning materials are used?
4. To explore the depth and breadth of content.

ADDENDA

ADDENDUM A: Ethical clearance certificate



UNIVERSITY OF
KWAZULU-NATAL
INYUVESI
YAKWAZULU-NATALI

15 February 2012

Mrs Aletta M Monyake 212558018

•School of Education
Pietermaritzburg Campus

Protocol Reference Number: HSS/0063/013D

Project Title: HIV and AIDS education and meaning- Making among the youth in Lesotho schools

Dear Mrs Monyake

Expedited Approval

I wish to inform you that your application has been granted Full Approval through an expedited review process:

Any alteration/s to the approved research protocol i.e. Questionnaire/interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. PLEASE NOTE: Research data should be securely stored in the school/department for a period of 5 years.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

.....
Professor Steven Collings (Chair) /px

cc Supervisor Dr Relebohile Moletsane and Dr Pholoho Morojele,

cc Academic Leader Dr MN Davids, cc School Administrator Ms Bongekile Bhengu.

Professor D Wassenaar (Chair) Biomedical Research Ethics Committee

ADDENDUM B: Turnitin Report

Thesis

ORIGINALITY REPORT

8%

SIMILARITY INDEX

6%

INTERNET SOURCES

4%

PUBLICATIONS

0%

STUDENT PAPERS

PRIMARY SOURCES

1

www.brookings.edu

Internet Source

<1%

2

www.avert.org

Internet Source

<1%

Bhana Deevia, Singh Shakila. "Gender, Sexuality and HIV and AIDS Education in South Africa", Emerald, 2012
Publication

6

"Perspectives on Youth, HIV/AIDS and Indigenous Knowledges", Springer Nature, 2015

Publication

ADDENDUM C: Editor's Letter

The National University of Lesotho

Department of English

Prof. Francina L. Moloji



cell: +2665846013749 (w)

+26622315894 (h)

PO Roma 180

Lesotho

Africa

E-mail: moloifrancina@gmail.com

13 March 2019

Professor Relebohile Moletsane School of
Education
University of KwaZulu -Natal
Durban, South Africa

Re: Editing of Aletta 'Matopollo Monyake's PhD Thesis

I hereby confirm that I have edited Aletta 'Matopollo Monyake's PhD thesis, titled: HIV and AIDS
Education and Meaning-making Among learners in One Rural Secondary

School in Lesotho.

Sincerely,



Francina L. Moloji