UNIVERSITY OF CAPE TOWN

FACULTY OF THE HUMANITIES

Factors Shaping Pre-Service Teacher Identities in a South African HIV/AIDS Context: An Examination of Experience, Knowledge and Perceptions

A minor dissertation submitted in partial fulfillment of the requirements for the Degree of

MASTER OF PHILOSOPHY

in HIV/AIDS and Society

by

ROBYN ARSENEAU

Student number: elmrob001

February 2009

UNIVERSITY OF CAPE TOWN

GRADUATE SCHOOL IN HUMANITIES

DECLARATION FORM -- MASTERS DEGREE CANDIDATES

Title:	Mrs. ***Student No:*** ELMROB001
Name, Surname:	Robyn Arseneau
Postal address: (to which result can be posted)	400 Centre Street Pembroke, Ontario, K8A 1J5 Canada
Telephone No's:	1-613-696-3644 or 1-613-732-9132
Email address:	robynelms@gmail.com or robynarseneau@gmail.com
Dissertation Title:	Factors Shaping Pre-Service Teacher Identities in a South African HIV/AIDS Context: An Examination of Experience, Knowledge and Perceptions

Word count: 30 698 No. of pages 139

DECLARATIONS:

1. **I am presenting this dissertation in FULL/PARTIAL fulfilment of the requirements for my degree.**
2. **I know the meaning of plagiarism and declare that all of the work in the dissertation, save for that which is properly acknowledged, is my own.**
3. **I hereby grant the University of Cape Town free licence to reproduce for the purpose of research either the whole or any portion of the contents in any manner whatsoever of the above dissertation.**

Signature Signed by candidate ***Date:*** 02 - 02 - 2009

IMPORTANT NOTES:

- Candidates for graduation in June and December may expect to receive notification of the outcome of the examination of the dissertation not later than 1st week in June and last week in November, respectively, provided the dissertation was submitted by the due date. Where a dissertation has been submitted well in advance of the due date, earlier notification will be given, if possible. However, the Graduate School in Humanities does not undertake to reach a decision by any specific date.
- Candidates are asked to note that the University will not permit degree/diploma qualifiers to graduate if they have any outstanding fees, fines, interest or dues. **The final date for payment of outstanding amounts is 31 May in the case of qualifiers for June graduation and 31 October in the case of qualifiers for December graduation.**
- Please note that should your examination process run into the following year, you will have to re-register in order to be considered for graduation.

FOR COMPLETION BY FACULTY OFFICE

I acknowledge receipt of three bound and two unbound copies of the Masters dissertation of the above candidate:

Signature ***Date:***

Abstract submitted Yes No

DECLARATION

I hereby declare that this work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

Signature: Signed by candidate Date: February 2017

Abstract

The HIV epidemic in South Africa is among the worst in the world with an estimated 5.7 million people living with HIV in 2007 (UNAIDS, 2008). South Africa's national education system has responded to the epidemic by introducing Life Skills HIV education across primary and secondary-level schools to promote HIV prevention, care and support among school learners. In particular, the Western Cape Education Department (WCED) has recommended that all teachers integrate HIV education across the curriculum. The Norms and Standards for Educators (NSE) policy document states that each pre-service teacher (PST) must meet 'community, citizenship and pastoral' practitioner roles; these roles entail student counselling, awareness and knowledge of issues impacting the community and corresponding support services, and promotion of HIV awareness in the school curriculum. HIV/AIDS education literature indicates that PST responses to teacher roles and responsibilities vary, and are often greatly influenced by the experiences PSTs bring with them into the teacher-training programme. This dissertation aimed to explore factors that shape PST identities in response to their HIV/AIDS teaching roles and responsibilities as outlined by the NSE policy document and the WCED. Research was conducted with a cohort of PSTs who attended the Post Graduate Certificate teacher-training programme at the University of Cape Town in 2007. A combination of qualitative and quantitative methods was used with a sample group of 81 PSTs. In total, 50 PSTs were surveyed and 19 PSTs were involved in 3 focus group discussions and 15 in-depth interviews. Findings from this study indicate that PSTs bring an array of their own experience, knowledge and perceptions to the teacher-training programme which ultimately shape and contribute to the teacher identity they create in responding to HIV/AIDS teaching roles and responsibilities. Based on evidence from the study, this thesis argues that the PST's experience, knowledge and perceptions of HIV/AIDS should be considered when developing teacher-training programmes in order to promote a comprehensive and effective response to HIV through the education sector in South Africa.

Acknowledgement

I would like to express my sincere appreciation and gratitude for those whose support and encouragement made this research possible:

To the PSTs who participated in this study. May this work shed light on your strengths and the challenges ahead of you.

To my supervisor, Jean Baxen, for her time, guidance and direction.

To Chris Kleinsmith, for his friendship and support with numerous aspects of the research component.

To Lynette Alexander, for providing accurate typing in the transcriptions.

To Elizabeth Mills, whose friendship, editorial support and belief in my abilities made this research possible and what it is today.

To Rosalie Richfield, for always being a wonderful and reliable source of information. Your help and support with this work and my degree has been greatly appreciated.

To Mom and Dad, the Whitcombes and VanWinckles, for their kindness and generosity in offering a venue in which to write.

To the University Women's Club of Orangeville, for their financial support.

To the 'A team', 'E team' and Karen McEwen who have kindly and greatly assisted in the editing and polishing process of this work.

To my parents, Nana, grandparents and family, whose constant encouragement and motivation have been the pillars of my strength and have carried me through this process.

To my friends, who have ignored my absence and welcome my return.

And lastly, but most importantly, to the man foolish enough to marry me during the writing of this thesis: I am honoured to have you as my husband as you have believed in me every step of the way and have provided love, encouragement and unrelenting support. Matthew, you are my solstice and rock. I couldn't have come this far without you, Te amo.

This work is dedicated to Grandma Dora who
passed away during the work on this thesis.
She shared a love for education and was an
endless source of encouragement.

This is for you, Grandma.

Abbreviations

The following is a list of abbreviations used in this work:

AIDS – Acquired Immunodeficiency Syndrome

ARV – Antiretrovirals

DoE – Department of Education

DoH – Department of Health

FGD(s) – Focus Group Discussion(s)

HIV – Human Immunodeficiency Virus

HIV/AIDS – implies HIV and / or AIDS

NSE – Norms and Standards for Educators policy document

PGCE – Post Graduate Certificate Programme

PLWH – People living with HIV

PST(s) – Pre-service teacher(s)

STI – Sexually Transmitted Infection

UCT – the University of Cape Town

WCED – Western Cape Education Department

Table of Contents

List of Tables

List of Figures and Charts

Chapter 1: Introduction to the Study

South Africa is home to the largest number of people living with HIV (PLWH) in the world (UNAIDS, 2007). Advances have been made through progressive HIV/AIDS policies[1]; however, many challenges remain for HIV treatment, care and prevention, particularly given that there is no vaccine or cure for the disease. In view of these challenges, education in HIV prevention and care is pivotal in stemming and managing the spread of the epidemic (Boler & Jellema, 2005). In this light, the roles of educators need to exceed that of their traditional teaching responsibilities in order to deliver necessary HIV education (de Lange, Greyling & Leslie, 2005).

Former South African Minister of Education, Kader Asmal, stated that "almost every educator will eventually be teaching some learners who have HIV" (Department of Education (DoE), 2000a: 4). Teachers who are trained to provide HIV education are important, as "pupils often regard their teachers... as most trustworthy and most likely candidates for them to express concerns and ask questions about sex and health" (Chao, Gow, Akintola & Pauly, 2007: 453). However, few studies explore the extent to which teachers are prepared and able to meet their HIV teaching roles. Of the studies that do exist, most focus on the knowledge, attitudes and practices (KAPs) of a group of teachers or students, without looking at the significance of lived experiences or the social and economic circumstances which shape these experiences and consequently their KAPs. By studying a group of middle-class pre-service teachers (PSTs) of primary and secondary levels who have largely been neglected in related research, this study seeks to understand how their experiences, knowledge and perceptions are utilised as resources in shaping their teacher identity in the context of HIV/AIDS. It also suggests that these same resources may be acting as barriers to conveying HIV knowledge, care and support to their students.

The study's focus on the creation of teacher identities *before* the PST enters the education sector as a teacher, and the influences of their 'privileged' racial and class-based

[1] Particularly the 2007 – 2011 HIV/AIDS and STI National Strategic Plan (Department of Health (DoH), 2007a).

experiences on the construction of their teacher identity is novel. The contribution of this study lies in its innovative approach to teacher training: it moves beyond looking at the knowledge PSTs require to equip them in their teaching capacity, to a deeper exploration of how PST training can unearth aspects of their lives that will preclude or encourage them to teach effectively. Therefore, this study identifies the PST as a social actor who is not only shaped by, but also shapes, and contributes to making and transforming the educational field in the context of South Africa's HIV epidemic.

This introductory chapter presents the research rationale and purpose of the study. This is followed with a presentation of the research questions, research context and definitions of the key terms used in this work. The chapter concludes with a summary of the thesis structure and argument.

1.1 Research Rationale

In 2007 the South African Department of Health (DoH) estimated a national prevalence rate of an 18.34% in persons aged 15-49 years old[2]. Compared to global reports, South African youth[3] are disproportionately affected by HIV: although it has "less than 1% of the world's 15-24-year-olds, South Africa accounts for roughly 15% of all HIV infections globally in this age group" (Magnani, MacIntyre, Karim, Brown, & Hutchinson, 2005: 289). High HIV infection rates among South Africa's youth have been of particular concern as there has been no indication of a decrease in infection levels among this age group (UNAIDS, 2007: 12). With the population of children[4] and youth comprising 31% of the total population in South Africa, a large proportion of the most vulnerable members of society are at risk to the epidemic (Ashford, Clifton & Kaneda, 2006).

Of further concern are studies which illustrate early sexual debut among youth[5]; most children and youth become infected when scholars in primary and secondary school

[2] This update was published by the South African DoH in collaboration with UNAIDS, WHO and other groups to ensure improved and viable results through the combination of survey methods (DoH, 2007b).
[3] The UNAIDS definition, 'youth' are persons between 15 and 24 years of age.
[4] Using the UNAIDS definition of a child, 'children' constitute persons under the age of 14.
[5] Within the *2005 South African National HIV Prevalence, HIV Incidence, Behaviour and Communication Survey*, 61.4% of all 15-24 year olds surveyed were sexually active. Of particular concern were the higher rates of sexual experience amongst 12-14 year olds in urban formal areas than any other locality type (Shisana, Rehle, Simbayi, Parker, Zuma, Bhana, Connolly, Jooste, & Pillay, 2005: 52-53).

(Whiteside & Sunter, 2000; Morrell, 2003). Accordingly, school has been reported to be the most appropriate location[6] for supplying HIV prevention education to youth, as interventions delivered at schools can have a "positive educational, social, psychological, cognitive and economic impact" (Cortina, Kahn, Fazel, Hlungwani, Tollman, Bhana, Prothrow-Stith, & Stein, 2007: 2). This also implies that the responsibility for providing this education falls largely on the shoulders of teachers. As teachers will be instructing growing numbers of students who are infected or affected by the disease, the success of HIV education, therefore, lies in the abilities of teachers to recognize the need for this education and to communicate effective messages about the care, treatment, prevention and support of the disease on a regular basis[7] (Stinnett, Cruce & Choate, 2004). However, although HIV programmes and policies have recently been given high priority at the national level[8], on the ground they have not necessarily translated into practice. Various studies have indicated that HIV education is either not addressed on a regular basis or taught at all (Mannah, 2002; Morrell, 2003; James, *et al.*, 2006). Instead it is considered as an 'optional extra' – particularly in middle and upper-class neighbourhood schools where the epidemic is not as visible (Jennings, 2006; Bhana & Epstein, 2007).

Consequently, these findings indicate that middle-class PSTs entering the teaching profession may not have received sufficient HIV education while they were school children. Further, the question arises as to the degree to which PSTs have been influenced by how they were taught HIV education as scholars, as the "experiences that students have as schoolchildren influence the formation of their identity as a teacher-in-training" (Samuel & Stephens, 2000: 477). As such, these same PSTs are now expected and required to teach a topic to which they have had potentially limited exposure.

This literature informed a pilot study investigating how middle-class PSTs from the University of Cape Town (UCT) engaged with issues of HIV and AIDS in the

[6] The increasing universality of education in South Africa makes for high accessibility and attendance of students (World Bank, 2006). In addition, schools offer an established and structured venue which best facilitates the transfer of knowledge to students (James, Reddy, Ruiter, McCauley, & van de Borne, 2006).
[7] This entails not only a focus on HIV prevention, but also to catering to and caring for scholars who are infected and/or affected by the disease.
[8] Such as the 2007-2011 HIV/AIDS and STI National Strategic Plan (DoH, 2007a).

educational field[9] during their teaching practicum. The findings of the pilot phase, conducted with five PSTs placed at different schools across Cape Town, portrayed similar results to the studies discussed above. One pilot study participant stated, "*HIV/AIDS seems to be, especially in school, a bit of a silent issue... I must be teaching at least one kid who knows somebody who's got AIDS, and that in itself is an issue, but it's very silent in this school... I can't think of anyone actually even talking about it before today when you walked in to do this interview.*" This response was noteworthy as the participant had been interviewed near the end of his eleven week teaching practice at both well-resourced and under-resourced secondary schools[10], and had not yet observed nor participated in any discussions on HIV or AIDS in either school context.

Further, throughout the pilot interviews it became apparent that the PSTs were also unaware of their responsibilities to teach HIV/AIDS across the curriculum as advised by the Western Cape Education Department (WCED)[11] in 2002. These preliminary findings iterated the findings from a comprehensive review of related literature in South Africa. Studies reported that educators "have not sufficiently been made aware of the need for more specialized support of learners who are infected or affected by the prevalence of HIV/AIDS... nor are they thoroughly equipped to teach, facilitate the development of and provide support for these learners" (de Lange, *et al.* 2005: 30). Thus, in the related literature there are significant and valid concerns about both the capacity and willingness of existing and newly trained teachers to provide HIV education, care, counselling and support (see Kelly, 2000; Coombe, 2002; Morrell, 2003; Visser, 2004; Milner, 2005; Alexander, 2005). This study was informed by these research imperatives.

1.2 Purpose of This Study

The purpose of this study was to examine how PSTs see themselves fulfilling their roles and responsibilities in providing HIV education as a way of gaining insight into how their

[9] For the purpose of this study, 'educational field' is interpreted in the broad sense as the various physical spaces in which teachers play a role in communicating and creating awareness of HIV and AIDS including the classroom, school and in the wider community (Visser, 2004).

[10] 'Well-resourced' schools refer to private or well-funded schools. 'Under-resourced' schools refer to schools with less resources and often higher student-teacher ratios.

[11] As outlined by the WCED, HIV education is encouraged to be provided by utilising a cross-curricular approach (WCED, 2002).

teacher identity is shaped and influenced by their past experiences, knowledge and perceptions of HIV and AIDS. The focus on PSTs within this study is important as newly-trained teachers are instrumental in bridging the 'policy-practice chasm', and because they have been disposed to integrate new curriculum changes, such as HIV education into their classes (Wilmot, 2004; Paulse, 2005; Alexander, 2005). In an effort to address an under-researched target group, this study selected a sample of mainly white[12] and middle-class PSTs who attended the Post Graduate Certificate in Education (PGCE) teacher-training programme at UCT in 2007. .

1.3 Research Questions

This thesis investigates factors that influence the formation of PST identities in an HIV and AIDS educational context. In particular, this work examines the lived experiences, factual knowledge and perceptions of HIV and AIDS with the view of understanding how these work to frame the construction of teacher identities. Therefore, the central question of this work is:

How do the experiences, knowledge and perceptions of middle-class South African pre-service teachers shape the creation of teacher identities in an HIV/AIDS educational context?

Four operational questions form the basis of exploring the main question in this study:

1. What are the experiences of HIV and AIDS amongst middle-class PSTs?
2. What knowledge of HIV and AIDS does this cohort have and how does this relate to their personal and professional responses?
3. Amongst this cohort, what are the dominant perceptions of HIV and AIDS? How do these perceptions relate to how they view the school contexts in which they will be teaching?
4. How does this cohort see themselves meeting the HIV/AIDS teaching roles and responsibilities expected of them, as mandated by national education policy?

[12] The use of racial identifiers has a long history related to apartheid racial oppression in South Africa. The use of the terms 'white', 'coloured' and 'African' within this study are consistent with post-apartheid government usage (Franchi and Swart, 2003). Beyond the legislative realm, however, "these identities have also remained as social constructs and categories that are deployed in everyday experience" (Hammett, 2008: 341). Further, race is seen as an important epidemiological variable to consider as it embodies socio-economic contexts that influence risk of HIV infection (Shisana, *et al.*, 2005).

1.4 Research Context

HIV prevalence rates vary between and within provinces in South Africa[13], indicating the epidemic is at different stages across the country (Coombe, 2000a; Draper, Pienaar, Parker, & Rehle, 2007). Although the impact of HIV/AIDS is borne unevenly among the South African population, it has affected every corner of the country (Kelly, 2000; Simbayi, Chauveau & Shisana, 2004). In order to contextualise this study, a brief overview of how HIV/AIDS has impacted the Province of the Western Cape and the city of Cape Town most specifically is presented below. This is followed by a description of South Africa's response to the HIV epidemic and the strategies used to promote HIV education through the DoE. This section then reviews the changing educational landscape of South Africa and how the roles of teachers have evolved to meet a variety of new policies and expectations. Specific focus in this area is given to the HIV/AIDS teaching responsibilities as outlined by the WCED and the HIV teaching roles as specified under the Norms and Standards for Educators (NSE), a framework used in the training of new PSTs.

Province of the Western Cape

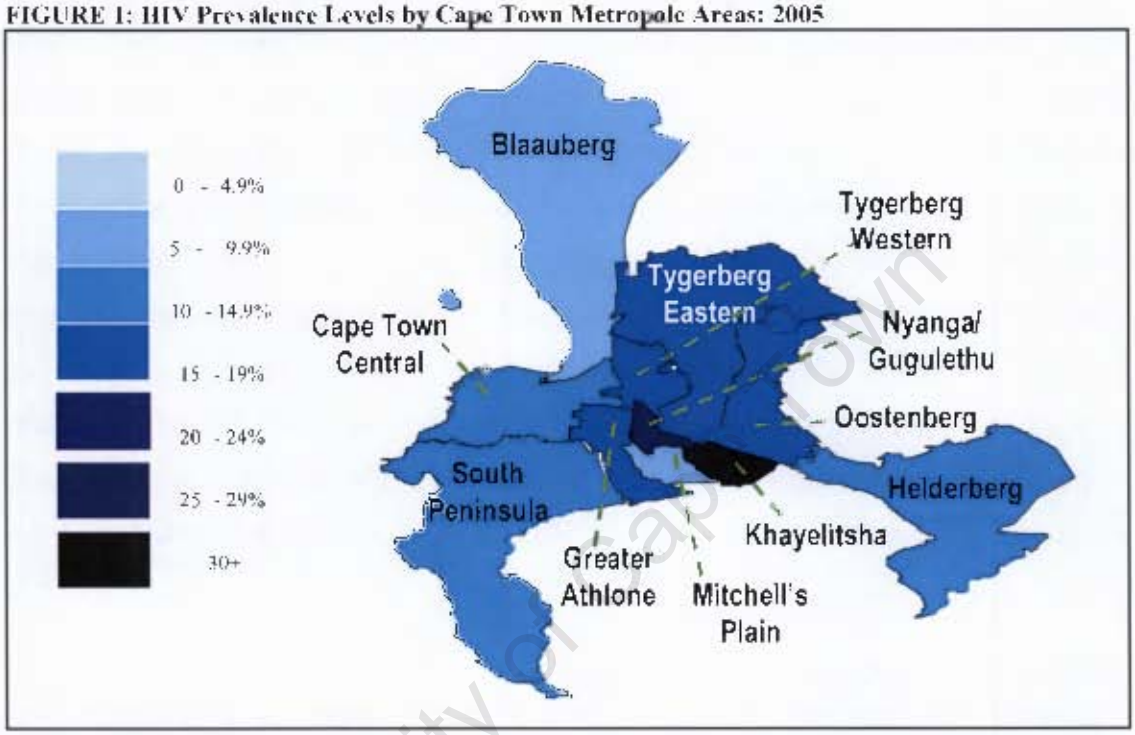
This study takes place in the Province of the Western Cape which has a population of just over 4.8 million people comprising approximately 10% of the total population in South Africa (Statistics South Africa (StatsSA), 2007). The HIV epidemic in the Western Cape reflects the predominantly heterosexual and generalized pandemic in South Africa; however, the 15% HIV prevalence rate for this area has been consistently lower than national and other provincial levels[14] (DoH, 2007b). The epidemic in the Western Cape is "characterized by great unevenness and heterogeneity in HIV prevalence at the district level" (Draper, *et al.*, 2007: 13). The highest prevalence rates in the Western Cape are

[13] It is beyond the scope of this study to review the extensive list of factors that have contributed to the spread of HIV/AIDS in South Africa. However, a brief list considers: the high density of migrant workers; high mobility of the population; large class and income disparities resulting in high levels of poverty; unemployment and income inequality; high levels of other STDs; low status and subordination of women and children; high rates of alcohol abuse, violence and crime, and social norms which encourage high numbers of sexual partners (Coombe, 2000a&b; Mannah, 2002; UNAIDS, 2005; Jennings, 2006).

[14] Although lower, it should not, however, minimize that an estimated 220,000 people were living with HIV in the province in 2006 of which over 12,200 were youth (Dorrington, Johnson, Bradshaw & Daniel, 2006; Draper, *et al.*, 2007). In addition, since 2001 the Western Cape provincial Antenatal HIV Survey has shown an annual increase of 11-12% in HIV infections (Shaikh & Smith, 2006; Draper, *et al.*, 2007).

observed in the metropole areas of the city of Cape Town, as illustrated in Figure 1 below. These areas have mixed racial[15] and class populations of over 2.9 million people (StatsSA, 2007).

FIGURE 1: HIV Prevalence Levels by Cape Town Metropole Areas: 2005



Source: Adapted from the 2005 HIV Antenatal Provincial and Area Surveys: Western Cape (Shaikh & Smith, 2006: 20).

According to Shisana, *et al* (2005)[16], every racial and socioeconomic group is vulnerable to HIV infection. Although prevalence rates are highest among Africans, studies indicate that prevalence rates are growing amongst white and coloured racial groups (Bhana & Epstein 2007). Further, HIV prevalence rates for youth and adults were highest in urban informal settlements, but were also prevalent in urban formal locations[17] (Shisana, *et al.*, 2005). A more recent study concurred with these findings, indicating that 28% of surveyed respondents residing in middle-class urban residential neighbourhoods of Cape

[15] Of the population in Cape Town, 48.1% are Coloured, 31.7% Black, 18.8% White and 1.4% Asian (StatsSA, 2007). For a brief and useful history of race relations in the Western Cape, see Tihanyi (2006).
[16] This study was commissioned by the Nelson Mandela Foundation (NMF) and conducted by the Human Sciences Research Council (HSRC) in collaboration with the Medical Research Council (MRC) and the Centre for AIDS Development Research and Evaluation (CADRE).
[17] National rates of 25.8% and 13.9% respectively.

Town had at least one HIV risk factor[18] (Kalichman, *et al.*, 2006). These studies counteract the assumption that middle-class populations in Cape Town are protected from the disease based on their class or racial status alone. Thus, although the sample selection of PSTs in this study represent a minority racial and class group in South Africa, it can not be assumed that they will not be infected or affected by the disease on either personal or professional levels.

These varying levels of HIV infection rates further reflect the necessity for HIV education to be provided in *all* primary and secondary schools across the Western Cape. Teaching children who are infected or affected by HIV/AIDS is a reality in which PSTs graduating from the PGCE programme at UCT will face in their employment within the province and greater South Africa. However, as discussed later in this thesis, there is considerable variation in the extent to which these PSTs are aware of the impact of HIV and AIDS in both their surrounding communities and the educational field in which they will be working. This section now turns to addressing the educational landscape in the Western Cape and the roles and responsibilities of PSTs concerning HIV education.

Changing Educational Systems and Responses to HIV

Prior to 1994 there were eighteen different education departments, including: provincial departments for whites; a national department for coloureds and Indians; and nine different departments for each of the ethnic groups that comprised the black populations (Msila, 2007). White and black South Africans received education through the Christian National Education system and the Bantu Education system, respectively[19]. The Bantu Education system was "a means of restricting the development of the learner by distorting school knowledge to ensure control over the intellect of the learners and teachers" (Msila, 2007: 149). By implication, this education system functioned as a hegemonic institution which aimed to entrench black inferiority and reinforce white supremacy (Cross, 1999).

[18] Within this study, 'risk factors' were indicators of HIV transmission risks, such as sexual practices and substance use (Kalichman, Simbayi, Kagee, Toefy, Jooste, Cain & Cherry, 2006).

[19] Schools that were under the Christian National Education system are now referred to as 'Ex Model C', 'A' or 'well-resourced' schools. Former Bantu Education system schools are now referred to as 'B' or 'under-resourced' schools.

With the transition to the first democratically elected government in 1994, the new African National Congress (ANC) government aimed to dismantle the fragmented and racially-polarized education system it had inherited. Within five years, a plethora of new policies began to transform the deeply flawed and unequal system of education (Harley, Barasa, Bertram, Mattson, & Pillay, 2000; Wilmot, 2004). During this time, the government also had to respond to the rising threat of the emerging HIV epidemic. Although the national response to HIV/AIDS was inconsistent, a number of key HIV educational programmes were developed across a landscape of school policies and guidelines in the mid-to-late 1990s (Magnani, *et al.*, 2005). These included 'school-based' and 'Peer Education' programmes in addition to increased in-service training of 'guidance'[20] teachers at higher-risk schools (DoE, 2000a). The most influential of these approaches however, came after the suggestion that efforts must be made to concentrate on all youth and not only those who are currently infected or affected by HIV (Coombe, 2000a). Thus, focused education interventions on 'at risk' students moved to embrace a broad and generalized approach to reach all youth at primary and secondary schools across the nation[21] (James-Traore, Finger, Daileader Ruland, & Savariaud, 2004; Berry, 2007).

Subsequently, the mandatory 'Life Skills and HIV/AIDS Education' programme was developed for students in grades 8-12 in 1997 to ensure that all students were exposed to HIV education within the school system. The Life Skills programme was incorporated into the national curriculum with the aim to "increase knowledge, develop skills, promote positive and responsible attitudes and provide motivational supports" (Peltzer, 2003: 350). Between 1997 and 2003 guidance teachers were either retrained or replaced by new Life Skills teachers. Early evaluation of the Life Skills program showed that there had been difficulties in its implementation, as it was found that HIV education was

[20] 'Guidance' teachers are now referred to as 'Life Orientation' or 'Life Skills' teachers – a change which was introduced nationwide by the DoE between 1997 and 2003.

[21] Within literature, increasing evidence has shown the relevance of this approach for the more educated an individual in HIV education, the more likely they are to change their sexual-risk behaviour (Peltzer, 2003; Boler & Jellema, 2005). Further, prevention education for adolescents is increasingly seen to reduce risky sexual behaviours when adolescents become sexually active, as youth with little or no education are said to be 2.2 times more likely to contract HIV as those who have completed the primary level of education (Kelly, 2002; UNAIDS, 2004; Draper, *et al.*, 2007; Pembrey, 2007).

implemented inconsistently and given marginal attention within the overall curriculum (Peltzer, 2003; Boler & Aggleton, 2005; Magnani, *et al.*, 2005; James, *et al.*, 2006). Boler and Aggleton warned that "if the introduction of the life skills curriculum is viewed as a separate process from that adopted for wider curriculum development, there is likely to be less sense of ownership by curriculum developers and teachers" (2005: 7). To ensure implementation, the WCED made the recommendation in 2002 that *all* teachers within the province, regardless of subject area, have a responsibility to provide HIV education "by utilising a cross-curricular approach" (WCED, 2002). Additionally, the WCED declared 'school AIDS week' for all schools across the province during the first week of September of each year – a time for all teachers and students to be active in raising HIV/AIDS awareness (WCED, 2002). Further it is required that each individual school create their own HIV and AIDS policy and to ensure that it is translated into practice. These changes in the national and provincial educational landscape have been instrumental in raising awareness of the importance of HIV education. They have also, however, placed enormous pressure on PSTs, as they will be teaching in schools that are markedly different from the schools they themselves experienced as students (Robinson & McMillian, 2006).

Evolving Roles of Teachers

In South Africa the role of the education system in general, and of teachers in particular, has evolved due to transformations in the political and educational policy environment and also in response to the emerging HIV epidemic (Wilmot, 2004). The responsibility of the teacher in disseminating HIV education is of critical importance for the success of school-based programmes (Peltzer, 2003). The *National Policy on HIV/AIDS for Learners* (DoE, 1999) and the *HIV/AIDS Emergency Guidelines for Educators* (DoE, 2000a) outline the significance of all primary and secondary teachers in providing HIV education. These policies stipulate additional roles for teachers to fulfil including: (a) exemplifying responsible sexual behaviour; (b) leading discussions among learners and parents; (c) creating a work environment that does not discriminate against those who are infected or affected; (d) supporting those who are ill; (e) and thus "making the school a centre of hope and care in the community" (DoE, 2000a: 5). As outlined in these policies,

teachers play a critical role as deliverers of accurate HIV knowledge, as facilitators of behaviour change and as examples of appropriate skills and attitudes (Visser 2004; James-Traore, *et al.*, 2004). In order to meet these evolving policy mandates, it is important that prospective teachers learn appropriate competencies and skills in their teacher-training institutions.

Teacher roles are guided by the NSE, a framework which paints a broad picture of the required roles and competencies that PSTs require when entering the education field (Jansen, 2003). The NSE uses an outcomes-based approach to teacher education and provides detailed descriptions of the seven roles a competent educator must be able to demonstrate and perform (Parker, 2003). It further describes the knowledge, skills, values, and competencies that are necessary to perform each role successfully. The seven roles of a teacher include being: (1) a learning mediator; (2) an interpreter and designer of learning programmes; (3) a leader, an administrator and manager; (4) a scholar, researcher and lifelong learner; (5) an assessor; (6) a community, citizenship and pastoral practitioner role; and (7) a learning area/subject/ discipline/phase specialist role (DoE, 2000b).

Of these seven roles defined by the NSE, one is explicitly concerned with HIV education. The 'community, citizenship and pastoral practitioner role' is described as follows:

> The educator will practice and promote a critical, committed and ethical attitude towards developing a sense of respect and responsibility towards others. The educator will uphold the constitution and promote democratic values and practise in schools and society. Within the school, the educator will demonstrate an ability to develop a supportive and empowering environment for the learner and respond to the educational and other needs of learners and fellow educators. Furthermore the educator will develop supportive relations with parents and other key persons and organizations based on a critical understanding of community and environmental development issues. One critical dimension of this role is HIV/AIDS education (DoE, 2000b: 14).

As part of the pastoral role, educators are encouraged to support learners "through facilitating nutrition programmes, collection and distribution of clothing, referring them to other sources of help, providing love and attention and counselling" (de Lange, *et al.*, 2005: 46). The NSE policy document provides a holistic view of an effective educator as someone who possesses practical, foundational and reflexive competencies, and who is

able to play a variety of these roles simultaneously. Within the competencies for the community, citizenship and pastoral roles, PSTs are required to: (1) counsel and/or tutor learners in need of assistance with social or learning problems; (2) know about available support services and how they may be utilised; (3) understand key community problems with particular emphasis on issues of poverty and health; and (4) critically analyse the degree to which the school curriculum promotes HIV awareness (DoE, 2000b: 18-20). According to Harley, *et al.*, (2000: 292) "an educator in possession of all three kinds of competence is a self-directed, well-informed and highly-skilled professional with a strong sense of ethics and accountability, who is constantly reflecting on and developing their practice." Thus an educator is constantly reconstructing their identity in terms of what it means to be a teacher while meeting their teaching roles.

These roles indicate that *all* teachers (and not simply 'Life Orientation' teachers) function not only as resources for accurate HIV/AIDS information, but as role models, community leaders, advocates for healthy school environments, counsellors, mentors and effective instructors (DoE, 2000b; Coombe, 2002; Visser, 2004; James-Traore, *et al.*, 2004). However, as these roles have only been developed in the past decade, they represent a radical departure from the roles of teachers observed by PSTs when they were scholars in school. Thus, the new roles present a "changing teaching force working in and under very new and difficult circumstances" (Samuel & Stephens, 2000: 477).

Few studies however, have explored how PSTs practice and view the roles defined by the NSE and responsibilities under the WCED. Fewer still examine what aspects are brought with the PSTs to the teacher-training programme, and how this frames their understanding of their required HIV/AIDS teaching roles and responsibilities. As the next chapter illustrates, education research on HIV/AIDS has mostly focused on students and in-service teachers and has largely ignored the new and influential role PSTs emerging from teacher-training programmes have on the practice and implementation of policy in schools. This study aims to address the dearth of research in this field, and to contribute towards a detailed understanding of the myriad factors that inform teacher identity in the context of the HIV epidemic in South Africa.

1.5 Definition of Terms

The key terms used throughout this work are operationalised as follows:

Pre-Service Teachers

PSTs refer to post-graduate students who are training to become teachers in South Africa. The PSTs in this study were qualifying to become primary or secondary level teachers through the PGCE teacher-training programme offered at UCT in the year of 2007.

HIV/AIDS Teacher Roles and Responsibilities

Within this study HIV/AIDS teacher roles refer to those defined within the NSE policy document, outlining that PSTs need to fulfil 'community, citizenship and pastoral practitioner roles'. HIV/AIDS teacher responsibilities refer to meeting the WCED recommendation for all teachers to provide HIV education across the curriculum.

Teacher Identity

This term conveys how individual PSTs situate and see themselves fulfilling their HIV/AIDS teaching roles and responsibilities. The assumption used in this study is that the formation of teacher identities is complex and shaped by each PST's experience, knowledge and perceptions.

Experience

Experience encompasses all of the lived and observed accounts of PSTs. A strong emphasis is placed on early childhood experiences as these are believed to greatly contribute to and frame subsequent experiences.

Knowledge

Knowledge includes all information pertaining to HIV and AIDS which has been acquired by the PST. Knowledge must be regarded as having been filtered prior to being accepted by the individual. As a result, this concept is greatly influenced by both the lived experiences of the individual and the perceptions they hold.

Perception

The term perception refers to the lens individuals use to understand the world. Perceptions are greatly influenced by previous knowledge, lived experience and what one encounters in day-to-day activities. The perceptions one holds further act to percolate and determine what information is accepted or rejected.

1.6 Argument and Thesis Structure

The main argument of this thesis is that PST identities are shaped by their experience, knowledge and perceptions of HIV/AIDS, and that they bring these inherent and internal features with them into the teacher-training programme. In responding to the HIV/AIDS teaching roles and responsibilities, it is argued that factors of past experience, knowledge and perceptions of HIV are drawn-on in ways that shape the PST's teacher identity.

This chapter has contextualised the focus and rationale of the study, and is followed by a literature review on HIV/AIDS education research in chapter two. Given the absence of theoretical frameworks in existing literature on HIV/AIDS education, chapter three outlines two theoretical constructs for their use in guiding analysis of the empirical findings. Premised on an understanding that teachers bring aspects of their past into their professional identity and that these act as resources which are drawn upon in making a teacher identity, Pierre Bourdieu's *Theory of Practice* and Anthony Giddens' *Theory of Structuration* are presented. Chapter four describes the methodological process and research design across the pilot and main phase of the study. It describes the site and sample, as well as the data collection tools used with a specific focus on quality and ethical considerations. Chapter five presents the main findings of the study, highlighting the PSTs' dominant experiences, knowledge and perceptions of HIV/AIDS. This is followed by a description of the teacher identities the PSTs took-up through their responses in the research process. Categories of *reluctant*, *resistant* and *empowered* teacher identities were allocated as a means to understand how the PSTs saw themselves fulfilling their HIV/AIDS teaching roles and responsibilities. Chapter six analyses the teacher identities which were invoked within the interviews. Careful consideration is given to how the PSTs drew-on and were influenced by factors of their experience, knowledge and perceptions. Further, a discussion regarding how their social class informed their experience, knowledge and perceptions is presented. Potential consequences of these teacher identities are presented, in addition to the implications of these findings on the HIV education provided to PSTs in teacher-training programmes. Based on these implications, recommendations for future development of teacher-training programmes, policy and research are made within the concluding chapter of this work.

Chapter 2: Pre-Service Teachers in HIV/AIDS Education Research

In the two and a half decades since HIV was identified in South Africa, the body of research into the disease has expanded rapidly. Today this research covers a wide range of topics from medical and epidemiological studies to social, economic and demographic health projection studies and research into interventions aimed to slow the spread of HIV. Among this research is a growing body of literature in HIV/AIDS education. This chapter reviews research emerging from this field. In South Africa, research in HIV/AIDS education has primarily focussed on youth, in-service teachers and the lack of HIV education provided in schools and training programmes[22]. A limited number of studies have considered the influential role of PSTs in delivering HIV education. Fewer still examine the identity formation of teachers or how they see themselves fulfilling their varied teacher roles and responsibilities, including those relating to providing HIV education. While it is beyond the scope of this review to comprehensively discuss and critique each of these studies, this chapter explores the dominant themes, strengths and limitations within the broad remit of HIV/AIDS education literature.

2.1 Overview of HIV/AIDS Education Research

The field of HIV/AIDS education literature predominantly consists of studies investigating the disease in relation to primary and secondary school students. This body of research examines the nexus between education and sexual behaviour, attitudes, perceptions, understanding and knowledge, in addition to assessing the impact of the disease on students[23]. Large-scale quantitative methodologies and projection studies on KAPs dominate this body of research. Further, the focus of these studies in South Africa is largely on groups of 'at risk' youth who are more vulnerable to HIV/AIDS due to their geographic location or socioeconomic background[24]. Additional studies have found that

[22] See the presentation of literature below for a synopsis of these studies.

[23] See Mathews, Guttmacher, Hani, Antonetti & Flisher 2000/2001; Manzini, 2001; Visser, 2002; Eaton, Flisher & Aarø, 2003; Simbayi, *et al.*, 2004; Selikow, 2005; James, *et al.*, 2006; Strydom & Strydom, 2006; Mantell, Harrison, Hoffman, Smit, Stein & Exner, 2006; Kalichman, *et al.*, 2006; Cluver & Gardner, 2007; Setsuko-Hendriksen, Pettifor, Lee, Coates & Rees, 2007; Kaiser Family Foundation (KFF) & South African Broadcasting Corporation (SABC), 2007; Bhana & Epstein, 2007.

[24] These studies have found that: (1) two-thirds (67%) of young South Africans have had sexual intercourse, including half (47%) of 15-19 year olds and the majority (88%) of 20-24 year olds; (2) four in

middle-class students believe they do not need to learn about HIV in school as this information is provided through the media (Jennings, 2006). As such, in school "whenever a programme of such a nature is offered, the learners "switch off" as they think they know it already" (Jennings, 2006: 16).

The second major focus in HIV/AIDS education literature turns to the educators of students. Research on teachers explores a variety of angles and highlights teachers' HIV/AIDS KAPs in addition to how they are affected by the disease on a personal and professional level[25]. Within these studies, the focus is weighted on determining what teachers know, and identifying any misconceptions that they have. Overall, theoretical frameworks are seldom applied, and instead large-scale modelling and survey techniques are employed – thus, there is a focus on research findings without significant consideration of the factors informing the findings[26]. Further, and like the research on students, these studies often centre on highly vulnerable groups of teachers. For these reasons and as these studies are rarely representative of all teachers in South Africa, skewed results of the impact of HIV/AIDS are often presented, with conclusions that paint a grim picture of the present and future for both the education sector and the teaching profession within South Africa[27].

Beyond a review of the knowledge and attitudes of teachers, research in this area has also moved into schools and classrooms to observe how HIV and AIDS issues are mediated and taught by teachers[28]. These studies show a gap between the policy and implementation of HIV education, and teachers are portrayed as lacking the necessary "*knowledge* and *skills* to teach lifeskills or sex education programmes effectively" (Baxen

---

ten youth (42%) say they have great risk of becoming HIV-positive; and (3) three-quarters (75%) say they are personally concerned about becoming infected with HIV sometime in the next ten years (KFF & SABC, 2007:24).

[25] See Coombe, 2000a&b; Kelly, 2000, 2002; Dawson, Chunis, Smith & Carbone, 2001; Franks, Miller, Wolff & Landry, 2004; Boler, Adoss, Ibrahim & Shaw, 2003; Peltzer, 2000, 2003; Oshi & Nakalema, 2005; de Lange, *et al.*, 2005.

[26] This thesis work accommodates this critique by developing and drawing on a hermeneutic theoretical framework that explores Bourdieu's (1977) and Giddens' (1984) theories.

[27] See Kelly, 2000; Coombe, 2002, 2004.

[28] See Mathews, Everett, Bindell & Steinberg, 1995; Boler, *et al.*, 2003; Coombe, 2004; Visser, 2004; Hartell & Maile, 2004; Kachingwe, Norr, Kaponda, Norr, Mbweza & Magai, 2005; Jennings, 2006; Aarø, Flisher, Kaaya, Onya, Funglesang, Klepp & Schaalma, 2006; Baxen, 2006; James, *et al.*, 2006; Mathews, Boon, Flisher & Schaalma, 2006; Plummer, Wight, Wamoyi, Nyalali, Ingall, Mshana, Shigongo, Obasi & Ross, 2007.

& Breidlid, 2004: 17, author's emphasis). Further, a number of studies have emerged that emphasize the importance and benefit of pre-service and in-service training in order to ensure the translation of policy into effective implementation[29]; they highlight the positive impact teacher-training makes by showing the significant increase in the knowledge and attitudes of students whose teachers had been recently trained in HIV education (Peltzer, 2003). However, findings also indicated that many pre-service and in-service programmes themselves failed to provide adequate HIV education (Coombe, 2000; Mannah, 2002; Ahmed, *et al.*, 2006). The vast majority of these studies thus claimed that courses were marginalised within the curriculum, and therefore training institutions were inadequately preparing teachers for the reality of the growing epidemic[30]. Consequently, at the end of their training PSTs are often not sufficiently rooted in these roles and are therefore "...subtly coerced into maintaining power bases... through the lack of having fully established a confident sense of self and... of their roles as teachers" (Samuel and Stephens, 2000: 489). These studies, therefore, express concern about the level of training in HIV education that pre-service and in-service teachers have received. The following section explores this in more detail.

2.2 Research on PSTs as HIV/AIDS Educators

Only one study (Alexander, 2005) focused on South African PSTs with particular reference to HIV/AIDS and their roles as HIV educators. Located in Cape Town, Alexander's study was conducted among 68 primary-level PSTs who attended the Cape Peninsula University of Technology teacher-training programme. Alexander examined the interface between the HIV/AIDS knowledge, attitudes and self-efficacy[31] of the PSTs and their intentions to teach HIV education. Guided by *Behaviourist* and *Constructivist* learning theories[32], both quantitative and qualitative methods of inquiry were utilised[33]. The results suggest that upon completing the first year of their studies, the PSTs had only

[29] See Kelly, 2000, 2002; Coombe, 2002; Chifunyise, Benoy & Mukiibi, 2002; Visser, 2002; Peltzer, 2003; Sawyer, Blake, Ledsky, Goodenow & Evans, 2004; Elhoweris, 2004; Kachingwe, *et al.*, 2005; Ahmed, Flisher, Mathews, Jansen, Mukoma & Schaalma, 2006.

[30] See Kelly, 2000; Kachingwe, *et al.*, 2005; Peltzer, 2003; Robinson & McMillan, 2006; Visser, 2004.

[31] In Alexander's (2005) study, 'self-efficacy' refers to the PST's belief in their capacity to execute and provide HIV education to future students.

[32] Behaviorism theory stipulates that learning is a result of repeated behaviors, whereas constructivism theorizes that humans "construct" their own knowledge through experience (Alexander, 2005: 8-10).

[33] These included an administration of written surveys and a 'written-response fictional vignette': a presentation of a short story to which respondents must reply in writing to questions regarding the story.

'partly accurate' knowledge of HIV transmission and preventative sexual behaviours[34]. In addition to lacking necessary knowledge, the study found that only 9% of the 68 PSTs intended to teach HIV education to their students. Alexander concluded that teacher identities are complex, stating: "many of my participants intended to teach about HIV/AIDS aspects that they are not proficient in, and many... do not intend to teach about key HIV/AIDS aspects that they are competent in" (Alexander, 2005: 72)[35]. These findings point to the value of this present study as it seeks to address and understand the factors which shape the PSTs' teacher identities and influence their roles as HIV educators.

Research on Related Target Groups

There is a dearth of literature with particular reference to PSTs, but as they are both students and emerging teachers, this review moves to present research exploring related target groups, namely university students and in-service teachers, in order to better frame this study[36].

Tertiary institutions have not commonly been sites for research on students and HIV/AIDS. An exception was a study by Levine and Ross in 2002 on middle and upper-class students attending UCT. The study examined the similarities and differences among the HIV/AIDS KAPs of 480 undergraduate students through qualitative interview accounts. The findings indicated that most students did not know anyone with HIV or AIDS and that while general knowledge of HIV transmission was fairly good, UCT students consistently stereotyped 'others', particularly those who were poor and uneducated, to be at risk of contracting HIV. By 'distancing' themselves from HIV/AIDS the "respondents appear[ed] to perceive white people, and people belonging to the upper

[34] The average percentage of correct responses to the questionnaire items was 46% for HIV transmission and 87% for knowledge of preventative sexual behaviours (Alexander, 2005).
[35] The reason for the disjuncture between knowledge and teaching intention was not explored further.
[36] Unfortunately, and much like the area of PST research, the minority target group of white and middle-class respondents has received scant coverage in South African literature. Instead, most studies focus on the majority 'at risk' groups of black teachers and not on minority groups of white teachers – who although arguably to a lesser degree – also teach students and communities affected by HIV (Peltzer, 2000). Perhaps the lack of research in this area can be attributed to researchers themselves 'othering' the disease – as it can be inferred that due to the lack of research representing white and middle-class target groups, that research on HIV/AIDS will not receive sufficient results to warrant report, or that HIV/AIDS are perceived as 'non issues' among these groups.

or middle classes, as being protected from the HI virus" (Levine & Ross, 2002: 11). The authors reported that in doing so, many students seemed to feel invulnerable to HIV/AIDS (Levine & Ross, 2002). In conclusion, the authors argued that "the lack of specific data about the different ways that young adults think about HIV/AIDS transmission along lines of race, class, and gender is something that needs serious attention, and constitutes an area for future research" (Levine & Ross, 2002: 13). This present study responds to this call for further research by examining a group of middle-class university students and the way they respond to HIV/AIDS on both personal and professional levels. This review now turns to in-service teachers in order to supplement and provide further literature on the topic.

A study that examined in-service teachers and HIV/AIDS among class lines was that of Jennings' (2006) study which regarded 24 Life Skills and HIV educators in Port Elizabeth, South Africa. Using surveys and focus group discussions, this study in part examined the class-based nature of the schools where the in-service teachers taught. Jennings (2006) illustrated that many of the primary and secondary 'Ex-model C schools'[37] did not have firsthand experience with HIV/AIDS, which led to a shared perception that the epidemic did not affect their students or staff. In the author's words, "the principal, staff and learners [were] almost under the illusion of being 'untouchable'... the school authorities 'perceive' they're almost not infected and the school doesn't have to address the problem, as very few people are affected by HIV/AIDS in these schools" (Jennings, 2006: 16). This study revealed that due to these perspectives, many teachers did not address HIV/AIDS issues on a regular basis, nor did their school have a standard approach to teaching HIV messages[38,39] (Jennings, 2006). Recommendations made by this study called for educators and schools to realise the

[37] As the PSTs in this present study were educated in 'Ex-model C' schools and will be seeking employment in these same schools, these findings are instrumental in gaining a background understanding of well-resourced educational fields.

[38] By not having a universal message, the likelihood is increased that students receive mixed messages about the disease (Jenings, 2006).

[39] A study by Boler, *et al.* (2003) reported that the influence of selective and abstract teaching of HIV education occurring in these schools contributed to the culture of silence and to the perception that HIV/AIDS is a "them, not us disease" (Boler, *et al.*, 2003: 7).

importance of HIV education, and to integrate health messages and education as required within *all* schools, regardless of social class standing.

A similar study conducted by Mathews, *et al.* (2006) investigated the factors influencing whether or not high school teachers in all 193 public high schools in Cape Town implemented HIV education. Using the *Theory of Planned Behaviour*[40] in several scales of the research instrument, the study was conducted through the administration of large self-reporting questionnaires. Findings revealed that while the majority of selected in-service teachers assigned to teach HIV education claimed to do so, 30% self-reported that they did not. This study, among others[41], noted that often teachers are unaware of the changing policies that dictate their teacher roles and that they thus require continued training in this regard.

Using policies governing teachers including the NSE as a framework, Harley, *et al.*'s (2000) study explored whether the roles and competencies of teachers in policy expectations actually resonated with classroom practices. Through empirical fieldwork, qualitative research was conducted among ten 'effective'[42] teachers at six schools across the province of KwaZulu-Natal, South Africa. The findings revealed that in practice, none of the teachers scored highly in any of their required teaching roles as stipulated by the NSE. The researchers argued that this finding was a result of teachers only assuming the roles that were in accord with their 'personal value systems' and the local cultures and contexts in which they taught (Harley, *et al.*, 2000). For the 'citizenship, community and pastoral' roles in particular, the study found that teachers' perceptions of these roles were "as diverse as they were contested, reflecting initiative and indifference, conformity to, and contestation of policy values, as well as optimistic and pessimistic views of policy initiatives" (Harley, *et al.*, 2000: 295). Only three of the ten teachers reported active involvement in these roles[43], while the majority "simply did not see the need for these

[40] The *Theory of Planned Behaviour* is used to describe the link between the beliefs of an individual and the behaviour intentions they will exhibit in practice (Mathews, *et al.*, 2006: 389).
[41] See Mattson, 2000; Mattson & Harley, 2001; Jansen, 2003; Kachingwe, *et al.*, 2005.
[42] Within this study, 'effective' was defined as those teachers who achieved 'good examination scores' and contributed to the school's resilience (Harley, *et al.*, 2000: 290).
[43] With particular regard to the 'pastoral role' "counselling was a role that was seemingly not easily embraced" (Harley, *et al.*, 2000: 292).

endeavours" (2000: 293). Evidence from this study was "strongly indicative of a gap between what teachers knew they were obliged to do, and what they actually did" (2000: 295). This raises much concern as teachers may not be fulfilling the roles expected of them. In order to avoid this, Harley, *et al.* (2000) recommended that teachers require more training, but in doing so should not be seen as blank slates ready to fulfil the teaching roles requested of them, but as individuals with needs and aspirations that are shaped by their cultural identities.

As illustrated by the literature discussed above, recommendations from this body of research include the importance of more teacher-training that considers the identity of the individual and how they understand, mediate and accept the knowledge provided to them. In the only study of its kind, Baxen (2006) did this as she examined 'how' teachers have 'come to know' about teaching sexuality and HIV education by regarding the factors shaping teachers' understanding, experience and teacher positioning. Conducted through a series of interviews and observations with 18 Life Skills teachers from the provinces of Mpumalanga and the Western Cape, this study examined the nexus between teacher identity and classroom practice in order to understand how teachers positioned themselves when they taught sexuality and HIV education (Baxen, 2006). The findings suggested that the identities that teachers constructed were shaped by early life experiences and meanings associated with being 'an ideal teacher' (Baxen, 2006). It became further evident in the results that teachers created a teacher identity by drawing on various external and internal factors relating to their life experiences. Baxen made both theoretical and methodological contributions by drawing on a number of social theories[44] to argue that work on teachers and HIV/AIDS needs to account for how teachers construct their professional identity, and by implication, take up positions in the classroom by drawing on life experiences as well as personal notions of becoming an 'ideal' teacher (Baxen, 2006).

[44] Theories used in Baxen's work included: Bourdieu's (1977) *Theory of Practice*, which examines how individuals are shaped by class-based structures; Giddens' (1984) *Theory of Structuration*, which explores the duality between structure and agency; and Butler's (2004) *Theory of Performativity*, which demonstrates how individuals "perform" the various roles requested of them (Baxen, 2006: 13-57). In addition, Baxen also drew on many other aspects and concepts from additional theorists, such as: Goffman (1959), Foucault (1978) and Schechner (1985).

This review moves to explore additional studies focusing on teacher identity formation in order to examine the main factors and influences that teachers bring with them to shape their professional identity in relation to HIV/AIDS teaching roles and responsibilities.

2.3 Factors Influencing Teacher Identities

The identities invoked as teachers are complex and relate to how teachers position themselves in their roles to provide education to their students. A number of studies within educational literature regard the importance of teacher identities in order to understand teacher practice[45]. The majority of studies motivate for assessing teachers' experience, knowledge and perceptions in order to fully understand the values, motivations, attitudes and views that teachers bring with them to their roles (Harley, *et al.*, 2000; O'Sullivan, 2002; Robinson & McMillan, 2006). By acknowledging that teachers also carry their own preferences and ambitions with them into the classroom, Welmond (2002) suggested that understandings of teacher identity are clustered into 'cultural schemata'. These schemata are "culturally specific, historically grounded competing perspectives of teacher identity that are more or less coherent and more or less shared for particular communities of teachers" (Robinson & McMillian, 2006: 330). According to Samuel and Stephens (2000), schemata work to inform a "'percolated' understanding and acceptance of a series of competing and sometimes contradictory values, behaviours, and attitudes, all of which are grounded in life experiences" (2000: 476). Further, this schemata "becomes the basis for what teaching is 'supposed' to be" (Akyeampong & Stephens, 2002: 262). Thus, the argument is formed that an understanding of the relationship must be made "between a personal self shaped by socio-cultural forces (such as family, childhood and school experiences) and the... identity to be developed by the university or teachers' college" (Samuel & Stephens, 2000: 476).

Samuel and Stephens (2000) explored this cultural schemata further in their study which sought to identify what PSTs brought with them to the teacher-training programme at the University of Durban–Westville, South Africa. This study stood out among the literature in this area as it shifted the dominant focus of large-scale quantitative research methods

[45] See Harley, *et al.*, 2000; Samuel & Stephens, 2000; Carrim, 2001, 2003; Welmond, 2002; Akyeampong & Stephens, 2002; Jansen, 2003; Milner, 2005; Robinson & McMillan, 2006.

to the use of qualitative methods on a much smaller sample. This method was used as it placed "the experiences and voices of the teachers at the forefront of the inquiry" (Samuel & Stephens, 2000: 490). Two dialectic relationships between 'self and identity' and 'context and professional environment' were explored in order to identify each PST's 'identity baggage'[46]. To gain a deeper understanding of the underlying factors which created this 'baggage', the socio-cultural factors of the family, childhood and school experience of the PSTs were explored. The findings suggested that much of this 'identity baggage' was acquired in early life experiences in both their homes and schools. With particular reference to schools the "experiences that students have as school children influence the formation of their identity as a teacher-in-training" (Samuel & Stephens, 2000: 477). Thus, early life experiences are seen to greatly contribute to the 'identity baggage' of an individual and are therefore taken into account in this present study.

A similar study conduced in Ghana using quantitative and qualitative accounts of 400 PSTs by Akyeampong and Stephens (2002) highlighted that PSTs are highly influenced by the roles of the teachers they observed as scholars. In the authors' words, PSTs' "own experiences of schooling, particularly in their previous interaction with their own teachers, result in certain perceptions, values and expectations of teaching" (Akyeampong & Stephens, 2002: 262). PSTs take varied notions, beliefs and values concerning teacher's roles and teaching particular subject matter with them into the teacher-training programme (Akyeampong & Stephens, 2002). The authors warned that if future research does not pay serious attention to PST's early life experiences of teaching, "there will continue to be a disjunction between theory and training, and the personal images and perceptions student teachers hold of the very nature of teaching and the role of the teacher" (Akyeampong & Stephens, 2002: 273). In response to exploring what PSTs may be bringing with them to their roles, the following sections identify some of the main types of 'identity baggage' as expressed within HIV/AIDS education literature.

[46] 'Identity baggage' refers to the cultural and personal identity that is brought with the PST to the teacher-training programme. This 'baggage' is seen to both "promote and hinder" the development of South African schools (Samuel & Stephens, 2000: 477).

Experience, Knowledge and Perceptions of HIV/AIDS

As expressed in the literature, the life experiences of teachers are seen to inform their beliefs about themselves, others and their teaching roles (Milner, 2005; Harley *et* al., 2000; Samuel & Stephens, 2000; Baxen, 2006). However, this aspect of research has received scant coverage within HIV/AIDS education literature[47]. According to Visser (2004: 131), "in the HIV/AIDS literature it is only very recently that researchers have started examining the link [to teachers and their] personal experiences with the disease". Visser's (2004) study is one of the few in this regard, as it examined how the knowledge of teachers affected their individual differences on the willingness to teach HIV education. Conducted using surveys and interviews with 606 primary and secondary school teachers across Mozambique, it found that "younger teachers, teachers who know someone who is sick/has died of HIV/AIDS and teachers who teach upper primary [were] more likely to talk about HIV/AIDS" (Visser, 2004: xi). Due to the significance of these findings, Visser made a strong recommendation for future studies "to look not just at the composite impact of knowing someone who is HIV positive or who has died of AIDS, but also at the relationship [with] this particular person" (2004: 132). With this approach, a stronger correlation to the *quality* of experience can be made within this present study to better understand how experiences of HIV/AIDS do or do not influence the identities of PSTs.

Additional studies show that if teachers are not properly informed about HIV and AIDS, their perceptions will work to substitute areas where knowledge is lacking (de Lange, *et al.* 2005; Chao, *et al.*, 2007). For example, a study conducted among primary school teachers in South Africa by de Lange, *et al.*, (2005) investigated the perceptions that teachers had of HIV/AIDS and the impact of these particular perceptions on the holistic development of adolescent learners[48]. The study revealed various categories of perceptions[49] and key findings suggested that while some educators showed an awareness

[47] Only Baxen's (2006) research presented earlier has acknowledged this significance in relation to HIV educators.

[48] These perceptions were communicated to the learners and seen to influence them in physical, cognitive, emotional, social and moral ways.

[49] The categories of perceptions included: (1) awareness of the prevalence of HIV/AIDS, (2) causes of HIV/AIDS, (3) feelings about HIV/AIDS and (4) views on what is needed for stopping the spread of the epidemic (de Lange, *et al.*, 2005).

of HIV prevalence in their schools and communities, "others [were] unaware and unperturbed by its existence" (de Lange, *et al.*, 2005: 34). The authors added that "the fact that [teachers] appear to sit tight in their comfort zone is a danger signal" (de Lange, *et al.*, 2005: 34). Another study by Chao, *et al.* (2007), examined the HIV/AIDS perceptions of 120 teachers from KwaZulu-Natal, South Africa. This study stressed that perceptions within the community greatly affected how teachers perceived their own status and that as a result, teacher "will also lack the necessary skills to teach about HIV/AIDS to their pupils" (Chao, *et al.*, 2007: 454). The results found in Bhana and Epstein's (2007) qualitative and comparative study expanded on this by contrasting two primary schools in very different socioeconomic contexts. Illustrating the widely differing perceptions amongst teachers and their learners, findings showed that students' "knowledge of HIV/AIDS is socially structured through class/race and gender and these forms of social relations provide the framing and reference points for children's constructions of meanings around HIV/AIDS" (Bhana & Epstein, 2007: 109). Consequently, results portrayed a very different reality of knowledge and perceptions of HIV/AIDS between the white middle-class and black lower-class schools. The authors concluded with strong recommendations for further research to assess the knowledge and perceptions of unrepresented white and middle-class target groups in South Africa. This present study seeks to address this as it explores the experience, knowledge and perceptions of a greatly under-represented group of white middle-class PSTs.

2.4 Application of Review to Current Study

The key findings from the literature review highlight the importance of understanding PSTs' 'identity baggage' due to its centrality in shaping the identity PSTs will take up in the teaching field. Additionally, studies indicate that PSTs' experience, knowledge and perceptions greatly contribute to how they prioritize and view their teaching roles. In this respect, the above literature review contributes to this work by highlighting HIV education and the factors that shape the professional identity PSTs assume as teachers. Factors within earlier experiences, namely those relating to early role models observed as scholars and the quality of experience had with HIV and AIDS, is a central focus of this present study.

These studies also contributed to the methodological considerations of this work. As explored above, the majority of research on teachers involves the use of large sample groups in order to verify results of larger communities of teachers and students. These studies illustrate that quantitative methods through survey research are important, as they point to some of the macro societal and cultural influences upon groups of individuals (Carrim, 2001). However, these methods fail to provide depth to the story as "the context of the teachers' daily lives can only be answered by a qualitative, empirical investigation of how and why the identities of teachers are being shaped in the ways in which they are" (Carrim, 2001: 51). Therefore a combination of largely descriptive qualitative data supported by a quantitative survey method was chosen to be employed in this work in order to reveal both group and individual factors which influence teacher identities. In using these methods, this study is able to highlight the 'voices' of PSTs as individuals, while still representing the trends of the larger group as described in the research design of chapter four. Additionally, as the studies relating to teacher identity stress the importance of experiences, knowledge and perceptions, a social theory which examines, interprets and guides these factors is necessary to frame this work. The following chapter expands on the theoretical frameworks presented within Baxen's (2006) study, with a focus on Pierre Bordieau's (1977) *Theory of Practice* and Anthony Giddens' (1984) *Theory of Structuration.*

Chapter 3: Theoretical Framework

Premised on an understanding that teachers incorporate aspects of their past into their professional identity, the theoretical framework developed in this chapter is used to guide the presentation and analysis of the findings. Theoretical constructs are valuable to a study, as they "can guide thinking and introduce added dimensions to the understanding of reality" (Simbayi, Skinner, Letape & Zuma 2005: 10). The main purpose in using theory within this work is to shed light on and provide tools to explore the role of experience, knowledge and perceptions in shaping PST identities.

The first theoretical construct applied to this study is Bourdieu's (1977) *Theory of Practice*, which provides insights and offers tools to describe how early childhood, lived and class-based experiences influence the identity formation of an individual. After a brief introduction to this theory, a description of the theoretical tools (field, capital, habitus and doxa) and their application to this study is presented; chapter six integrates the findings with this theoretical framework in more detail. The *Theory of Practice* is useful for exploring the impact of social class structures on identity; however it implies that structures shaping an individual are external and pre-determined, thus removing agency from the individual (Baxen, 2006). This limitation in Bourdieu's work led this study to seek a 'hermeneutically informed social theory' (Wilson, 1995), as explored through the use of Giddens' (1984) *Theory of Structuration*[50]. After presenting a brief synopsis of the theory, key concepts are presented and include: (1) knowledgeability, conscious and reflexive monitoring, (2) routinization and de-routinization and (3) structure and agency, rules and resources. The *Theory of Structuration* is useful as it supplies a lens to help understand how PSTs use agency and are able to draw on their experiences, knowledge and perceptions as resources in creating their teacher identities.

3.1 Pierre Bourdieu and the Theory of Practice

French sociologist, Pierre Bourdieu, who is known for his contribution to the Sociology of Education, emphasizes the importance of history and human experiences in his *Theory*

[50] As these two theories have only recently been used in conjunction for their application in understanding teacher identities, Baxen's (2006) study guided the presentation of their strengths and weaknesses.

of Practice[51]. Bourdieu's work shows how social systems persist and reproduce themselves over time – often without conscious awareness of their members (Bourdieu, 1977, 1984; Parker & Aggleton, 2003). Through examining social problems, Bourdieu's theory sought to understand the dynamics of how an individual's behaviour shaped and was shaped by social and group structures (McDonough & Nuñez, 2007). Anchored by the notions of field, capital, habitus, and doxa (as described below), Bourdieu shed light on invisible but very powerful internalizing structures and practices that influence human actions and identities. The *Theory of Practice* is relevant to this study because it unearths how the early life experiences of PSTs influence their identity as teachers.

Fields and Capital

One of the theoretical cornerstones of Bourdieu's *Theory of Practice* is the idea of society as a range of multiple and independent 'fields' (Bourdieu, 1977; Siisiäinen, 2000; Baxen, 2006). Structured by their own histories and external demands, a field is defined as a distinct microcosm with its own rules, regulations and forms of authority (Wacquant, 2006). A field is also regarded as a 'structured space of positions' (Bourdieu & Wacquant, 1996) which "inclines agents toward particular patterns of thought and conduct" (Wacquant, 2006: 8). Seen this way, a field largely dictates accepted practice within it.

While operating within fields, individuals are able to use 'capital' in ways that "exercise control over [their] own future and that of others" (Calhoun, *et al.*, 1993: 4). Referring to culturally legitimated forms of value, capital consists of characteristics, competencies and dispositions deemed important or worthy within a field (Bourdieu, 1984). Bourdieu categorized capital into three main forms, consisting of economic[52], social[53] and cultural

[51] A full description of the *Theory of Practice* is beyond the scope of this discussion. However, interested readers are referred to his original works and that of others who have explained and expanded on his theory, including: Wacquant, 2006; Calhoun, Lipuma & Postone, 1993; Siisiäinen, 2000; Silva, 2005; Kupferberg, 1996; Dumais, 2006; Costello, 2005 and Acciaioli, 1981 among others.

[52] Economic capital is material in nature and is the worth and value of goods one possesses (Bourdieu, 1986; Calhoun, 1993).

[53] Social capital consists of connections to group membership and social networks that work to transmit cultural information and values (Bourdieu, 1986).

capital. A valuable concept within the field of education[54] and most applicable to this study is cultural capital, as it includes the attitudes, self-presentation, behaviours, preferences and tastes, knowledge and awareness of cultural practices and information about the schooling system (Bourdieu, 1977, 1986; Swartz, 1997; Dumais, 2006). Cultural capital is transmitted through social milieus, including families and schools, as it works to include those who posses it and exclude those who do not (Cheal, 2005 in Baxen, 2006). Bourdieu theorized that cultural capital becomes socially effective in the mediation of what he termed symbolic capital (Bourdieu, 1977; Siisiäinen, 2000; Calhoun, 1993). Through translating cultural capital into symbolic capital, individuals are given the capacity to construct meaningful differences and beliefs about the world which make them seem real to the implicating social class (Siisiäinen, 2000).

Habitus

Working to transfer and maintain capital within fields from one generation to the next, Bourdieu's notion of 'habitus' forms the intersection of 'structure and action' and 'society and the individual' (Calhoun, *et al.*, 1993). Habitus is broadly defined as a system of durable and transposable dispositions through which individuals perceive, judge and act in the world (Bourdieu, 1977; Wacquant, 2006; Calhoun, *et al.*, 1993). These dispositions or 'systems of schemes' exist at a corporeal and cognitive level and are drawn on from their immediate environment in order to preserve established order (Acciaioli, 1981; McDonough & Nuñez, 2007). One's identity is thus constructed from structures shaped by "collective memories, education and experience" (Castells, 1998: 7 in Hammett, 2008: 342). Each person's habitus is further "based on the social class into which one is born, and has a life-long effect on one's attitudes, decisions, and actions" (Dumais, 2006: 85).

Resulting from early class socialization, Bourdieu's habitus: "(1) [is] time and context specific, (2) shared by members of the same social class or group and (3) frames individual aspirations, predispositions, and actions" (McDonough & Nuñez, 2007: 148). Understood in this way, the central role of habitus is in "defining and limiting what an

[54] According to Bourdieu (2000), cultural capital provides scope for understanding how the education system operates and where individual action is constrained or enhanced through this system.

actor sees and how it is interpreted" (McDonough & Nuñez, 2007: 149). This is achieved as the habitus functions as a 'matrix of perceptions' which, through external factors, informs shared adherence to the meaning of practices and roles within a given class of society (Acciaioli, 1981; Calhoun, 1993; McDonough & Nuñez, 2007). The external factors include, but are not limited to a group's: perceptions, worldviews, assumptions, knowledge, language, emotional orientations and roles and responsibilities of others within one's social class that have been observed by the individual early in life (Bourdieu, 1977, 1984). As a result, the external factors within the habitus "impose a powerful framework which function as a kind of 'filter' against reality" (Kupferberg, 1996: 235). These further make up the main mass of an individual's identity in which they are generally unaware unless directly questioned (Costello, 2005).

Doxa

Lastly, the concepts of field, capital and habitus are interlinked with one another to produce what Bourdieu terms 'doxa' or as a human agent having a 'doxic attitude' (Bourdieu, 1990, 2000). This term suggests that the natural attitude of everyday life is developed within a collection of 'shared opinions' and 'unquestioned beliefs' which ultimately shapes the perceptions and assumptions of individuals who are subjected to similar group experiences (Wacquant, 1989, 2006). Acciaioli (1981) expanded on this notion by explaining that when one complies with a 'doxic mode of adherence', one holds unquestioned acceptance of social practices, as these are seen to be "the only way in which one can behave" (Acciaioli, 1981: 44). In this light, it also implies that individuals do not have the agency or tools to deal with new social practices that have not been previously encountered or accepted by society. Therefore, an individual is often constrained in an identity which is hard to change (Baxen, 2006).

Thus, while Bourdieu's theory and concepts are useful in understanding the structures influencing the identities of individuals, it is limited in being able to explain the full story of what occurs outside the 'script' which is predetermined by the social class one is born into (Baxen, 2006). Bourdieu's theory therefore becomes problematic as it constrains individuals in their power and agency to respond to new situations and does not allude to how doxic attitudes are able to be changed or modified (Giddens, 1984; Baxen 2006).

These limitations led this work to an exploration of an additional theorist who could provide useful tools to build on Bourdieu's theory. Giddens' *Theory of Structuration* is significant in this regard as it offers lenses that enable individuals to take up an identity which would be different from their groups' doxic mode of adherence. In using these lenses, Giddens' theory adds clarity to how individuals, raised within similar social classes, are able to respond to and exercise agency differently from one another.

3.2 Anthony Giddens and the Theory of Structuration

Anthony Giddens argues in his *Theory of Structuration*[55] that individuals draw on their past as a resource, but as structures generate and are generated by social action, the individual is able to 'make themselves up' as they move through specific time and space (Giddens, 1982, 1984; Yates, 1997). This is achieved through reconceptualising the dualism of 'individual' and 'society' to the duality of 'agency' and 'structure' (Giddens, 1984). Within this duality, structures are no longer regarded as external to agents, but instead viewed as 'rules' and 'resources' which are internalized as memory traces and are thus at the same time enabling and constraining (Giddens, 1979, 1984; Baxen, 2006). Thus, these structures are produced and reproduced, not because individuals are confined to them, but by the voluntary choices of knowledgeable agents who "are fully aware of what they are doing and who prefer to have it this way" (Kupferberg, 1996: 243). Understood this way, the high degree of predictability within social groups is apparent because it is *wanted* and *chosen* by knowledgeable agents (Kupferberg, 1996). Thus, routine influences the highly predictable behaviour of individuals, but does not work to constrain it, for under certain motivations, individuals are able to transform structures and generate new routines (Giddens, 1984). As described below, three principal features within the *Theory of Structuration* enable theorists to explore how resources are employed by individuals in creating their identity. This theory is relevant to this study as it provides insight into how PSTs create their own teacher identities by utilising factors of their experience, knowledge and perceptions as resources.

[55] A full presentation of the *Theory of Structuration* is beyond the scope of this discussion. However, interested readers are referred to Anthony Giddens original work (1977, 1979, 1982, 1984, 1991, 1993, 2000) and to the work of others that have explained and expanded on his theory, including: Turnbull, 2005; Wilson, 1995 and Yates, 1997 among others.

Knowledgeability, Conscious and Reflexive Monitoring

According to Giddens, 'knowledge' is not simply developed from the subject-based information one acquires in school. Instead, he sees humans as 'knowledgeable social agents' who know a great deal and have valid awareness about themselves and the society in which they live (Giddens, 1984). Knowledge is represented both as practical consciousness (embodied in what actors 'know how to do') and discursive consciousness (what actors 'are able to talk about') (Giddens, 1979, 1984). Thus, influenced by external forces 'larger than they are', individuals apply what they know (believe)[56] in the production and reproduction of their daily social encounters (Giddens, 1984; Yates, 1997). This includes experiences learned in school, in addition to the advice and instruction of experts within their social class (Giddens, 1984, 1991). However, Giddens also acknowledged that individuals are only knowledgeable of the situated context or milieu of the societies in which they are members and are limited in knowledge of other contexts that are not directly experienced (Giddens, 1984).

Giddens' constructs of 'conscious' and 'reflexive monitoring' are related to knowledgeability. The term conscious is used to describe "circumstances in which people pay attention to the events going on around them in such a way [as] to relate their activities to those events" (Giddens, 1984: 44). Consciousness exists through continuous reflexive monitoring of one's actions in relation to the social and physical aspects surrounding them (Giddens, 1984, 1991). Giddens (1984) points out that reflexive monitoring is often achieved by evaluating and observing the rules of behaviour others follow in similar work environments. In addition, through this monitoring, an individual 'appropriates' memories of their past by selectively filtering or "sifting through [them] in the light of what is anticipated for an (organized) future" (Giddens, 1991: 75). Therefore, Giddens stated that "we are, not what we are, but what we make of ourselves" (Giddens, 1991: 75).

[56] Giddens prefers to use the term 'knowledge' over 'belief', as the latter "demands the bracketing of skepticism" (Giddens, 1984: 336) whereas knowledge does not.

Routinization and De-Routinization

To describe how individuals, who are locked into the routines of their daily activities, are able to break free from these structures, Giddens theorizes the concepts of 'routinization' and 'de-routinization'.

Understood as the habitual, taken-for-granted character of daily activities, routinization is "integral both to the continuity of the personality of the agent, as he or she moves along the paths of daily activities, and to the institutions of society, which *are* such only through their continued reproduction" (Giddens, 1984: 60, author's emphasis). Routines are 'latently accepted' by social groups and are strongest when sanctioned by rules that constrain the options open to an individual by threatening a range of implications if one deviates from these routines (from direct forces of violence to mild expressions of disapproval) (Giddens, 1979, 1984). Individuals thus play the role of reinforcing routines through repeated 'enactment of scripts' in order to provide 'ontological security' and to avoid sanctions or anxiety (Giddens, 1984). Ontological security, refers to the "confidence or trust that the natural and social worlds are as they appear to be" (Giddens, 1984: 375). Routines are therefore grounded in mutual knowledge that practicing current actions is 'unproblematic' and thus persist through social change, even when some aspects of taken-for-granted routines have been altered (Giddens, 1979, 1984).

In contrast to the above, de-routinization applies to "any influences which corrode or place in question traditional practices" (Giddens, 1979: 220)[57]. An example is a 'critical situation' which refers to "circumstances of radical disjuncture of an unpredictable kind that affect substantial numbers of individuals, [and] situations that threaten to destroy the certitudes of institutionalized routines" (Giddens, 1984: 61). Thus, a 'critical situation' is in contrast to a 'routine situation' as it serves as a catalyst to provide a change in perceptions of the social world. Such change is often incremental and slow to take place as it involves the individual having to confront risks[58] and "to contemplate novel courses

[57] The process of 'de-routinization' can take place in any one of the following situations: (1) a 'critical situation' acting externally upon society, (2) an emergence of divergent interpretations of established norms, or (3) a disavowal of tradition (Giddens, 1979: 220-221). As the 'critical situation' is most applicable to this study, it is described in greater detail above.

[58] An individual may "calculate the risks' involved in the enactment of a given form of social conduct, in respect of the likelihood of the sanctions involved being actually applied" (Giddens, 1979: 87).

of action that cannot simply be guided by established habits" (Giddens, 1991: 73). Therefore, through de-routinization individuals have the 'transformative capacity' to make choices other than those which follow the social and accepted norms (Giddens, 1984).

Structure and Agency, Rules and Resources

'Structures' are defined as organized rules and resources that people draw on to accomplish their daily activities and sustain 'institutions'[59] (Giddens, 1982). Giddens described structures as humanly constituted, produced and reproduced actions (Giddens, 1984, 1998; Wilson, 1995). Further, structures are 'supra individual' as they outlive and extend beyond the actions of an agent (Giddens, 1984: 207). Within this framework, 'rules' and 'resources' are operationalised as properties of groups and individuals which mediate human action (Giddens, 1977). More specifically, rules[60] are considered to be like those followed when 'playing a game' and refer to social patterns that people 'know' and follow as they have both constitutive and regulative (sanctioning) aspects to them (Giddens, 1977, 1979; Baxen, 2006). Rules cannot be understood apart from resources, as these are properties of structures that are 'possessed' and 'mobilized' by human agents (Giddens, 1977, 1984). A resource is "any kind of advantage or capability which actors may draw upon to affect the character or the outcome of a process of interaction" (Giddens, 1977: 132). Thus, individuals grasp rules and resources in the field of practice and choose to reproduce them (whether intentionally or unintentionally) by acting in ways that reinforce them (Giddens, 1979).

'Agency' refers to an individual's capabilities and is concerned with "events of which an individual is the perpetrator, in the sense that the individual could, at any phase in a given sequence of conduct, have acted differently" (Giddens, 1984: 9). Viewed as knowledgeable, reflexive, active and purposeful, individuals have the ability to act in ways other than those dictated by predetermined structures (Giddens, 1984; Turnbull,

[59] Giddens regards institutions as "structured social practices that have a broad spatial and temporal extension: that are structured... and which are followed or acknowledged by the majority of the members of a society" (Giddens, 1982: 9).

[60] For Giddens, rules are not necessarily 'taught', but instead can be grasped and understood by simply observing regularity in what people do (Giddens, 1977).

2005). Agency thus implies that all individuals have power to act to reinforce, undercut or elicit change in existing structures (Giddens, 1984). Giddens' concept of agency extends beyond the limits of Bourdieu's *Theory of Practice*: the notion of agency dispels assumptions that individuals lack choice or the ability to influence social structures (Giddens, 1984).

3.3 Theoretical Contributions to this Work

The *Theory of Practice* and the *Theory of Structuration* are two critical theoretical models capable of providing insight into how PSTs use their experiences, knowledge, and perceptions in creating their teacher identities. These theories have framed the presentation of the results and analysis; their direct application to the forthcoming chapters is described briefly below.

Bourdieu's *Theory of Practice* provides a theoretical framework to situate the findings and analyse the dominant influences that inform the PSTs' teacher identities, including early-life experiences and perceptions of HIV education. Bourdieu's conceptual tools facilitate an in-depth understanding of how PSTs came to be who they are by recognising the influence of early-life structures on their identity as HIV educators (Baxen, 2006; Kupferberg, 1996). As Bourdieu's theory is used to identify structures that influence PSTs, importance was placed on collecting data on childhood and early school experiences surrounding HIV education. By doing so, a picture is painted of the dominant and perceived doxic attitudes PSTs hold in their understanding of HIV/AIDS. Further, historical experiences framed within the habitus and doxa allude to factors shaping the professional identity PSTs construct through their discussions on HIV/AIDS and their teaching responsibilities (Baxen, 2006; Hammett, 2008).

The adoption of Giddens' theoretical features took this study a step further. Instead of simply describing the influences on PST lives, concepts within the *Theory of Structuration* offered an understanding of how the professional identities of PSTs are shaped by *how* they draw on their past. Giddens' theory further allowed for an explanation as to how some PSTs exercise agency differently to their classmates and are regarded as having the ability to form teaching identities outside of the familiar.

Chapter 4: Research Design

This chapter outlines the research design, including the research methodology, data collection techniques and analysis tools used in both the pilot and main phase of this study. An examination of the ethical considerations and the identity of the researcher are also included, as each was taken into account while conducting this study. This chapter concludes with a discussion of the methodological limitations of this work.

4.1 Research Site

As this study sought to explore how emerging middle-class PSTs respond to and are prepared for their teaching roles, the ideal site for this study was the teacher-training programme at UCT located in the province of the Western Cape, South Africa. Situated within an affluent suburban and predominately white area of Cape Town, the university is relatively well-resourced and affluent. The teacher-training programme in the School of Education at UCT is referred to as the PGCE programme, a licensing certification programme students take after completion of an initial undergraduate degree.

Of the PSTs who attended the PGCE programme in 2007, the vast majority (74%) were white, followed by smaller numbers of coloured (15%) and black (11%) PSTs. The PGCE programme stipulates that all PSTs train in different educational environments across a range of economic and social milieus in Cape Town. Thus, this group of PSTs were exposed to different learning environments in a variety of communities differentially affected by the HIV epidemic.

This site was also selected for its convenience and location as I was a student taking courses in the same School of Education at the time. As the supervisor for this study was located in this department, fewer constraints were involved in gaining access and permission to conduct the research. These factors informed the selection of the PGCE programme at UCT for this study.

4.2 Methodological Framework

Empirical research has shown that a framework which combines qualitative and quantitative research adds depth and texture to a research study (Strauss & Corbin, 1990;

Creswell, 1994). The study's combined research methodology facilitated inquiry into the experiences, knowledge and perceptions of PSTs and explored how these factors are utilised in creating a teacher identity.

Through means of a comprehensive survey, the quantitative aspect of this research sought to answer numerical questions concerning the larger group of PSTs (Merriam, 1998). Quantitative surveys are widely used in sociological research as they establish patterns and comparisons across larger sample groups compared to qualitative research methods (Giddens, 1989). However, quantitative research has a limited application: it establishes statistical significance but, in doing so, overlooks differences between the viewpoints of participants (Cronbach, 1975 in Alexander, 2005; Giddens, 1989). Given this limitation, the survey methodology was enhanced through qualitative focus group discussions (FGDs) and in-depth interviews to explore key themes and patterns at an individual-level while complementing and strengthening the breadth of the quantitative material.

Qualitative research is a multi-perspective approach to social interaction as it describes, interprets and reconstructs a phenomenon in terms of how it is understood at an individual level (Denzin & Lincoln, 1994). Therefore, the qualitative nature of inquiry also "expands and continually augments information to include more possibilities, and thus enlarges, rather than narrows, the possibilities of feedback" (Kalla, 2006: 15). The features of this method of inquiry were appropriate for this study given that it sought to explore the factors influencing teacher identities, and thus went beyond simply measuring or proving their existence (Denzin & Lincoln, 1994; Baxen, 2006).

4.3 Research Process

Using the conceptual, theoretical and methodological frameworks, this study was conducted in various phases. After a preliminary literature review, a pilot phase was administered with the intention of gaining insight into the teaching practice experiences of PSTs and to identify their perceptions of HIV and AIDS. Data gained from the pilot phase and literature informed the research design and data collection methods in the main phase.

The Pilot Phase

Informed by an initial literature review, the pilot phase of the research was carried out in 2007 during August and September.

Sample Selection

Of the total 81 PSTs who attended the PGCE programme at UCT in 2007, 5 PSTs were selected for the pilot phase based on accessibility and willingness to participate in the study. Interviews were conducted in private rooms at each of the PST's placement schools. Permission for the pilot study was granted prior to conducting these interviews from both the School of Education at UCT and by the principal at each of the PSTs' placement schools. The interview process was explained prior to each interview and all PSTs provided written consent [see Appendix II]. A small report was drafted on completion of the interviews listing the key findings and areas which required further research.

Data Collection Methods

The pilot phase involved creating preliminary research and sub-research questions for use in semi-structured interview [see Appendix IX]. The interviews focused on gaining an understanding of (a) who the PSTs are, (b) how they perceive HIV and AIDS to be affecting their school, and (c) the experiences they have had with HIV/AIDS in the educational field. The duration of the interview was 45 minutes in length.

Findings from the pilot study exposed gaps in the preliminary research questions and shaped the development of subsequent questions in the main study. The pilot phase further informed the need to triangulate data through a more comprehensive and multi-pronged data collection approach. The questions were refined and reformatted to include greater reference to personal experience, perceptions, attitudes, responses to HIV and AIDS in general and teaching roles in particular. The pilot phase was thus instrumental, as it not only helped to inform the study, but also contributed to the direction of the research process in the main phase.

The Main Study

The main study was conducted in October and November of 2007, during the final semester of the PGCE programme when the PSTs had returned from their second and final teaching practice to complete their remaining classes and course requirements[61].

Main Sample Selection

PSTs training for primary and secondary levels were purposively sampled to facilitate the selection of PSTs who attended the PGCE programme at UCT. Purposive modes of sampling are usually used when "the nature of the inquiry is such that it focuses on a very select or specialized group of participants who are nested in a specific context and studied in depth" (Baxen, 2006: 125). This sampling technique was suitable as it allowed for the gathering of data within the specific group of PSTs at UCT. As described below, the main study encompassed three stages of data collection each requiring a sample group: (a) a large sample group of PSTs selected for the quantitative survey, (b) a smaller group selected for FGDs, and (c) a group of PSTs selected for individual interviewing.

Data Collection Methods

The data collection process was inductive and sequential; data gathered in each stage of the research was used to inform and support the questions in the subsequent stage.

Quantitative Surveys

Survey research is used in the field of education to "describe the characteristics of larger numbers of certain populations" (Morgan, 2005: 27). The survey method was selected for this study as it allowed greater access to the PSTs while quantifying and outlining the characteristics of their HIV/AIDS experience, knowledge and perceptions. As described in the next chapter, the results of this survey located and verified broad trends amongst the population of PSTs and thus served as a backdrop rather than forming the greater part of the main findings. Further, survey results were used descriptively in chapter six to describe patterns among the larger cohort of PSTs at UCT.

[61]The timing of this research process was carefully selected to allow PSTs to reflect on both of their teaching practice experiences. However, a limitation of this time frame was that PSTs often had a limited amount of time to participate in the study, as many were occupied with completing end-of-year projects and assignments. This factor thus greatly limited the number of PSTs who were able and willing to participate in this study as a whole and to the FGDs and interviews in particular.

The survey drew, in part, on existing quantitative research; a number of research questions in the AIDSQuest HIV/AIDS Survey Library[62] (Horizons & Population Council, 2006) were used as a guide in the formation of survey questions. Key opinion statements informed by the pilot phase and developed by the researcher, were also included in the survey. In order to establish an overall account of the PSTs' HIV/AIDS experience, knowledge and perceptions, the survey comprised 130 questions[63] that gathered information on the following: demographic characteristics; perceptions of HIV and AIDS; personal experience with HIV and AIDS; HIV knowledge; experiences of and knowledge gained from the HIV Module class, and overall comfort and preparedness to teach HIV education [see Appendix III].

Although the vast majority of the PSTs at UCT came from middle-class backgrounds (as indicated in their surveys)[64], any PST who did not reflect being from a middle or upper–class[65] was not included in this study in order to prevent skewed results from varied class upbringings. Taking these socioeconomic characteristics into consideration, 5 surveys were eliminated. After data collection and analysis of the surveys was conducted, a further 4 surveys were eliminated for being incomplete. In total, 50 PSTs fulfilled the study requirements and completed the survey.

Survey Sample Group

Quantitative surveys were administered to each of the 81 PSTs who attended the PGCE programme at UCT in 2007. From this group, 50 (62% of the total PGCE student body) completed and returned the survey[66]. This group thus formed the main sample participating in this study. The surveyed group of PSTs consisted of a larger number of

[62] Within the AIDSQuest HIV/AIDS Survey Library (Horizons & Population Council, 2006) multiple examples of surveys used for various HIV/AIDS studies are complied from international and local organizations. These surveys were valuable to this research as they served as examples and guided the presentation and formation of the survey questions within this study.

[63] The survey used fixed-format responses and general questions were presented in a 'True/False' format. However, in areas where opinions were highly valued, the format took on the form of a 'Strongly Agree/Agree/Disagree/Strongly Disagree' response. To discourage guessing, fixed response choices of 'Do not know' and 'Unsure' were also included.

[64] 'Class' was selected by each participant to enable each PST to choose which socioeconomic class they associated with. Within the surveys, 72.9% associated with being 'middle-class' 18.6% associated with being 'upper-class' while only 8.5% associated with being 'low-class'.

[65] Under apartheid, middle and upper-classes shared similar social privileges in comparison to low-middle and low classes who did not (Tihanyi, 2006).

[66] The surveys were anonymous and confidential; and thus may have included PSTs from the pilot phase.

females (72%) to males (28%), which was reflective of demographics in past years of the PGCE and other teacher-training programmes (see Alexander, 2005). As illustrated in Table 1 below, the majority (78%) of the surveyed sample group self-selected the classification of being middle-class. Further, the average age of the PSTs was 23.6, implying that they were in high school in the late 1990s when HIV education was first implemented and provided across South Africa in the general Life Skills curriculum.

TABLE 1: Descriptive data of Surveyed PSTs ($N = 50$)

Gender *n* (%)	Class *n* (%)	Level *n* (%)	Age *Group Average*
Male 14 (28%)	**Middle-class** 39 (78%)	**Primary** 20 (40%)	23.6
Female 36 (72%)	**Upper-class** 11 (22%)	**Secondary** 30 (60%)	

Upon completing and submitting the survey, PSTs were asked if they would be available to participate in the remainder of the study. Those who volunteered were asked to sign a form with their name, gender, teaching level, contact information and time that would best suit their participation in a FGD or interview. PSTs who participated in the pilot phase were removed from the FGDs and interviews in order to avoid possible bias generated through their initial responses in the pilot interview.

Focus Group Discussions

The second component of data collection built on the survey and consisted of conducting three qualitative FGDs. A selected group of PSTs were used in the FGDs to "gain information about their views and experiences of a topic" (Gibbs, 1997: 1). FGDs complement other quantitative and qualitative methods as they are "particularly useful for exploring people's knowledge and experiences and can be used to examine not only what people think but how they think and why they think that way" (Kitzinger, 1995: 299).

A semi-structured interview guide was used to generate discussions in the focus groups [see Appendix IV]. The questions in the guide were based on the conceptual framework discussed in chapters two and three and were further informed by both the pilot phase and the analysis of survey results. Thus they explored the PSTs' early experiences with

HIV/AIDS, their teaching experience with HIV education, and how they viewed their roles as teachers.

A fictional vignette was used in the FGDs to ascertain the PST's response to teaching HIV education [see Appendix V]. A fictional vignette is described as a "short stor[y] about hypothetical characters in specified circumstances, to whose situation the participant is invited to respond" (Finch, 1987: 105). This method was chosen as it had been used in similar research concluding that "responses to vignettes will reflect how individuals actually respond in reality" (Alexander, 2005: 35; Stinnett, *et al.*, 2004). Vignettes thus gave an indication of how the PSTs saw themselves fulfilling their roles to teach HIV/AIDS[67]. After the fictional vignette was presented, PSTs were asked questions about how an HIV lesson would be taught and what factors and issues would be considered in teaching the fictional class. The questions further addressed the methods and methodologies involved in teaching an HIV lessons. Here PSTs were asked to reflect on how these methods were similar or different to how they had been taught HIV education by their teachers when they were scholars. The duration of each FGD was approximately 1.5 hours in length. All three FGDs were conducted in a private room with written permission granted by PSTs to allow the discussions to be recorded using both audio and video[68] methods [see Appendix VI]. These were then transcribed verbatim supplemented by observational notes made during the interviews.

Focus Group Discussion Sample Group

The PSTs who volunteered for the study were placed into FGDs based on commonalities in their time schedules and differences in their gender and teaching levels. Three FGDs took place with a total of ten PSTs. Each FGD of three to four PSTs was based upon focus group methodology and was purposely selected to be as heterogeneous as possible in key characteristics of gender, teaching level and teaching subjects (Krueger & Casey,

[67] In order to avoid the limitations of a written-response format, (as in Alexander's (2005) study), the fictional vignette in this study was instead presented verbally during focus group interviews to allow for greater description and depth in responses.

[68] Video recordings only applied to the FGDs. However, it must be noted that they greatly improved the accuracy of the interview transcriptions as one could *see* who was talking and with what accompanying body language.

2000). The PSTs involved in the three FGDs are described in Table 2 below and in the brief profiles of each PST included in Appendix IX.

TABLE 2: Descriptive data of FGD and In-depth Interviewed PSTs (N = 19)

Name	Gender	Class	Level and Discipline	Age
Focus Group Only (4)				
Desiree (FGD)	Female	Upper-class	Secondary – English & Hist.	22
Anna-Michele (FGD_2)	Female	Upper-class	Primary	22
Evelien (FGD_3)	Female	Middle-class	Primary	24
Susan (FGD_3)	Female	Middle-class	Primary	28
Focus Group *and* In-depth Interview (6)				
Anna (FGD_1)	Female	Middle-class	Secondary – Geog & Hist	23
Natasha (FGD_1)	Female	Upper-class	Secondary – Science	22
Johan (FGD_1)	Male	Middle-class	Secondary – Science	23
Gavin (FGD_3)	Male	Upper-class	Secondary – Science	24
Luke (FGD_2)	Male	Middle-class	Secondary – Geog & Sci	23
Kate (FGD_3)	Female	Middle-class	Primary	23
In-depth Interview Only (9)				
Karla	Female	Middle-class	Secondary English & Hist.	22
Elizabeth	Female	Middle-class	Primary	22
Megan	Female	Upper-class	Primary	24
Emma	Female	Middle-class	Secondary - Science	28
Lara	Female	Middle-class	Primary	22
Daniel	Male	Middle-class	Secondary Science	27
Ethan	Male	Middle-class	Secondary - Science	29
Reid	Male	Middle-class	Secondary – Geog & Hist.	24
Clarissa	Female	Middle-class	Primary	22
Group Totals: *n* (%)		*n* (%)	*n* (%)	*Group Average*
	Male 6 (31%)	**Middle-class** 14 (74%)	**Primary** 8 (42%)	23.9
	Female 13 (69%)	**Upper-class** 5 (26%)	**Secondary** 11 (58%)	

In-depth Interviews

The third and final component of data collection for this study consisted of 15 in-depth, semi-structured interviews. Semi-structured interviews are advantageous as they allow the interviewee to speak freely on a given topic and, therefore, provide a rich and detailed response (Giddens, 1989). 'Life-history' accounts were encouraged in order to explore the PSTs' early life experiences, knowledge and perceptions of HIV/AIDS. The life history design of the interview was chosen as "no other method of research can give as

much detail about the development of people's beliefs and attitudes over time... [as] life histories offer sources of insight that few other sociological research methods can match" (Giddens, 1989: 680).

Questions within the interviews were open-ended and allowed the PSTs to reflect on their past and present lives [see Appendix VII]. Each interview was conducted in a private room and lasted approximately 1 hour. Written consent was provided by each PST and permission was granted to have the interview recorded and transcribed [see Appendix VIII].

In-depth Interview Sample Group

On conclusion of the FGDs, the PSTs were asked if they were willing to participate an in-depth interview. All additional PSTs who had volunteered to participate in the FGDs but then withdrew due to scheduling conflicts, were asked if they were willing to be interviewed. A total of 15 PSTs participated in the in-depth interviews. This sample size provided detail and nuance to complement the trends emerging in the survey and FGD findings.

In total, the qualitative FGD and in-depth interview sample group comprised 19 PSTs (see Table 2 on the previous page): Four PSTs who were involved in the focus group interviews only, six PSTs who were involved in both the focus group interviews and in-depth interviews and nine PSTs who only participated in the in-depth interview. Each of these PSTs was thus involved in at least two phases of the research study (survey, FGD and/or in-depth interview) which strengthened the reliability of findings (Merriam, 1998). It is noteworthy that the characteristics of the larger quantitative sample are largely reflected in the group trends of the PSTs who participated in the FGDs and interviews (as seen in Tables 1 and 2).

4.4 Data Analysis

As there were three components of data collection, each informing the subsequent component in the main phase of this study, the analysis took place over a series of iterative stages. According to Creswell (1994), data analysis requires the researcher to be at ease with developing categories and making sense out of the data within them. It thus

requires that the "researcher be open to possibilities and see contrary or alternative explanations for the findings" (Creswell, 1994: 153). Therefore, following the pilot, the first stage of the main research process entailed quantitative analysis of the survey data using SPSS version 16.0. The total sample of 50 surveys for the analysis were coded and tabulated into categories using a Microsoft Excel spreadsheet (de Vaus, 2002). This spreadsheet was then imported into SPSS and used to run frequencies and cross-tabulations on the variables; the findings of these results are discussed in chapter five.

The second stage of the data analysis entailed identification of broad themes in FGDs and interviews. QSR NVivo version 7.0 software was selected to be used for the coding of qualitative data. NVivo allowed for the creation of a series of 'free nodes' (unordered codes), 'tree nodes' (for subcategory cataloguing) in addition to being able to run 'queries' and create 'sets' of codes. Thus, after importing the transcripts written in MS Word, broad categories and themes which were framed from the conceptual and theoretical framework were used in addition to those which emerged in the pilot phase and survey data. As suggested by Marshall (2002: 63-69), the quality of the produced codes was increased by conducting manual and on-screen coding. Through this process, each interview transcript was read through separately while adding to, expanding on and creating new themes. Once this was achieved, each theme 'report' was analysed and further categories within the theme were created.

4.5 Triangulation and Research Quality

The quality of data collection and analysis is essential to the credibility of research (Kalla, 2006). Three key issues of quality assurance were taken into consideration when conducting this study, as discussed below.

Arguably, the most important aspect of the data collection was in verifying results through the use of multiple data sources that were both qualitative and quantitative in nature. Triangulation, or the use of multiple research methods, is advantageous in social research as it reduces researcher bias and mitigates against reliance on only one form of data (Hammersley & Atkinson, 1983). In this particular study, triangulation involved using the three different methods of data collection (survey, FGDs and in-depth

interviews) in order to support evidence gained from each source. Each research method not only informed the subsequent method, but also verified the findings in the data collected across each phase of the study.

In addition to triangulation, several other key reliability and validity factors were considered to ensure the quality of this study. Reliability refers to the extent to which research findings can be reproduced in other identical studies (Merriam, 1998). Validity is defined as the "degree to which findings of a research study present a true and accurate picture of what is claimed to be described" (Silverman, 1993: 149). Within the data collection process, reliability was ensured by having all FGD and interviewed PSTs complete the survey and by including at least one PST from each FGD in an in-depth interview. Within the data analysis process, transcription error was avoided by reading each transcript in conjunction with listening to and watching the audio and video recordings. A 'split-half test'[69]was conducted on the quantitative survey data to determine the dependability and consistency of findings. Furthermore, by comparing results with related literature, an 'established measured test' ensured consistency and replication with similar sample groups outlined in the literature review. The data collected and research findings from this study are reported in detail in order to ensure validity through creating an accurate picture which can be applied in subsequent studies.

4.6 Ethical Considerations

Permission to conduct this research was granted by the School of Education at UCT. Ethical considerations were highly valued and utmost care went into ensuring their application within this research. Time was allotted prior to each FGD and interview to explain the purpose of the research to each PST, including the planned use and storage of the data. Each PST was asked to give their full informed consent to participation in the study and to have it recorded by reviewing and signing a consent form [see Appendices VI and VIII].

Although the topic of research for this study was based on how PSTs respond to their teaching responsibilities, it also centred on potentially sensitive topics surrounding

[69] This entails dividing results in half and comparing the findings across the sub-samples.

previous experience with HIV/AIDS, race and class. In order to account for this, all PSTs were made aware of these potentially sensitive topics prior to the survey, FGDs and interviews. Further, within the survey, PSTs were given the category of 'No Answer' to use if they were uncomfortable completing personal questions on the survey. Additionally, within the FGDs and interviews, PSTs were informed that they had complete control in refraining from answering a question with which they did not feel comfortable.

All PSTs were assured of complete confidentiality, anonymity and that their responses would be used solely for the purpose of this research. In order to protect confidentiality, pseudonyms were used for each PST. Similarly, anonymity was ensured by removing any names of schools that could implicate the PSTs' identity through their teaching placements and to avoid any ramifications for the school. Each PST was sent a transcribed copy of their interview to ensure that all accounts were captured correctly. Lastly, it is envisaged that upon completion of this research, a copy of this thesis will be sent to each PST involved to ensure that this research process is transparent and constructive for the research participants.

4.7 Self-Reflexivity

According to Bhana and Epstein (2007), when conducting research it is always important to consider the identity of the researcher. In this section I not only account for myself as a researcher, but also indicate how my identity as interviewer and researcher may have influenced the PSTs through the research process. Like the majority of PSTs in the study, my personal identity is that of a white, middle-class student in her mid-twenties who was attending UCT. Also, like the PSTs I have an interest in education and have had over two years experience in teaching. Unlike the PSTs, however, my focus as a student is on 'HIV/AIDS in Society'. As I carried out the fieldwork I was aware of three main influences of my identity on the research process.

The first was that all I had observed, experienced and made sense of within the data analysis process was intertwined with my identity as interviewer and researcher. In this regard I found it very helpful to keep a journal where I recorded my journey, thoughts

and opinions. What became apparent within the journal was that as I came from a similar class upbringing to the PSTs, it became more difficult to spot irregularities in our shared experiences than if I had come from a different background. This process facilitated self-reflexivity and enabled me to carefully and critically address potential bias within the analysis and writing process. The second influence was that due to similarities between myself and the PSTs there was an automatic commonality which allowed comfort and trust to be quickly formed between us. Therefore, instead of being intimidated by the 'researcher-participant' relationship, the PSTs reported that they felt quite relaxed and thus conversed freely with me within the interviews. For the most part, this comfortable relationship was beneficial in that the PSTs were open and revealed personal and sensitive information about their sexual and HIV/AIDS experiences to me. The third influence involved my identity as an 'AIDS researcher' conducting research under the School of Education. Therefore, and as the PSTs were concerned with maintaining a professional image, they may have felt the need to modify their answers by placing more weight on meeting their HIV/AIDS teaching roles and responsibilities than they would have if I had conducted the research from different channels.

4.8 Limitations of the Study

The findings of this study should be interpreted in light of the following methodological limitations:

- As the design of this study used each method of data collection to inform the next, PSTs were exposed to a sequencing of research approaches which ultimately added to their overall knowledge and experience of HIV and AIDS. By reflecting on these experiences, the PSTs may have been influenced by this study as greater importance was placed on teaching HIV education through the administration of this study.
- Although careful consideration went into planning this study to allow PSTs to reflect upon teaching practice placements, direct observations of their teaching practices were not made. Therefore, this study sought to instead explore how experiences, knowledge and perceptions work to frame the teacher identities they create in response to their teaching roles. This study thus did not seek to analyse how PSTs performed and practiced implementing and teaching HIV education in the classroom.

- This research was limited to the PSTs who attended the PGCE programme at UCT in 2007. The PSTs included in this cohort were purposively selected and therefore, excluded minority groups who did not fit into the large majority of the middle-class PGCE student body. Further, due to the limited size of this thesis, this research was unable to compare the experiences, knowledge and perceptions to different racial and class groups. It does, however, make comparisons and contrasts within the selected sample group. Thus, making comparisons from this limited sample cannot nor were intended to be made against greater society in general.
- The study was only conducted in the province of the Western Cape. The Western Cape is exceptional in that, due to various factors, it has among the lowest HIV prevalence rates per province in South Africa. Due to the particularities of the province, care must be taken in generalizing and extrapolating these results beyond the sample covered by this study.

The above limitations should be considered for the research design to be strengthened in additional research of this kind in the future. Though the above limitations exist, this study has allowed a closer look at the factors that influence PSTs in responding to the HIV/AIDS teaching roles and responsibilities. It has also provided an opportunity to critically consider what PSTs bring with them into the teacher-training course and how this influences their professional teacher identities. The results of this research are presented in the following chapter.

Chapter 5: Results

This chapter presents the data and research findings from the 50 PSTs in the survey and the 19 PSTs involved in the FGDs and in-depth interviews. To best answer the main question, namely, how do the experiences, knowledge and perceptions of middle-class South African PSTs shape their teacher identities, this chapter has been presented in a manner which allows for their personal and professional experiences with HIV/AIDS to surface. As such, the analysis in this chapter is structured to present the results corresponding to the four sub-research questions:

1. What are the experiences of HIV and AIDS amongst middle-class PSTs?
2. What knowledge of HIV and AIDS does this cohort have and how does this relate to their personal and professional responses?
3. Amongst this cohort, what are the dominant perceptions of HIV and AIDS? How do these perceptions relate to how they view the school contexts in which they will be teaching?
4. How does this cohort see themselves meeting the HIV/AIDS teaching roles and responsibilities expected of them, as mandated by national education policy?

This chapter consists of two main sections: Part I outlines the main findings by presenting the general trends of the surveyed group of PSTs, followed by differences and similarities provided by descriptive data gained from the FGD and interviewed PSTs. The second section, Part II, presents a typology of teacher identities; similar characteristics were clustered around three 'types' of identity that were articulated within the interviews.

Part I: Main Findings

The following section explores the main findings of the qualitative and quantitative research conducted within this study. The results in the main findings should be considered in light of the fact that the majority of PSTs had both attended and intended to teach in well-resourced or private schools[70].

[70] Sixteen of the interviewed PSTs had stated that they either already had work or were looking for work in well-resourced or private schools. Only three PSTs expressed a desire to work in under-resourced or schools located in lower-classed communities. See Appendix IX for more detail on each PST.

5.1 Early Experiences with HIV/AIDS

In order to gain better insight into the early life experiences of the PSTs, this section examines how conversations around the topic of HIV/AIDS were mediated in both the familial and community contexts.

HIV/AIDS Discourse in the Family

Among the surveyed cohort of PSTs, 21 (42%) said that they had not discussed issues of HIV or AIDS with their immediate family (parents and/or siblings). In contrast, 26 PSTs (52%) indicated that their families were open to discussing issues of HIV and AIDS with them while they were growing up[71]. Given the range of responses in the survey data, questions pertaining to familial discussions on HIV/AIDS were explored in greater depth through the FGDs and interviews. Seven of the nineteen PSTs involved in the FGDs and interviews had discussed HIV/AIDS with their family members; however, these discussions were not viewed as extensive or memorable. Four of these PSTs had only vague recollections of the discussions. Therefore, although some PST had grown up in families who were open about HIV/AIDS, these conversations were not necessarily remembered as being notable.

'Othering' the Disease in Familial Discourse

The qualitative research findings drew a nuanced picture of the nature of family discussions on HIV/AIDS. For the most part in the FGD and interview accounts, parents 'othered' the disease and put distance between their family and the 'infected'. In Reid's interview he said, "*When it is mentioned it is... just seen as a tragedy, not something that's on a personal level.*" Emma agreed in her interview saying, "*It's not something that comes close enough for it to be treated as a real threat.*" Natasha, whose parents did a lot of outreach work in townships, stated in her interview that, "*We would sort of talk about how we thought they got it [HIV] and how they lived their lives... and that it just happened to them.*" Clarissa added in her interview that it only came up, "*In the few circumstances that we experienced – like the lady at church who adopted four little African orphans – two of them were HIV-positive.*" As for Luke, whose father was a

[71] The remaining 3 PSTs (6%) selected that they 'did not know' which could be inferred that they could not remember if conversations were had within their family or not.

pastor, conversations around HIV and AIDS were spoken about, "*All the time... because my parents happened to know people that the church reaches out to who had AIDS.*" In fact, out of all the 19 PSTs interviewed, Luke was the only one who reflected in his interview that he not only had conversations about HIV/AIDS with his family, but that they were also lengthy and detailed conversations, "*...about the people living in the townships and how they were living with AIDS.*" In each of these accounts, reference was made to an 'other' by descriptive words such as 'they', 'them' and 'African'. HIV and AIDS were associated with 'tragedy', but not something that was close enough to be treated as a real or personal threat. Discussions within families may have facilitated a familiarity with HIV and its prevalence in South Africa. However, the epidemic was isolated and distanced from the PSTs' families through discourse of 'othering'. Therefore, although being open to conversations about HIV and AIDS, the content was limited and had an impact on the PST's perception of invulnerability.

'Taboo' and the Discourse of Silence

In contrast to the seven PSTs who had conversations with their parents, nine of the FGD and interviewed PSTs had never discussed HIV or AIDS with their family members. The reasons for this silence ranged from HIV being perceived as a prohibited topic of conversation, to expectations that someone else was responsible for providing HIV education. For example, in his interview, Ethan described HIV as being, "*Absolute taboo.*" When asked to explain further why conversations of HIV and AIDS were taboo, Ethan stated that it was because he came from, "*A fundamentalist, bible believing, protestant family [who did not discuss] potentially personal issues – especially those relating to sex.*" Further, in Karla's interview she stated that discussions on HIV/AIDS are, "*Not something that happens around the dinner table of conservative Afrikaans families.*" These statements indicate that religious affiliations and conservatism in the family influenced the nature of acceptable and unacceptable conversation topics 'around the dinner table'.

Additional reasons provided for silences surrounding HIV/AIDS amongst family members related to expectations that these conversations were provided by the school system and were thus not necessary to take place within the home environment. Gavin

expressed in his interview that his parents did not see the need for these discussions amongst family members. In his words:

> My father, who is a medical doctor, felt that he brought us [my brother and I] up right. And you know, I think he thought 'there's no need for me to bring up these kinds of issues' because I think, being at the school that I was, he thought that I was getting enough of a good formal education there. Therefore, it wasn't necessary for me to get it at home.

Anna-Michelle, Desiree and Megan also mentioned that issues around HIV/AIDS were expected to be raised at school and not at home. In Daniel's interview, he deliberated if his parents chose not to discuss HIV with him as these conversations entailed discussions around sex, a topic his parents were uncomfortable to broach with him. He recalled that instead of having a conversation, his parents, "*...gave me a book when I was 14 called 'What Every Boy Should Know'... this was their way of talking to me about sex and I suppose sexually transmitted diseases.*" Thus, due to parental discomfort around both HIV and sex, and the related expectation that the topic will be brought up at schools, parents either did not discuss HIV/AIDS with their children, or presented information in a manner that was unmemorable or seen as insignificant by the PSTs.

Community Invincibility

Of the surveyed PSTs, 43 (86%) agreed that it was rare for a person in their community to have HIV. In contrast to the majority of the surveyed group, only one PST suggested that HIV/AIDS should be treated as a real threat amongst white South Africans. Kate recalled a booklet on HIV and AIDS that she had recently found. In it, she had read that, "*There are about 6% of white people that do live with HIV/AIDS in South Africa.*" In her opinion, she thought that, "*If people speak more about it, and don't hide it, then white people will deal with the issue... and will be more aware that it's also among them.*" However, Kate was alone in her opinion, as 17 of the 19 interviewed PSTs did not regard HIV as a disease that had the potential to affect their families or the social or racial class to which they belong. The PSTs rationalised this by distinguishing their community as unaffected by HIV compared to 'other' communities. For example, in her FGD Desiree shared this perception: "*[HIV/AIDS] is just not something that affects us.*" Kate later added in her interview that, "*A lot of people are so far removed from a world where*

HIV/AIDS actually exists. Honestly, I'm included.... I grew up very protected, living very much in a bubble... I didn't get exposure to other races and therefore things like HIV and AIDS was very much 'out there' in other communities, not in mine." Lara explained in her interview that, "*It is not in my community...*" but later added, "*Well, I'm sure I know people in my community that are [HIV-positive] but they would never admit it. So, even if it is here, it's pretty much kept a secret.*" These responses raise two concerns: first, the erroneous perception that HIV does not to affect middle-class communities and second, that fear of stigma prevents HIV-positive people from disclosing their status to members of their community.

By distancing themselves from 'others', the PSTs referred to themselves and their communities as 'invincible', 'infallible' and 'untouchable'. Furthermore, they used words such as living in a 'bubble', 'cocoon' or being 'sheltered' to describe that they were 'protected' from an HIV-vulnerable world. As expressed in the FGDs and interviews, perhaps this perception was based upon a lack of experience of not knowing an HIV-positive person in their community, for not one of the 19 PSTs interviewed had known of anyone in their immediate or extended family living with the disease. Of this same group, seven knew a PLWH on the periphery of their social community, but had stated that they had 'hardly' or 'barely' known this person. Those who were infected included domestic workers, gardeners, security guards or a member of a domestic worker's family who did not 'belong' to the same social or racial class as the PSTs.

Therefore, although Karla began saying in her interview that, "*There were quite a few people when I was younger [who were HIV-positive]*" she followed with, "*...but then it was always them, it was always domestic workers, or it was somebody who worked at the school as a janitor.*" Upon asking how well the PSTs knew the HIV-positive person, Emma remarked in her interview that, "*The only exposure you get is people who are either your maid at home... or the people that your church tries to reach out to. Which means it is always black people way beneath your educational level, so even if you see people your own age they never are on your level.*" Thus, even though these experiences were with people who worked for their families, these individuals were still at a distance from the PSTs. In Clarissa's interview she expressed: "*We didn't really know my maid's*

family. I mean we knew what effects it had on my maid because she lived with us. But we didn't really watch [her family] when they were sick and we had no idea of how to look after them and how to cope with them." By maintaining distance between themselves and those who were infected, HIV was not seen as a threat impacting the PSTs' community or family members.

This perception was also seen when the PSTs were asked in the interviews for opinions as to why the rates of HIV infection were high in South Africa. In response, the PSTs attributed blame to the class and racial groups that were notably most different from themselves. As the PSTs in this study were from the middle and upper-class, examples could be seen in class-based references to the 'poor population' in Evelien's FGD and Megan's interview response. According to Evelien, whose family members all have university degrees, HIV/AIDS is, "*A disease of the poor, the uninformed.*" In Megan's words, "*It affects the poor population... and the poor people [have] just become so used to it. You know, it is like a normal thing. Whereas the rich, we're up here and we don't really have anything to worry about because it doesn't affect us.*" In addition to class distinctions, the PSTs also spoke of racial differences. In Ethan's interview, he distanced himself from HIV and AIDS by discussing those more susceptible to the disease as being different to the white people in his community:

> A lack of education or simply people's inability to come to terms with the technical side of whatever explanation is thrown at them is why it spreads... I reckon... the white population is better educated and therefore able to deal with the technical side, and thus the risky behaviour on the part of the white [population] is less prevalent than that of the black.

When it came to conversations of 'risky behaviour', both Luke and Daniel asserted in their interviews that they came from a "culture" whose sexual behaviour was "non-risk related". According to Luke, "*Black cultures see things like sex very differently to us and Western cultures. I don't know, but I think it has more to do with race than people like to admit.*" Daniel was more expressive, stating: "*Whew! You see the culture that I am coming from is different to greater South Africa in my understanding... so in certain cultures sex is seen in a very different light to how I've been brought up.*" In the above accounts discourse of the class and race of others were used as a means to validate the PSTs' protection from the disease.

Protection from the 'Reality of the Disease'

In addition to not regarding HIV as having the potential to affect those in their community, it became apparent within the survey that many did not know how HIV and AIDS were affecting the wider society in South Africa. Only 8 (16%) of the surveyed PSTs knew how many people in South Africa were currently living with HIV and/or AIDS[72]. The large majority of PSTs (40%) indicated that they did not know the answer, and the rest of the PSTs responded with inaccurate statistics[73]. When commenting on the prevalence of HIV and AIDS in South Africa in the FGD, Anna-Michele stated that she knew the rate of HIV infection was high, but that she didn't, "*Have a clue as to the reality of what is going on 'out there' with the disease.*" Within these results it is evident how silencing conversations of the disease relate to inaccurate knowledge of how HIV and AIDS are affecting not only the PSTs' own community but also that of wider society.

In contrast to the majority who had expressed a 'distanced' relationship to PLWH, two PSTs in the interview described recent personal experiences with PLWH[74]. In his interview, Gavin expressed that he had developed close relationships with a group of HIV-positive children he had met as a volunteer in a children's home. He stated that through this experience: "*This whole spectrum of HIV... became real to me. And then I realised, you know, this is actually much more serious than I thought!*" Much like Gavin, Anna also had a recent experience of knowing an HIV-positive person: the father of one of her school friends. For Anna, this experience, "*Opened my eyes, [for] the fact that [my friend] told me, made me realise that wow, you know, he's a real person and she's not afraid to talk about it.*" It is noteworthy that Anna's experience contrasted with the predominant perception among the PSTs, discussed above, that HIV-positive people do not share their social background, as her friend's father shared her same race and class status. Anna acknowledged that this experience, "*Changed my perspectives of the disease, [as it had become] closer and more real to me than ever before.*"

---

[72] At the time this research was conducted, there were an estimated 5.41 million people living with the disease (Dorrington, *et al.*, 2006). Within the survey this was categorized by a '5-6 million' response.

[73] Of these, 12 PSTs (24%) under estimated the prevalence of HIV/AIDS at 1-2 million or 3-4 million people (5 and 7 PSTs respectively) and the remaining 10 PSTs (20%) over estimated the prevalence rate at 7-8 million and 9-10 million people (3 and 7 PSTs respectively).

[74] Empirical research in South Africa has shown that personal experience with HIV significantly influences the formation of teacher identity (Visser, 2004).

Education Status, Class and Invincibility

The perception of 'familial and community invulnerability' expressed by the PSTs above seems to have been translated into an individual perception of invulnerability. For, among the surveyed PSTs, 33 (66%) were of the opinion that within their lifetime they would not become infected with HIV. Reasons accounting for perceptions of risk or invulnerability were probed in depth through the interviews. In the interviews, most (10 of the 15 interviewed PSTs) indicated that they did not take personal risks associated with HIV transmission. Reid expanded on this in his interview by saying: '*I mean I do not intend to have the 'before marriage thing', so in some ways, it's irrelevant obviously, and on a very personal level it's not a concern.*' Elizabeth agreed, stating in her interview that when it came to, "*...oral sex and then obviously all the other types of sex you can possibly have with a person, well I don't need to know about that, so I've forgotten the high risk and the low risk of that.*" When asked why she felt that she did not need to know about the risks of sexual transmission, Elizabeth replied, "*Because it's not necessarily something that I want to inform myself about because that's not something that I will ever do – I'm saving myself for marriage.*" By disassociating themselves from 'risky behaviour', Reid and Elizabeth justified that they were distanced from HIV vulnerability.

Risk-avoiders or Risk-takers?

Unlike Elizabeth and Reid the majority of the PSTs were not abstaining from sex. In the survey 34 PSTs (68%) did not know nor disclose their status to their partner before becoming sexually active and 35 surveyed PSTs (70%) did not know their partner's sexual history before becoming sexually active with them (see Chart 1 below).

CHART 1: Responses to sexual risk practices ($N = 50$)

Less than half (40%) of the surveyed PSTs had been tested for HIV at least once. Similarly, only five of the fifteen PSTs who participated in an in-depth interview had been tested for HIV. According to Emma in her interview, this is the case because, "*I think it's not that people are not aware but somehow they just don't think that it is going to happen to them. This sense of I'm infallible because I'm educated. It won't happen to me. I won't get it – Even if you are having unprotected sex with someone.*" This sense of invincibility based on education status and class on a familial, community and personal level, informed more questions for the FGDs and interviews concerning how the PSTs were taught about the disease while they were schoolchildren.

5.2 Early School Experiences with HIV/AIDS

From the survey, FGDs and interview responses, it is evident that HIV education was not supplied consistently to all PSTs by their teachers when they were in school. In fact, four of the surveyed PSTs (8%) and two of the interviewed PSTs (Ethan and Emma) had not received *any* form of HIV education in the school system prior to university. For those who did receive HIV education, it became apparent through the FGDs and interviews that often HIV education was not provided uniformly to all PSTs while they were primary and secondary level scholars between the late 1980s and early 2000s.

HIV Education in Primary and Secondary Schools

Of the PSTs who had received HIV education in their public or private schools, each had expressed that even though the topic was taught, there were significant gaps in the information they received. In Clarissa's interview she stated that her private schools sheltered her from the reality of HIV and AIDS in South Africa: "*I led a pretty sheltered life at private school, as I wasn't affected by HIV/AIDS or really taught much about it.*" According to Susan in the FGD, "*I think the 'bubble of privilege' kind of encapsulates us to a large extent at school, so that we don't learn about HIV/AIDS properly, but instead it is very much a distant abstract kind of thing.*" In Luke's FGD, he added that this might have been the case because, "*When I was at school teaching HIV and AIDS was still quite a contentious issue, so it wasn't really touched on.*" Thus, to the PSTs who were taught HIV education, questions were posed to investigate the *quality* of the early school experiences they received.

Observed Roles and Responsibilities of Teachers

Of the PSTs involved in the FGDs and interviews, four were first taught HIV education in primary school and the remaining thirteen were taught in secondary school. However, only a select few teachers within the PSTs' schools taught HIV education lessons, as it was only the responsibility of guidance and biology teachers. In the FGD, Natasha said, "*It would never be from your other teachers.*" Megan agreed in her interview, as she said that otherwise if it was ever brought up in a different class, "*Our teachers at school didn't really talk about it... they always seemed to be trying to avoid it.*" On the whole, guidance teachers were viewed by the PSTs as caring, nurturing and kind, whereas biology teachers were seen to be factual. When it came to the pedagogical orientation towards guidance teachers teaching HIV education, the topic was presented in a manner that was indirectly related to the students. As stated by Natasha in her FGD, "*The emphasis of HIV/AIDS was very out there... it can happen to those people, but not to us.*" According to Evelien in her FGD, "*It was always outside. It was never put in the context of our school or community where we could be contracting HIV/AIDS.*" This was found to be similar to the way biology teachers broached the topic of HIV in their lessons, as Gavin had the impression his biology teachers had an attitude of "*'The less they know about it the better'... It was sort of well 'this isn't going to affect our guys. Let's just teach them the science about this, and just move on'.*" Megan commented in her interview that although she learnt the basic methods of transmission in her biology lesson, these classes seemed rushed, were allotted little time and given low priority. She recalled that: "*There was never time for questions... I was taught that HIV was something that affects your immune system, but I didn't even know what an immune system was!*"

In addition to, or in place of being taught by guidance or biology teachers, eight of the FGD and interviewed PSTs mentioned that their secondary schools[75] brought-in "special presenters"[76] to talk to the students about HIV/AIDS. Daniel commented on this in his

[75] Not one of the FGD or interviewed PSTs had recalled having a presenter come into their school at the primary level.

[76] These presenters were viewed as "experts in the field", and ranged from health practitioners and HIV-positive individuals to South African comedian Pieter Dirk Uys (who has toured high schools across South Africa since 2001, delivering free AIDS-awareness entertainment called 'For Facts Sake!'). Additionally, groups of adults performed dramas, comedies and mimes while delivering information and education about HIV and AIDS.

interview when he said: "*When we did have a couple of lessons that were about HIV/AIDS in particular, the school got somebody from the outside to come in and teach it specially, so that it didn't have to be one of our teachers teaching it.*" As can be seen in the way Daniel made his comment, the teachers at his school were 'spared' the responsibility of teaching HIV education by the presence of the external presenter. Of the interviewed PSTs, six had mentioned that these presenters made the biggest impact on the development of their HIV/AIDS knowledge – above that of their parents and/or teachers. These presenters were further viewed as experts, for they not only touched on the scientific aspects but also the emotional and social impacts of the disease. A negative aspect to these presentations, however, was that they were often not brought into the schools on a regular basis[77].

The above accounts indicate that although HIV education was provided the in PSTs' primary and secondary schools, the experiences of HIV educators greatly varied as they had been taught by markedly different teachers and/or experts in the field. The way guidance and biology teachers approached teaching HIV education, however, was very similar to how the topic was broached at home: when it was discussed, it was referred to as 'out there' as a general problem that only affects 'others'. Thus, and although the PSTs in the FGDs and interviews had received education around HIV, discrepancies in the pedagogical approaches limited the types of knowledge they retained from these lessons.

Knowledge of HIV/AIDS

The survey revealed a number of trends regarding the HIV/AIDS knowledge the PSTs had gained from their school education and social experiences[78]. Reflected in Chart 2 (on the following page), the majority of HIV transmission routes were well understood among the surveyed PSTs. However, there were also areas where the PSTs had incorrect knowledge[79], particularly around vertical transmission of HIV. Knowledge of HIV

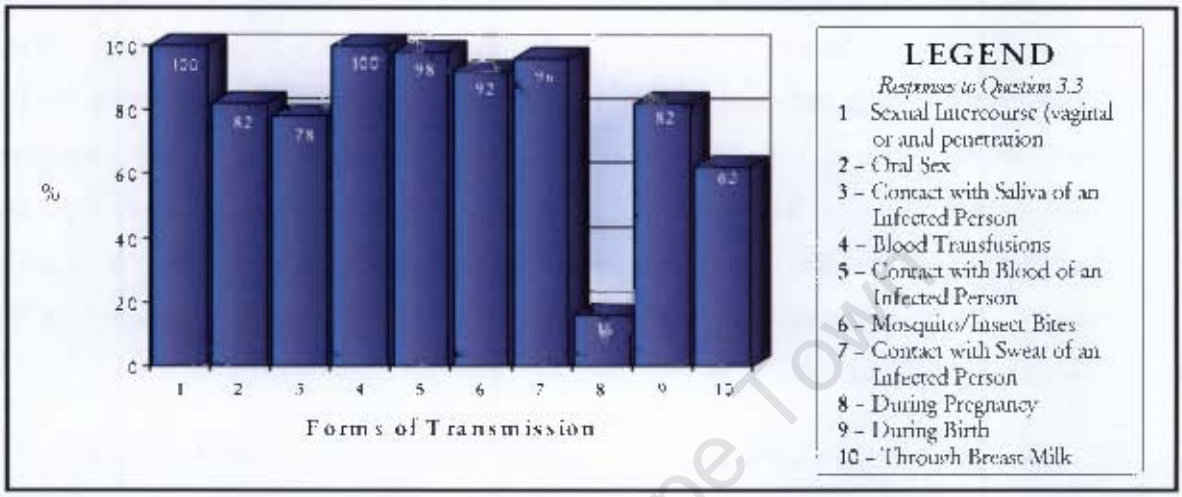
[77] Only five of the PSTs involved in the FGDs and interviews had presenters come into their secondary school on more than one occasion.

[78] 'Social experiences' includes information obtained from any HIV/AIDS intervention or campaign that the PSTs had exposure to, in addition to familial and any sources outside their formal educational.

[79] One of these areas was in regards to the management of HIV with antiretroviral drugs (ARVs) [ARVs are a cocktail of three medications that are taken once-twice daily when an individual's CD4 count has dropped to 200 or below – indicating that the body's immune system has been compromised. They do not cure AIDS, but instead are able to prolong life]. Less than half (46%) of the surveyed PSTs indicated that an

transmission through oral sex and saliva were also less accurate than knowledge of HIV transmission through sexual intercourse and blood transfusions.

CHART 2: HIV Transmission: Percentage of Correct Answers per Category of Surveyed PSTs to Question 3.3: 'A person can become infected through…' (see Legend for categories).



Among the 19 PSTs involved in the qualitative research, it was only Ethan and Reid who expressed personal and professional concern over their lack of knowledge about HIV management. In Ethan's interview he reflected, "*What I don't really know is what you do when you know that you've got it. I don't really have much information about what happens to your body – like how the virus spreads in the body and what happens if you don't get the right medication…*." Reid elaborated on how his lack of knowledge of HIV management had the potential to influence him and his students in the classroom. In his words: "*I wouldn't know what to expect. If a student came to me and said 'I've got AIDS, what is going to happen in the next four years?' I wouldn't know. Like you're going to start getting really sick, or you'll be fine if you have anti-retrovirals. I just wouldn't know.*"

When asked in the FGDs and interviews to reflect upon their knowledge, 16 PSTs were aware that they had some knowledge gaps. Upon further reflection, Anna stated in her interview that, "*I fooled myself into thinking, 'Well… I've had HIV education since grade 5, so I should know everything.' Then suddenly I get this wake up call that 'My word. You*

individual who was taking ARVs would experience side effects from the drugs in the first few months. Even fewer PSTs (17 or 34%) indicated the correct response to how often an HIV-positive person takes their ARV medication.

don't actually know anything'." Kate commented in her interview that, "*If I am teaching it I am going to start with the basic stuff about HIV and AIDS, and after all these years of learning it in school – that's the stuff that I don't know!*" Reid made a similar comment as he stated, "*It's a bit embarrassing. I am an educator, supposedly an educated person, and it affects one in three people and I am still clueless*." These gaps in HIV knowledge and their subsequent influence on the perceived self-efficacy of PSTs, underlines the importance of providing and instilling HIV knowledge though HIV education in teacher-training programmes.

5.3 Teaching Practice Experience

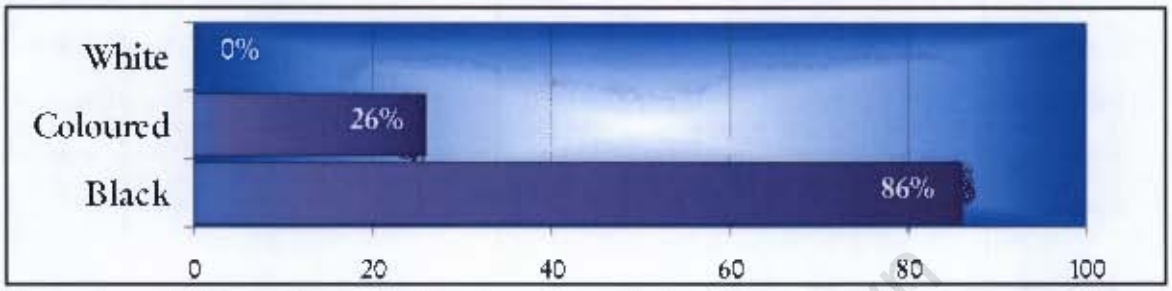
Analysis of the survey, FGDs and interviews data indicates that the PSTs had limited opportunity for delivering HIV education or engaging on topics relating to HIV/AIDS in general during their two teaching practice placements. This next section explores how PSTs experienced HIV/AIDS during their involvement in the PGCE programme in 2007. It includes a discussion on the PSTs' perceptions and experiences of their eleven week teaching practicum at both well-resourced and under-resourced schools, in addition to their experiences of the HIV Module course provided by the PGCE program at UCT.

HIV/AIDS Relevance in the Teaching Environment

Corroborating the findings that HIV education was often presented in a way that distanced the PSTs from the disease while they were scholars attending well-resourced and private schools, 34 of the surveyed PSTs (68%) similarly believed that HIV/AIDS issues were more salient at under-resourced schools. Discussions in the FGDs and interviews indicated that the PSTs perceived HIV/AIDS issues to be more relevant in under-resourced schools, and these perceptions were reinforced in the observations PSTs made during teaching practice. In Ethan's interview, he recalled that, "*The children at under-resourced schools were young, impressionable... They could easily get into situations where they don't even know they are getting pregnant*." Along with the class or resource status of students and schools, race also played a feature role in the PSTs' perceptions and experiences of HIV and AIDS relevance in the teaching environment.

When asked in the survey, "At which schools were issues of HIV/AIDS prevalent," the PSTs made the following distinctions as expressed in Chart 3 below[80]:

CHART 3. Compiled survey responses to: *From your teaching practice experiences: At which schools were issues of HIV/AIDS prevalent? "Schools with a large density of _____ students and staff."*



From these findings it became clear that many of the PSTs surveyed had the perception that schools with a larger density of black students and staff would have a greater prevalence of HIV and AIDS being issues at school. It is noteworthy that not one surveyed PSTs rated a school with 'a large density of white students and staff' as being impacted by HIV/AIDS.

School Orientations towards HIV Education

Within the survey, 32 PSTs (64%) indicated that education on HIV/AIDS was regarded as unimportant in their teaching practice schools. Similarly, twelve of the interviewed PSTs stated that HIV education was not seen as a priority at either the well-resourced or under-resourced schools in Cape Town. Through the responses it became apparent that schools did not regard HIV/AIDS as an important component of the scholars' education. According to Gavin, "*At both schools that I taught at, not once was there a mention of, any problem, issue or topic surrounding HIV/AIDS... I didn't have any sort of inclination that it had been done before or that it was a major theme that was addressed throughout the year.*" In another FGD, Desiree added that, "*At my under-resourced and model C schools there was absolutely zero mention of HIV/AIDS... And in the different classrooms that I observed I think that the teachers were really just trying to discipline and maybe teach the work in the little time that they had, so talking about AIDS just wasn't a priority.*" Karla shared a similar experience in her interview: "*I sat in some Life*

[80] *Note:* The chart is an amalgamation of three questions (1.8h – 1.8j). Therefore each survey respondent had the opportunity to select more than one answer and race category.

Orientation classes at a private girls' school. Nothing, no AIDS education... even when I saw the scope to bring it in, when they were doing say, childhood diseases, and even there I thought you could make the link, but it was never made." These results highlighted that perhaps HIV education was not seen as a priority in the schools where the PSTs were placed during their practicum.

These findings are particularly significant given that the PSTs were attending their second teaching practice in schools across Cape Town during the WCED's 'school AIDS week'. Thus, although national education policy advocates awareness around HIV, many Cape Town schools did not share a corresponding commitment to emphasising HIV education or related activities. Out of all the FGD and interviewed PSTs, only Megan noted that her placement school participated in an 'HIV awareness week'. As a consequence and quite unsurprisingly, when asked in the survey, "When is school AIDS week celebrated each year?" only 5 of the 50 PSTs (10%) selected the correct answer. This indicates that not only do these schools pay little attention to providing HIV education to scholars, but they also fail to adhere to policy guidelines that stipulate schools hold an AIDS week each year.

Teaching HIV/AIDS in Schools

Within the eleven weeks of teaching practice placements, only 12 of the surveyed PSTs (24%) and three of the FGD and interviewed PSTs either incorporated HIV education into their lessons or were required to teach a lesson on HIV during their teaching practice. Each of these FGD and interviewed PSTs was a primary school teacher who had taught the lesson within a Life Orientation class. Anna-Michele's experience below shows an interesting similarity in how some teachers shift the responsibility of discussing HIV on to other teachers; much like some parents shifted the responsibility on to teachers at school. Anna-Michele recalled her experience teaching HIV education at an under-resourced school in her FGD:

> Well, I was in Gugs[81], on my first teaching prac[tice]. The very first thing that I was asked to teach was HIV and AIDS. My teacher was like, 'Okay, well tomorrow you are teaching HIV/AIDS' – which I was very surprised about! And I was sort of, a bit taken off guard. So I asked the Grade 7 teacher why this was the first thing that they wanted me to teach, and she blatantly said, 'Because I don't want to teach it'. She was like, 'I don't really like teaching that part of the curriculum – so you can'.

In contrast to Anna-Michele, both Megan and Lara's experiences of teaching HIV education were in well-resourced schools. Megan was the only PST interviewed who had taught two HIV/AIDS lessons; both lessons were taught in the private school where she was placed during teaching practice. In her first lesson, Megan became aware of how her students' perceptions were negatively affecting the lesson: "*The white girls in the class began blaming the black girls for spreading the disease... So I stopped the lesson right away and moved on to something else [as] people's feelings were getting hurt.*" In order to avoid a reoccurrence of the same situation in her next class, Megan decided to pull the students who claimed to be sexually active away from the class in order to talk to them about HIV education in private. In her words, "*I went and spoke to them about it away from the class, because I didn't want a repeat of what had happened before with the other girls.*"

Lara's experience differed as she found that her students at an all-girls' private school were quite responsive to and interested in her lesson. Lara noted in her interview that she was nervous to teach the lesson because she had, "*...never really discussed this kind of thing with anybody else.*" Therefore, this lesson was the first time that she had taken the lead role. In her words, "*When it was originally explained to me, I wasn't comfortable with it, but now I need to be the one that needs to be comfortable with it and explain it to the learners who are uncomfortable with it... It's a big change in roles.*" As evident in the PSTs' accounts of providing HIV education during their teaching practice, their responses to it varied greatly.

It is noteworthy that the majority of surveyed, FGD and interviewed PSTs had not taught nor observed any form of HIV education while attending their teaching practice. The recollections of those who did teach lessons indicate varied approaches that may be more

[81] 'Gugs' is the abbreviated form of 'Gugulethu' – a township located to the East of Cape Town's city centre.

or less problematic for scholars and reflect the value placed on teaching HIV education. These experiences and perceptions are discussed in more detail in the following chapter as they have implications for the identities PSTs create as HIV educators.

Risk-taking during Teaching Practice

Although not having taught a lesson on HIV education during her teaching practice, Elizabeth had encountered a situation where she had "thought about HIV/AIDS." Below is her account of an incident which occurred during one of the art classes she was teaching:

> When I went on teaching practice I thought about it [HIV/AIDS] once. We were working with Lino print… which you do stencilling [with] by chiselling it with a sharp metal piece. It was a Grade 6 class, and they were chiselling their little designs on their carpet. But half of them, they cut themselves… and then I cut myself as well. So I was like 'O Crumbs! I am supposed to bandage these kids up, now'. And I was ashamed of myself – because I was thinking, well (whispering and leaning forward in her chair) what if one of these kids has HIV? I know I've been tested, but…
>
> Interviewer: "So what did you do?"
>
> Oh, but then I was okay, because I said to myself 'Don't be stupid! Children don't have AIDS. Children are pure and innocent' (pause) I thought I was just being over dramatic in a sense. Well, not 'dramatic', because I went and I did it first [bandaged them] anyway. It was just a passing thought that went through my mind because there was blood …'Oooh' (laughs).

The account by Elizabeth above outlines that although she had taken an HIV/AIDS test and knew her status, she had still involved herself with risk-taking behaviour when she had bandaged her students' hands while still having open wounds on her own. Due to the false understanding that "children are pure and innocent" and therefore not infected with HIV, Elizabeth had put herself in potential risk as she did not act on her "passing thought" due to her feeling that she was being "overly dramatic."

The HIV Module Course: HIV Education for PSTs

Perhaps due to assumptions and observations during teaching practice that HIV and AIDS seldom affect both primary and secondary educational fields, only six of the surveyed PSTs (12%) and two of the FGD and interviewed PSTs attended all of the

mandatory HIV Module classes provided by the PGCE programme[82]. The main reasons provided in the survey for not attending the classes were that the PSTs were (a) 'too busy with other work' (64%), (b) 'the material was not interesting' (44%) and/or (c) they 'already knew what there was to know about HIV/AIDS' (14%). In the FGDs and interviews, the PSTs added that the classes were 'boring' and that the timing of the course was poorly placed as they didn't have time to finish their year-end projects. Therefore, cuts were made, and for many like Clarissa, "*The HIV/AIDS class was at the bottom of my priority list.*"

For the FGD and interviewed PSTs who attended some of the 5 classes, the main reason for their low attendance was due to the HIV Module not being seen as helpful, as it did not focus on the 'practical strategies and skills' needed to teach HIV education. For example, Natasha said, "*I went to some of the classes and I still don't know how to approach topics of HIV/AIDS in my Maths class.*" Daniel was concerned, noting, "*They never talked about what you do if there's an HIV-positive kid in your class.*" Anna added in her FGD that she did not see the need to attend because, "*It was way too theoretical, and all we were really wanting was the 'hands-on' stuff that never got covered.*" In the FGD, Susan suggested that:

> A lot of the problem relates back to the assumption that you are a teacher and so you are an educated person, so you just have all the knowledge anyway. So the assumption at UCT is, 'Oh well, we've got these degrees before we came to do the PGCE, we must know all about HIV/AIDS, so we'll just give you five one hour lessons on the stuff and you can just go out and teach it'.

In the same FGD, Evelien added, "*If they're [the PGCE programme] not going to make it a priority, why should I?*" Emma agreed in her interview as she stated that, "*If it's not made relevant for teachers, how are the teachers going to make it relevant for their students?*" From these results it can be clearly inferred that the HIV education provided through the HIV Module course was not viewed as a priority or relevant among the vast majority of PGCE PSTs. The second section of results which follows in Part II below, explores how, in the absence of class attendance, the PSTs saw themselves fulfilling their HIV/AIDS teaching roles and responsibilities.

[82] It must be noted that at the time of conducting the survey, only 4 of the classes had taken place. With this in mind, as only 6 of the 50 PSTs had attended all 4 classes, they were the only ones with the potential to attend all of the 5 HIV Module classes offered by the PGCE programme.

Part II: Articulation and Creation of Teacher Identities

This section of the results first identifies group trends towards how the PGCE PSTs felt prepared to meet the HIV/AIDS teaching roles and responsibilities required of them. Special focus within the interviews was placed on how the PSTs saw themselves fulfilling their roles as community, citizenship and pastoral practitioners, in addition to how they saw themselves teaching HIV/AIDS across the curriculum. Through the PST responses, the creation of various teacher identities within the context of the FGDs and interviews became apparent. Although on a whole there were commonalities and trends across interviews, the PSTs responded in markedly different ways to how they saw themselves fulfilling their roles and responsibilities. Themes and categories were developed based on these responses from the FGDs and interviews. As explored below, PSTs took-up what will be identified for the purpose of this study as *reluctant*, *resistant*, and *empowering* teacher identities. These identities are discussed in greater detail below.

5.4 Preparedness for the HIV/AIDS Teaching Roles and Responsibilities

When asking the PSTs in the survey whether or not they felt prepared for their HIV/AIDS teaching roles, the large majority (82%) responded that they did not feel adequately prepared to teach HIV education. Reasons varied from: (a) not having basic counselling and referral skills in order to support learners affected by HIV and AIDS (62%); (b) not knowing how to effectively integrate HIV education into the curriculum (48%); (c) not feeling able to adequately address and discuss HIV and AIDS in the classroom (34%), and (d) not feeling comfortable teaching a student who is HIV-positive (10%). Further, only 33 of the surveyed PSTs (66%) stated that they understood their responsibilities to teach HIV education. Perhaps as a result of these responses, 39 of the surveyed PSTs (78%) stated that they required more training before they would be able to best address HIV/AIDS-related issues within their classroom.

When asked directly about the community, citizenship and pastoral practitioner roles within the FGDs and interviews, the PSTs' responses greatly varied as to how these roles

were understood. In terms of the community practitioner role[83], 13 of the 19 PSTs either did not understand the role or feel that it was necessary for them to fulfil. Comments varied from HIV and AIDS not being a concern in the community in which the PSTs will be teaching, to being afraid or feeling that it was not their place to speak to parents about HIV and AIDS. Of all the PSTs involved in the FGDs and interviews, however, it was only Karla who took into consideration that although teaching at a well-resourced school in a middle-class neighbourhood the following year, there would still be children from various socio-economic backgrounds in her classes who would require the understanding and support required of this role. In her words she said:

> The school that I will be working in next year has a lot of your middle to upper-class students, but it also has your kids from disadvantaged families or families that are affected by AIDS. So I think I need to be aware, so that I can make sure that those voices are heard in my classroom... and to try and make sure that I am looking for those voices and concerns to come out so that I can be aware of how HIV/AIDS is affecting my students and their families.

Respect for all students – regardless of their HIV status – was seen as an important role to fulfil. As a result, almost all of the FGD and interviewed PSTs (16) stated that giving and receiving respect through the citizenship practitioner role[84] was one of the most important aspects to fulfil and ensure in a classroom as a teacher. In Natasha's interview she saw the benefits for treating 'HIV-positive students with respect', for: "*They're just like any other human being [and] they will respect me if I respect them. And the other kids in the class would respect them too if I do.*" Thus, among the PSTs the citizenship role was highly regarded and accepted as being central to their teaching roles and responsibilities.

Conversely, of the HIV/AIDS teaching roles defined within the NSE framework, the pastoral practitioner role[85] was the most difficult for the PSTs to accept. This was the

---

[83] The NSE describes the 'community practitioner role' as an educator developing supportive relations with parents and other key persons and organizations based on a critical understanding of community and environmental development issues. A key aspect of this role is for PSTs to understand community issues and to know about available support services and how they may be utilised (DoE, 2000b: 14, 18-20).

[84] The NSE describes the 'citizenship practitioner role' as educators practicing and promoting a critical, committed and ethical attitude towards developing a sense of respect and responsibility towards others. By doing so, educators uphold the constitution and promote democratic values and practice in schools and society in addition to being able to critically analyse the school's promotion of HIV awareness and curriculum (DoE, 2000b: 14, 18-20).

[85] The NSE describes the 'pastoral practitioner role' as an educator demonstrating the ability to develop a supportive and empowering environment for the learner, and to respond to the educational and other needs

case for 12 of the 19 FGD and interviewed PSTs, as they did not easily see themselves fulfilling the counselling aspect of the pastoral role. This was evident in Desiree's FGD response as she said: "*Some people in PGCE say that you are a teacher and you are there to be everything for these children. Some of them say you are a teacher you are not a social worker. I personally will be way too afraid to try and tackle a social work type of psychology business within the school.*" In Natasha's FGD she stated that, "*I really don't think that's my job... because we're teachers not counsellors, so we don't need to know how to deal with some child whose mother just died of AIDS and grief counselling. That's not my responsibility.*" For Luke:

> I struggle with the whole counselling thing as a teacher. I see two things very separately. I see myself as a teacher being able to show the kids options and make them aware of things and tell them about things and bring issues up... But I would really struggle to actually counsel a child, especially with the HIV/AIDS thing. I can tell them what I think and how I see something like HIV/AIDS, but I don't see myself as a counsellor for them.

An interesting distinction was that the remaining seven PSTs who saw the role of counselling as an important part of their position as a teacher, were also all primary level teachers. These PSTs described that they saw themselves as being able to fulfil the pastoral role as it was aligned to their personal ethos of being a teacher. Much of these responses were like Anna-Michele's as she described in her FGD that, "*I think for me it's a personal thing, that the reasons that I enjoy teaching, is because I sort of put myself into that caring role, where I want to be a positive influence over the kids in my class.*" For Susan, she saw the counselling aspect of the role important as, "*The students need someone to turn to and often it will be their teacher. This could be one of the most important roles that I will be fulfilling as a teacher because it will be a chance to really make an impact in someone's life – just by listening to them.*"

Lastly, when asked to provide examples of how they saw themselves bringing HIV/AIDS education across the curriculum as advised by the WCED, the FGD and interviewed PSTs responded with general statements much like Lara who said, "*It really needs to be taught in all subjects*" and Karla who stated that, "*It clearly needs to be across the*

---

of learners and fellow educators. A key aspect of this role is to provide care, support and counselling to students in need of assistance (DoE, 2000b: 14, 18-20).

curriculum for it to be effective." However, when it came to particular details of including HIV education in their subject areas, 13 of the 19 FGD and interviewed PSTs were less willing than others to consider incorporating it in their lessons. In Kate's interview she stated that there are, "*...limitations in what can be discussed in the Maths and computer subjects.*" When it came to English and History subjects, Anna remarked that, "*The syllabus doesn't allow space for it to be brought in.*" As shown through these accounts, many of the HIV/AIDS teacher roles and responsibilities were responded to in different ways. Evident in the way the PSTs articulated these responses, was that they were also invoking and creating an HIV/AIDS teacher identity. These identities are explored in greater detail below.

5.5 HIV/AIDS Teacher Identities

Three main themes of teacher identities emerged when discussing teacher's roles and HIV education in the qualitative components of this research. Based on the way the PSTs spoke about and responded to the HIV/AIDS teaching roles within the FGDs and interviews, the PSTs were placed in categories of *reluctant*, *resistant* and *empowered* teacher identities for the purpose of this study [86]. The *reluctant* teachers were PSTs who, although willing, were apprehensive about fulfilling the HIV/AIDS teaching roles and responsibilities. The *resistant* teachers were PSTs who expressed that they were unwilling to fulfil aspects of their roles and responsibilities as they did not align to their preconceived ideas of what it means to be a teacher. Lastly, the *empowered* teachers were PSTs who, although having limited experience in HIV/AIDS, used this lack of experience as a means to understand and transform their ideas of what it means to be a teacher entering today's educational field. As evident in the responses below, these PSTs took-up an identity which made them sound liberal, willing and able to take on the challenges of the roles and responsibilities that are required of them. Each of these three themes is based on qualitative data from the FGDs and interviews and is explored in greater depth below and in the following chapter.

[86] The typology was used simply to categorize the PSTs into groups that could be better understood and analysed. Under no circumstance is it assumed that these identities are fixed, nor that the PST is confined to this identity upon entering the educational field.

Reluctant Teachers

The *reluctant* teachers included Natasha, Daniel, Elizabeth, Emma, Karla, Evelien and Johan. These PSTs argued that their lack of knowledge made it difficult for them to conform to the required HIV/AIDS teaching roles. Further, these PSTs were concerned as they did not feel that they were adequately equipped with the knowledge, skills and training required to provide HIV education to their students. Among the *reluctant* teachers, the responsibility of fulfilling the HIV/AIDS teaching roles was transferred to others because they felt uncomfortable incorporating HIV into their lessons. This can be seen in Emma's response of: "*I just don't know where, as a science teacher I would teach it. You know, it's almost something that I feel I will leave for the Life Orientation teacher to cope with.*" Other *reluctant* PSTs related similar responses, as they felt that they were limited in what they could teach. Natasha said that she would be: "*...comfortable talking about the things that I know. But if there are things that I don't know, what I wasn't taught about, I wouldn't feel like I would know enough to teach it.*" Daniel related that he was, "*...not an expert on HIV/AIDS. I mean I have broad information and knowledge, but I don't think I know enough to tailor that kind of information to kids.*" For Karla, being knowledgeable was important as she stated that, "*I don't think I'm very well informed enough to be able to teach it. I'm not an expert on the topic.*" Johan stated that his knowledge of HIV/AIDS was limited to his science background and that this could act as a deterrent in providing information on other important aspects of the disease. In his words, "*If it's the fundamental science about it in terms of viruses and what the virus does... that's a piece of cake. But in terms of where a more social aspect is brought into it, I don't feel that my knowledge – which is minimal in this aspect – would be able to cover that kind of basis.*" It must be noted that these PSTs were not unwilling to try to fulfil their roles, but most saw themselves teaching HIV only 'if they had to'. In Evelien's words, "*I mean I would if I had to but I probably wouldn't do it very often.*" Elizabeth added that she would, "*...let someone else do it first.*" These responses indicate that inadequate knowledge of HIV/AIDS directly related to discomfort and apprehension among the *reluctant* PSTs.

Resistant Teachers

The *resistant* teachers included Luke, Reid, Desiree and Clarissa. Through their responses in their FGDs and interviews, it became apparent that the HIV/AIDS teaching roles and responsibilities did not reflect what they had been traditionally familiar with as scholars and PSTs during their teaching practice. As a result, these PSTs stated that they would not take-up the HIV/AIDS roles and responsibilities that were in contrast to the teaching roles they had observed as scholars.

Much like the *reluctant* teachers, when discussing their comforts, this group of PSTs also showed apprehension about fulfilling these roles. For Desiree and Luke, their discomfort related to conflicts with their personal identities. For Desiree: "*I went into teaching because I want to teach kids facts. Because that's what I enjoy doing... but I am not an emotional person and I don't want to tackle that when I am in the classroom.*" Along similar lines, Luke stated that he saw, "*...AIDS and things like sex as very personal issues that I would always struggle to deliver a lesson about.*" However, for Reid and Clarissa, discomfort related to the threat of sanctions. This was seen in Reid's response as he stated that, "*It's almost like, as a teacher, you're too scared to say anything [about HIV/AIDS], because you never know when it is coming back to you.*" Clarissa remarked that, "*I think I have to be more worried about the parents, for they might react negatively and say: 'What are you teaching my children?' Some parents just don't want us to talk about that kind of stuff.*" On this, she stated that, "*If it's not in the school policy, I'm not going to go out on a limb on my own!*"

In a way that validated their discomforts, these PSTs further stated that they would have no need to fulfil the HIV/AIDS teaching roles and responsibilities in the well-resourced and private schools that they will be teaching at in the following year. In Clarissa's words, "*The students in the community who will be attending the school that I will be teaching at do not deal with issues of HIV/AIDS. Therefore I don't see myself having to fulfil this role anyway.*" Luke was of the same opinion. In his words, "*The group of students that I am going to have in that school next year are more well off, from more well off families... so what's the point of addressing a poor man's disease?... I just don't think it's the type of thing that people want brought up in that sort of environment.*" As a

result, he stated that he was, "*...very aware that it would be easy for me to go to Sir Roberts*[87] *and not even think about it, about how AIDS is affecting them and how I should teach it... It's not something that will really demand my attention there.*" Desiree shared a similar response as she remarked that, "*Seldom, very seldom would I ever need to teach it*" at the private school she would be teaching at in the following year. Reid's reply was comparable to his classmates, as he stated that, "*It's just not something that my students or school would be concerned with... generally it is pretty far removed from them.*" In addition to this remark, Reid suggested that as a first year teacher he would not be concerned about the HIV/AIDS teaching roles and responsibilities. In his words, "*Maybe once I am a more experienced teacher, but my first few years of teaching, I (pause)... No, depending on how much the school was struggling, but I'm really not going to give it much attention because I'll probably be way too busy teaching to think about it.*" As can be seen in Reid's response, he would be 'too busy teaching' to give consideration to his roles and responsibilities as an HIV educator. As evident among the *resistant* teachers, providing HIV education or meeting their teaching roles and responsibilities were not only seen as being second to other teaching responsibilities, but also unnecessary at the privileged schools that they will be teaching at in the years to come.

Empowered Teachers

The last group of FGD and interviewed PSTs took-on an *empowered* teacher identity and included Ethan, Kate, Gavin, Anna-Michele, Megan, Lara, Anna and Susan. These PSTs presented a teacher identity in stark contrast to the other groups of teachers. For although they recognized and expressed in their responses that they had little personal, educational and training experience as HIV educators, they put forth an identity which made them sound capable and willing to fulfil the HIV/AIDS teaching roles and responsibilities required of them. Each of these PSTs not only stated that they understood their responsibilities, but also that HIV education was a fundamental aspect of a teacher's role.

Although these PSTs expressed levels of discomfort and concerns similar to the *reluctant* teachers, their apprehensions related more to their lack of experience and practice teaching HIV education then it did to their knowledge of the disease itself. For example,

[87] Pseudonym for an upper-class boys' school in Cape Town.

Gavin's concern reflected that, "*We weren't actually taught how to deal with learners who are personally affected by HIV. It is something where I am actually not sure how I will deal with a situation like that.*" Kate's concerns and apprehensions were more broad and related to her personal experience with the disease. In her words, "*I need to open my eyes and see that there is more out there – than what I was exposed to. And it scares me because, to me, it's a different world: I have to teach a curriculum I don't know for people that I don't know, for cultures that I don't know. So I could just as well be a foreigner, yet I am in my own country!*" However, upon reflecting on this lack of experience, a sense of empowerment allowed Kate to acknowledge that, "*I'm going to be the teacher in the classroom, and I have this great moment where I can make this huge impact. Because we have this huge problem and we're not using it properly – I want to be a part of the solution, not problem.*" Susan, Gavin, Anna-Michele and Lara had similar responses. In Lara's words, "*For me teaching HIV/AIDS is important, it's relevant and it's necessary because it's not something that just affects the poor or the previously disadvantaged. It can affect anybody. And as a teacher I will be the one influencing it so that my students will not be like I was growing-up.*"

By reflecting on past experiences, the *empowered* teachers were able to see themselves fulfilling their roles and responsibilities as HIV educators in their schools. In Anna's words, "*I think maybe because I was sheltered a bit when I was younger, I have this almost innate need to sort of talk about [HIV/AIDS]... because I don't ever want people to not have that information. As a teacher I have to give that to them.*" In a similar response, Megan reflected that, "*I think I just became more aware. And I realised that I do have more of an important role as an educator than I thought.*" Upon this realization, Meagan went on to say *"...and as a primary school teacher, I think there, right there, it's a perfect ticket. Because I didn't have that education when I was younger and I wish I did. And now that I am in that position to give students that kind of education, I can't really take it for granted. I just have to do it.*" As seen in the responses above, the empowered teachers were willing to overcome their apprehensions in providing HIV education for their future students.

5.6 Conclusion

Data from the surveys, FGDs and interviews revealed that PSTs attending the PGCE programme in 2007 had limited personal and professional exposure to HIV and AIDS in their early childhood and teaching practice experiences. Analysis of the qualitative and quantitative findings indicates that the PSTs brought a heritage of experiences, knowledge and perceptions to the PGCE programme which ultimately influenced their understanding of themselves and their roles and responsibilities as teachers in providing HIV education. By articulating and taking-up varied teacher identities, the PSTs demonstrated that they were shaped differently by their experience, knowledge and perceptions of the disease. This finding, among others, is analysed using the conceptual and theoretical frameworks provided earlier. Further, findings from these results are also used to highlight the consequences and implications of PSTs' identities on teacher-training programmes in the following chapter.

Chapter 6: Exploring the Creation of Pre-Service Teacher Identities

This research study aimed to examine the nature of PSTs' experiences, knowledge and perceptions around HIV, and explore how these factors informed the construction of their teacher identity. Given that one's identity is informed by earlier experiences, the first part of this chapter explores how class acted as a fundamental influence on the development of the PSTs' early life socialization. However, one's social class is not the only factor shaping the creation of the PST's teacher identity. Instead, factors of experience, knowledge and perceptions are seen to shape the PSTs' identities in two ways. First, they work to filter and inform how the PSTs' perceive and interpret the 'cultural schemata' of the education field, namely their teacher roles and school environments. Second, these factors were drawn on as resources and tools to guide the PSTs' responses to the HIV/AIDS teaching roles and responsibilities within the FGDs and interviews.

This chapter analyses the manner in which factors of experience, knowledge and perceptions shape PSTs identities in the context of HIV/AIDS in South Africa. Following this analysis, the discussion shifts to view the potential consequences of the PSTs' identities within the educational field. This chapter concludes with the implications of these findings on teacher-training programmes.

6.1 Creating Teacher Identities

This thesis argues that identity is complex and in continual flux – it is in a constant process of construction and reconstruction. Similarly, teacher identities are not fixed, but are multi-dimensional and fluid. This work views PSTs and their teacher identities as multi-layered and shaped by the experiences, knowledge and perceptions they bring with them to the teacher-training programme. In understanding how PSTs create their own teacher identity, it is useful to apply the theoretical frameworks presented in chapter three.

The application of Bourdieu's theory shows how PSTs are individuals who have been shaped by and are shaping the multiple and external structures creating the middle-class society into which they were born, raised and now entering as teachers. These structures

or fields are numerous, and include among an array of others: the PSTs' family, community and school life, in addition to the PGCE teacher-training programme, the classes they attended in their teaching practicum and the classes they will be entering into as teachers. Each of these fields has their own rules and regulations, such as policy, curriculum content, and what is considered acceptable behaviour and topics of conversation (Wacquant, 2006). Further, each of these fields and the rules that govern them, have influences upon the shared and group experiences, knowledge and perceptions that are encountered within them (Bourdieu, 1977; Wacquant, 2006). Additionally, these fields also incline the PST towards having an unquestioned belief or doxic attitude of the society and world around them (Bourdieu, 1990, 2000). Thus, operating deep within the PST's habitus are the attitudes, decisions, knowledge and perceptions that they have experienced early in life within their middle-social class fields (Bourdieu, 1977, 1984). Included in this are the roles and responsibilities of the teachers they observed as young scholars. In accepting these teacher roles and responsibilities, a doxic attitude is formed which shapes the acceptance of these practices as being the only way in which to behave (Acciaioli, 1981).

Determined by the multiple fields governing teacher's roles and responsibilities experienced early in life, the PSTs are able to articulate what is deemed important or valuable within their roles as teachers through the use of cultural capital (Calhoun, *et al.*, 1993; Wacquant, 2006). Giddens' expands on this by saying that what PSTs are 'able to talk about' articulates what they 'know how to do' through discursive and practical consciousness (Giddens, 1979, 1984). As experience, knowledge and perceptions inform what individuals 'know how to do'; it is useful to shift the use of theory from Bourdieu to Giddens. The application of Giddens' theory allows an exploration of how the teacher identities PSTs create are shaped by factors of experience, knowledge and perceptions which they have brought with them to the teacher-training programme and into the interviewing room. In the following sections, PSTs identities are unearthed to expose the deeper factors influencing their course.

Class as a Fundamental Influence in Shaping Teacher Identities

Samuel and Stephens (2000) suggested that much of what teachers bring to their professional identities has been acquired during the formative stages of their lives. As demonstrated in Bourdieu's *Theory of Practice* above, the social class the PSTs were born into has greatly influenced the experience, knowledge and perceptions they are capable of having through its fields. However, as influential as class may be, it was not the only factor informing the identities the PSTs created. Instead, as will be argued, class only worked to influence what factors of HIV/AIDS experience, knowledge and perceptions PSTs had by what HIV education and teacher roles they were exposed to. It was up to each individual PST to reflect on these factors and form their own opinions as to how they influence their understanding of the HIV/AIDS teacher roles and responsibilities requested of them. Thus, teacher identities were not informed merely by *what* experiences, knowledge and perceptions of HIV/AIDS the PSTs had, but also in how they were *used*. This is seen to account for the variety of identities taken-up in response to the HIV/AIDS teaching roles and responsibilities among a group of otherwise homogenous PSTs. Considering the multi-layered identities that were formed through the intersection of class with factors of experience, knowledge and perceptions, the following presents how structures in early life have influenced the PSTs' identity formation.

As seen in the results presented in the previous chapter, the dominant discourse of HIV/AIDS which was expressed and reproduced within familial, community and early school experiences, operated to inform the knowledge and perceptions of the PSTs while dissociating them from the world of HIV/AIDS. As such, the epidemic was isolated from the PSTs and kept at a distance from what the PSTs termed as their 'protected' and 'sheltered bubble.' Iterating Giddens' (1984) concept of routinization, the experiences with familial, community and school discourses of HIV and AIDS as being 'taboo' or belonging to 'others', reinforced the idea that the middle-class was invincible to the disease. This was evident in the way the PSTs saw and verbalized their own status, as many believed themselves to be 'invulnerable', 'infallible' or 'untouchable' to the disease. This was further observed in the way PLWH were referred to as being 'others', particularly those beneath the social class level of the PSTs.

As a consequence of the discourse of 'othering' on the basis of class, personal knowledge of the disease among the PSTs was limited. This fostered a false sense of security, as apparent in the PSTs' decisions to take personal risks that rendered them vulnerable to HIV infection. This finding is in congruence with Levine and Ross' (2002) study, as many UCT undergraduate students distanced themselves from HIV by attributing the disease to groups most notably different to themselves on the basis of race, gender and sexuality. Thus, both undergraduate and PGCE students at UCT believed that their education and class status protected them from the disease. Noteworthy in the sexual practices of the majority of PSTs, many did not disclose their status or know their partner's status before becoming sexually active with them. Further, as demonstrated in Elizabeth's behaviour during teaching practice, she was under the false assumption that she could not contract HIV from her students through their open wounds based upon the notion that 'children are pure and innocent'. Thus, routinized discourses translated into day-to-day activities have direct correlations to the knowledge, perceptions and subsequent experiences of PSTs.

In addition to routinized HIV/AIDS discourses across familial, community and school fields, analysis of the findings indicates two additional ways in which factors of experience, knowledge and perceptions shaped PST identities. First, these factors have contributed to how PSTs understand the school field and their roles as teachers – defined as the 'cultural schemata' of the education field. Second, through reflexive monitoring, each PST sifts through factors of their experiences, knowledge and perceptions in shaping their teacher identity and rationalising their preparedness (or lack thereof) to meet their HIV educator roles. Seen this way, these factors were drawn on to guide how they responded to their HIV/AIDS teaching roles and responsibilities. Using examples from the PSTs' responses, each of these methods is described in more detail below.

Cultural Schemata

In applying the conceptual and theoretical framework to the analysis of results, it becomes apparent how observing teachers as scholars comes to frame accepted perceptions on what it means to be a teacher later in life. As described in chapter two, Welmond (2002) explains how PSTs' experiences, knowledge and perceptions construct

an understanding of teacher identity through what is termed 'cultural schemata'. Forming the basis of accepted teacher roles and responsibilities, cultural schemata is understood as a set of shared perspectives of what teaching is supposed to be (Robinson & McMillan, 2006; Akyeampong & Stepens, 2000). Within this study, this was apparent in how many PSTs tended to perceive their guidance teachers as having a kind and caring disposition in comparison to biology teachers who were seen as providers of only scientific and factual knowledge. In responding to the HIV/AIDS teaching roles and responsibilities, the PSTs used these cultural schemata in understanding how they identify with and fit into the HIV educator teaching roles they observed as scholars. This was seen in how Desiree associated most with being a 'factual teacher' and was therefore reluctant to take up the caring and counselling aspects required of the community and pastoral roles. In contrast, Anna-Michele and many of the primary level PSTs associated most with a 'caring teacher' and were therefore more willing to take up the roles associated with being HIV educators. Seen this way, the citizenship role was most easily accepted, not due to personal preferences, but instead as the promotion of democratic practices and principles required of this role were most similar to the roles observed of previous teachers while scholars at school. This finding is thus in contrast to Harley, *et al.* (2000) study, which argued that teachers only assumed roles that were in accord with their 'personal value systems.'

For many PSTs, however, providing HIV education was not something that entered into their understanding or accepted cultural schemata of their roles as other subject teachers. As HIV education was often only taught by select teachers, the responsibility of teaching HIV/AIDS was seen to only belong to guidance and biology teachers or external presenters. In addition, and for many PSTs, their teaching practice experiences only strengthened this notion, as many PSTs did not observe nor were required to teach HIV education during their eleven week teaching practicum. In fact, the only PSTs in the FGDs and interviews who did teach an HIV lesson were primary-level teachers who were teaching in Life Orientation classes. This occurrence not only rountinzed the notion that HIV education is only taught by select teachers, but also ensured that HIV/AIDS were not topics to be brought into other subject-based classes or to be provided across the curriculum (in contrast to what the WCED recommends).

Additionally, and as could be seen with Anna-Michele when she was requested to teach HIV education, she was asked to do so on the basis that the Life Orientation teacher did not like to teach the HIV education aspect of the curriculum. For other PSTs, HIV education was observed to be avoided or dismissed by teachers during their practicum, even when there was scope to bring it into the class. As these findings were similar to those the PSTs observed as young scholars, the routinized practices of teachers already within the teaching system worked to strengthen the perspective that HIV education is not a valued priority to teach across the curriculum (Samuel & Stephens, 2000). This also worked to reinforce the routinization initially established in the familial and community context, which shields the middle-class PSTs from acknowledging the direct relevance of HIV to their teaching roles and environments. This can be seen in Reid's response, as he saw himself being 'too busy teaching' to be able to consider incorporating HIV/AIDS teaching roles and responsibilities into his classes.

Experiences of past schooling in well-resourced schools, supported by teaching practice observations, further established perspectives of the educational field the PSTs will be entering. These were seen in the way the PSTs typified issues of HIV/AIDS as only affecting under-resourced schools, or schools with high populations of black students and staff. Schools that were well-resourced and/or predominantly white, were thus those that did not share concerns about HIV/AIDS impacting the community, staff or students. These findings are similar to Jennings's (2006) study which showed that the educational fields of Ex-model C schools in particular shared perceptions that the epidemic did not affect their students or staff. As a result of these cultural schemata, the *resistant* teachers did not view the HIV/AIDS teacher roles and responsibilities as being relevant, as they were not required in the privileged educational fields they were entering.

By observing regularities in what was observed as scholars, the PSTs formed perceptions of their future teacher roles. In many cases, these did not include having to teach HIV education across the curriculum, let alone having to fulfil community, citizenship and pastoral practitioner roles in the context of HIV/AIDS. Instead, these early conceptions of the education field were taken with the PSTs to the PGCE programme, and as illustrated in the PSTs' responses, were further strengthened by their experiences during teaching

practice. Thus, the PSTs' cultural schemata greatly determined how they saw themselves teaching and meeting their HIV/AIDS teaching roles and responsibilities.

Utilization of Resources

In addition to the above, the PSTs in this study demonstrated that there were a number of invisible but very powerful internal structures influencing their decisions to assume new teacher roles. These were evident in how each PST used their experience, knowledge and perceptions as resources in constructing a teacher identity. Understood as a notion or capability which is drawn upon to affect the outcome of a 'process of interaction', resources were utilised by PSTs within the research process in responding to their HIV/AIDS roles and responsibilities (Giddens, 1977). It is noteworthy that even though there were common trends amongst the experiences, knowledge and perceptions of this middle-class cohort of PSTs, resources were drawn-upon and used in different ways which attributed to the subsequent variety in identities. This section explores and takes into consideration how PSTs used factors of their experiences, knowledge and perceptions as resources in shaping their teacher identities.

Giddens (1984) argued that all individuals are knowledgeable agents, but that their knowledge is limited to the social milieus in which they are members. Further, and argued throughout this thesis, knowledge is greatly influenced, enhanced and undermined by the lived experiences and held perceptions of the PSTs. This can be seen, for example, in how the majority of PSTs were unaware of how HIV and AIDS were affecting the wider society in South Africa. As HIV and AIDS were perceived by the PSTs as not being common in their white middle-class communities, they instead associated the disease to 'others' most unlike themselves. This perception of class 'protection' from the disease was routinized by the PSTs experiences of knowing PLWH only belonging to racial and class groups unlike their own. As the people who were infected with HIV were living on the periphery of the PSTs' society, the PSTs' management and social knowledge of the disease was often limited to their distanced experiences. Coupled with inconsistent HIV education provided in school, this resulted in areas of inaccurate transmission and prevention knowledge. This finding is similar to Chao, *et al.*'s (2007) study which found that community perceptions greatly affected how teachers perceive

their own status and that this was reflected in lowered HIV knowledge and teaching skills. This finding is also in congruence with Alexander's (2005) study which found that PSTs only had 'partly accurate' HIV transmission and prevention knowledge, and that this related to their low intentions to teach HIV education.

Upon reflecting and drawing on knowledge as a resource *reluctant* teacher identities were articulated within the research process. A lack of knowledge around HIV reinforced the PSTs' apprehension and low confidence in their ability to fulfil their HIV/AIDS teaching roles and responsibilities. As seen in the *reluctant* teachers, the level of knowledge they had directly related to how they saw themselves capable of teaching HIV education to their students, as they did not feel 'informed enough' to be able to teach it effectively.

In comparison, and in using experiences and perceptions of HIV/AIDS as resources, the PSTs either became *resistant* or *empowered* teachers. These identities were formed based on the PSTs' cultural schemata of what it means to be a teacher, or by recognising the value of transforming their existing cultural schemata and creating a new teacher identity. In the *Theory of Structuration*, Giddens (1984, 1991) referred to this process as an individual consciously calculating the risks and sticking to established habits (routinization) or going against the norm (de-routinization).

Understood this way, the *resistant* teachers chose to take-up a teacher identity that ignored the HIV/AIDS teaching roles and responsibilities, and instead fell back on replicating what was most familiar. Through placing weight on sanctions, such as parental or administrative control over the curriculum, familiar teacher identities were justified and reinforced by drawing on educational perceptions as resources. Further, by repeating the familiar, Giddens (1984) theorizes that this is done to re-establish 'ontological security'. Regarded as having the confidence that the 'social worlds are as they appear to be', ontological security works to reassure the *resistant* teachers that their actions are unproblematic (Giddens, 1984). Thus, the *resistant* teachers relied on and articulated rule adherence in framing HIV/AIDS as not being a concern in the educational fields they were entering into as teachers. Similar to de Lange, *et al.*'s (2005) study,

resistant teachers sit tight in their comfort zone and through routinized practices, show that they are unperturbed of how HIV may be prevalent in their schools.

In contrast, the *empowered* teachers were able to 'de-routinize' and move away from routinized practices by using their experience, knowledge and perceptions of HIV/AIDS as tools to recognize the HIV epidemic as being a 'critical situation'. Within this group of *empowered* teachers, there was a distinction between those who had recent experiences with HIV/AIDS and PLWH and those who had not[88]. This ability to have varying qualities of experiences, yet still recognize HIV/AIDS as a critical situation impacting the educational field, demonstrates individual agency in reflecting on and confronting established teacher roles, thus creating scope for new teacher identities within the field of education. As such, these findings iterate Giddens' *Theory of Structuration* as seen in way the *empowered* PSTs are not constrained or locked-into routinized roles, and are instead 'what they make of themselves' (Giddens, 1991). These findings thus contrast with Bourdieu's *Theory of Practice*, in that the factors of experience, knowledge and perceptions provide the tools to enable the PSTs to develop new social practices and teaching roles. Thus, and as explored above, factors of experience, knowledge and perceptions did not determine the PST's identity, but instead acted as mediatory tools in shaping the creation of their identity. The following section moves to explore the implications of the teacher identities in the context of South Africa's HIV epidemic.

6.2 Consequences of Teacher Identities

As discussed above, by drawing on cultural schemata and resources of experience, knowledge and perceptions, various teacher identities were formed by the PSTs. Although acknowledging that identities are fluid and flexible and that PSTs are not limited to the identities expressed in this study, there are a number of consequences (both intended and unintended) of taking-up *resistant*, *reluctant* or *empowered* teacher identities. As illustrated by Mathews, *et al.*'s (2006) study who found that 30% of Life Skills teachers in Cape Town were not providing HIV education for their students, the greatest consequence is that PSTs may not be teaching what is anticipated and expected

[88] Anna and Gavin had recent and influential experiences with PLWH. Megan, Lara and Anna-Michele had taught HIV education during their teaching practice, whereas Kate, Ethan and Susan had neither experienced a relationship with a PLWH nor taught HIV education.

of them. As a direct consequence of PSTs drawing on a more familiar identity and not being sufficiently aware of their HIV/AIDS teaching roles and responsibilities, they will instead be easily swayed by other teachers who do not follow or place emphasis on these roles and responsibilities (Samuel & Stephens, 2000). Further, as the majority of PSTs in this study expressed that they were ill-equipped and felt unprepared to fulfil the HIV/AIDS teaching roles and responsibilities, another major concern and consequence is that the identities the PSTs created will in turn replicate the familiar and reproduce inhibiting HIV education discourse. As Bhana and Epstein's (2007) study illustrated, children's constructions of HIV and AIDS meanings are largely structured from the knowledge they receive in school. This further connects to Bourdieu's *Theory of Practice* and the cyclical structures that inform and are informed by the forms of capital PSTs' use and reproduce when speaking about HIV/AIDS. Therefore, as outcomes to the identities PSTs take-up, the use of discourse in the production of HIV education is an important area to regard as it often acts to create barriers in mediating knowledge to students.

Nature of Discourse

As evident in the way PSTs were influenced by their familial, community and school discourses, the manner in which a topic is presented is powerful in influencing how knowledge and perceptions are created, conveyed and passed on to others. The *resistant* and *reluctant* teacher identities described within this study hold different consequences for silencing and replicating a particular discourse around HIV/AIDS to future scholars. However, and even though the *empowered* teachers took-up an identity which allowed them to break free from the familiar, there are still a number of consequences of ill-informed or ill-equipped open discourse. The following explores the potential consequences that *resistant*, *reluctant* and *empowered* teacher identities create in mediating knowledge within the classroom.

Discourse of Silence - The Resistant Teacher

As expressed in literature, it is while attending school that many youth in South Africa become infected (Whiteside & Sunter, 2000; Morrell, 2003). In this light, by not providing HIV education, it would seem that a *resistant* teacher identity is more than likely to perpetuate the aura of silence within the educational field. Although claiming

that the youth they will be teaching are protected from HIV/AIDS by their privileged racial or class status, the dangers of silencing HIV education within the classroom are numerous. Not only will silence reproduce perceptions of infallibility among scholars, it will also continue to 'other' the disease and reinforce stigmatising attitudes among scholars. Additionally, by not providing HIV education, *resistant* teachers will further ill-equip and alienate their students from adequate knowledge of the disease.

Discourse of Re-articulation - The Reluctant Teacher

For those PSTs who took-up a *reluctant* teacher identity within the interview, it was evident that PSTs were apprehensive in meeting their roles and responsibilities due to a lack of knowledge, training and experience in teaching HIV education. By not being 'experts' themselves, they instead seemed to identify with having to reproduce the associated discourse of a 'caring' or 'factual' teacher. In the way they spoke of themselves meeting their responsibilities to teach across the curriculum, the HIV information they would provide in HIV education was limited by their knowledge on the subject. By re-articulating what and how they were taught about HIV, the *reluctant* teacher identity may perhaps be in turn limiting the diversity of knowledge disseminated to future scholars. Further, by only 'teaching if they had to' or 'letting another teacher do it instead', an attitude of avoidance or lack of compliance may be interpreted by their students. Discourse of re-articulation would thus work to replicate the manner in which many PSTs were taught themselves and in turn reinforce for their students many of the perceptions of the disease they may have.

Discourse of Openness – The Empowered Teacher

In divergence from the *resistant* and *reluctant* teacher identities, the remaining PSTs created an *empowered* teacher identity which would allow them, regardless of their limited and past experience, knowledge and perceptions, to speak freely and openly about HIV/AIDS with their students. Although these PSTs would meet the expectations of the HIV/AIDS roles and responsibilities, it may also be problematic having ill-informed or under-trained teachers taking-up this role within schools. This is seen, for example, in the way that Megan recalled teaching HIV education during her teaching practice as there were two main and notable consequences for the way she taught these lessons. First, by

simply stopping the lesson in her first class and not using the situation to bridge and discuss the issues that arose of race, social class and HIV/AIDS, Megan's actions in-turn silenced the issue. Through taking a different approach in her second class by separating and speaking only to the potentially sexually active students, she demonstrated to her class the false perception that HIV transmission is only associated with sexual practices. By not being properly educated or trained on how to deliver accurate HIV knowledge within the classroom, Megan's discourse of openness was limited to only a select few of her students; leaving the remaining class open to their own interpretation and perception of their teacher's actions. Although open discourse is an avenue for delivering HIV education and meeting HIV/AIDS teaching roles and responsibilities, it can also create potentially negative consequences in the classroom that reproduce misconceptions and stigmatising attitudes around HIV.

6.3 Implication of These Findings for Teacher-Training Programmes

The creation of PST identities holds consequences for future generations of students and also has a number of implications for teacher-training programmes.[89] The variety of PST identities and the consequences they hold, makes delivering a 'one-size-fits-all' programme problematic. Instead, PSTs require a programme that would take both the nature of their cultural schemata of the educational field and the context in which they will be teaching into account. Further, influences of past experience, knowledge and perceptions on the formation of teacher identities must be taken into consideration. This implies that in order to make teacher-training programmes effective, they need to take into account what each PST brings with them in the design and implementation of the HIV education training programme.

As evident in this work, middle-class PSTs greatly lacked first-hand experience with HIV/AIDS while growing-up. Additionally, it was found that those with most recent experience tended to take a more capable and willing approach in meeting their HIV/AIDS teaching roles and responsibilities. This positive finding can be reinforced by

[89] Although this study does not evaluate or critique the PGCE teacher-training programme, a number of recommendations are able to be made from the findings in this work.

teacher-training programmes in that they can facilitate recent and influential experiences by bringing practical, real and first-hand experiences to the programme. These efforts will in-turn highlight to the PSTs the dangers and consequences of actions which reproduce silence and the discourse of 'others' to their students.

The levels of knowledge and perceptions surrounding the disease also have significant implications for teacher-training programmes. By assessing and taking the knowledge of PSTs into account and providing adequate training in this regard, stronger and more knowledgeable teachers can be produced. Further, by prioritizing the HIV Module course or HIV education within and across other courses and programmes, the PSTs will too begin to perceive the importance of the HIV/AIDS teaching roles and responsibilities requested of them.

Thus, and as shown above, acknowledging the implications the experience, knowledge and perceptions that PSTs bring with them to the teacher-training programme may have, requires a new approach to PST HIV education. However, in doing so, it also ensures enhanced methods of instruction which will in-turn provide PSTs with the tools and resources needed to adequately and confidently fulfil the roles and responsibilities requested of them when they enter the educational field.

6.4 Conclusion

In incorporating the theoretical framework in this analysis, both Bourdieu's and Giddens' theories contributed towards making sense of and understanding how PSTs' identities were shaped by their experiences, knowledge and perceptions. This was important, as these factors further contributed to the how the identities articulated by the PSTs will have tendencies to silence, repeat or converse with HIV/AIDS discourse in their classroom when they enter the educational field. These consequences were further found to have a number of implications on teacher-training programmes, which are subsequently used to make the suggestions and recommendations presented in the concluding chapter of this work.

Chapter 7: Recommendations and Conclusion

In summary, this thesis regarded factors of experience, knowledge and perceptions in shaping teacher identities among a middle-class cohort of PSTs at UCT. The theoretical and methodological constructs developed in this study facilitated an analysis of the PSTs' responses to meeting their required HIV/AIDS teaching roles and responsibilities. This study found a number potential consequences and implications of the PST identities that were articulated in the research process. The recommendations presented below seek to address these implications for the development of future teacher-training programmes, policy and research.

7.1 Recommendations

The recommendations emerging from this work are located within three main themes listed below, namely: the development of future teacher-training programmes, education policy and empirical research. The PSTs contributed to the list of teacher-training programme recommendations, as suggestions were made and discussed within the FGDs and interviews.

Teacher-training Programmes

This thesis has shown that many PSTs lack first-hand experience with HIV, but that they tended to respond more effectively to the HIV/AIDS teaching roles and responsibilities when they had recent experience or knowledge of HIV to draw on. For this reason, it is recommended that teacher-training programmes facilitate the provision of HIV teaching experiences. This may be achieved by requiring PSTs to teach a minimal number of HIV education lessons to students during teaching practice while being observed by a supervisor. Additionally, PSTs may benefit from teaching HIV education in various environments with people who are infected and affected by the disease (i.e. children's homes, clinics or hospitals) or to complete a minimum number of volunteer hours within an HIV/AIDS organization or call centre.

With regards to contributing to PST knowledge, it is recommended that teacher-training programmes assess[90] the HIV knowledge level of PSTs entering the programme and address any misconceptions about HIV/AIDS the PSTs may have. Additionally, training PSTs in HIV management and care[91], First Aid[92], and counselling and referral skills[93] are also seen as beneficial in preparing PSTs for their HIV/AIDS teaching roles. Further, it is recommended to provide and develop lesson packs with the PSTs in regards to useful strategies and practical methods to bring HIV education across the curriculum[94]. Lastly, it is advised that teacher-training programmes provide each PST with a list of up to date referral sources and contact numbers which the PSTs could bring with them into the educational field.

Perceptions surrounding the disease and the educational field PSTs will be entering were also shown to have significant implications for the identities PSTs created. By prioritizing the HIV Module course or HIV education within and across other courses and programmes, the PSTs will too begin to perceive the importance of the HIV/AIDS teaching roles and responsibilities requested of them. In providing HIV education to PSTs, it is recommended to place course instruction at the beginning and throughout the duration of the programme[95] and to teach HIV education within each individual subject module. In addition to greater prioritization in the programme, these suggestions would also facilitate the development of the skills and methods required to bring HIV education across the curriculum in the field of education.

[90] This can be achieved by administrating a survey (much like the one used in this study). By doing so teacher-training programmes would be better informed about what areas of knowledge require focus and discussion.
[91] This training should include ARV knowledge in medication regimes and how they affect those on treatment. As many students or staff members who are HIV-positive will most likely be on ARV treatments, knowledge of HIV management is important. By having this training, PSTs will better understand and have a greater appreciation for the needs and requirements of their students and co-workers.
[92] First Aid training should include best practise involving the care of open wounds.
[93] Mock scenarios and role plays would facilitate this process in addition to bringing-in counsellors or having the PSTs work at an HIV support service as part of their requirements to pass the course and degree certification.
[94] This would be valuable as the compilation of lesson packs can then also be taken with the PST to be used in their future schools.
[95] This would include making it available before the teaching practicum in order to ensure that PSTs are equipped to teach, look for and understand school HIV/AIDS policies.

Education Policy

It is highly recommended that policy makers, involved in design and implementation of teacher education programmes, place emphasis on the 'identity baggage' PSTs bring with them to the programme. This includes taking into account how PSTs were taught as young scholars and the resources and role models they draw-on when creating a professional identity. By doing so, this will facilitate uptake and understanding of the teacher roles expected of them, thus bridging the policy-implementation chasm. It is further recommended that the WCED and the national DoE create policy to make and ensure teaching HIV education across the curriculum is *mandatory* rather than *recommended* practice in all schools.

Future Research

Additional research is needed in the area of PSTs and HIV education to understand how different variables of class, race and gender contribute to the resources one draws upon in identity formation. KAP studies should be accompanied by data collection methods which examine the underlying experiences of individuals[96] and other professions in the field of service providers should be considered in future research on identity.

7.2 Conclusion

In conclusion, this study found that PSTs not only brought a host of experiences, knowledge and perceptions with them to the PGCE programme, but that these also greatly shaped and contributed to the teacher identity they created in response to their HIV/AIDS teaching roles and responsibilities. *Reluctant*, *resistant* and *empowered* teacher identities were framed by how the PSTs' drew on their experiences, knowledge and perceptions and how they viewed the educational field they were entering into through their cultural schemata. Additionally, it was found that the middle-class socioeconomic background of the PSTs was a large determinant in informing the experiences, knowledge and perceptions of HIV and AIDS that they had, and which subsequently shaped how they saw themselves fulfilling their HIV/AIDS teaching roles

[96] Overemphasis on KAP studies produce results which ignore the experiences of individuals that are used to frame and create the KAPs being assessed. Upon regarding the history of the individual, a more precise and clear picture is created to understand the KAPs produced.

and responsibilities. As a consequence of the creation of *reluctant*, *resistant* and *empowered* teacher identities, PSTs can act to reproduce and reinforce barriers mediating knowledge by the way they pass on HIV education discourse to future students. This also implies that teacher-training programmes require an approach which regards the factors PSTs bring with them to the training programme. In conclusion, this study argues that a fuller understanding of how PSTs use their experience, knowledge and perceptions as resources will contribute to a better understanding of their preparedness to take up the roles and responsibilities required of them as HIV educators in the context of South Africa's HIV epidemic.

List of References

Aarø, L.E., Flisher, A.J., Kaaya, S., Onya, H., Funglesang, M., Klepp, K-I. and Schaalma, H. (2006). 'Promoting Sexual and Reproductive Health in Early Adolescence in South Africa and Tanzania: Development of a Theory- and Evidence-Based Intervention Programme' in *Scandinavian Journal of Public Health.* Vol. 34: 150-158.

Acciaioli, G.L. (1981). 'Knowing What You're Doing: A Review of Pierre Bourdieu's *Outline of a Theory of Practice*' in *Canberra Anthropology.* Vol. 4(1): 23-51.

Ahmed, N., Flisher, A.J., Mathews, C., Jansen, S., Mukoma, W. and Schaalma, H. (2006). 'Process Evaluation of the Teacher Training for an AIDS Prevention Programme' in *Health Education Research.* Vol. 21(5): 621-632.

Akyeampong, K. and Stephens, D. (2002). 'Exploring the Backgrounds and Shaping of Beginning Student Teachers in Ghana: Toward Greater Contextualisation of Teacher Education' in *International Journal of Educational Development.* Vol. 22: 261-274.

Alexander, J. (2005). *An Analysis of Pre-Service Teachers' HIV/AIDS Knowledge, Attitudes and Self-Efficacy and Their HIV/AIDS Teaching Tasks.* A Minor Dissertation, University of Cape Town.

Ashford, L., Clifton, D., and Kaneda, T. (2006). 'The World's Youth 2006 Data Sheet' *Population Reference Bureau.* Washington, DC: Bridge.

Baxen, J. and Breidlid, A. (2004). 'Researching HIV/AIDS and Education in Sub-Saharan Africa: Examining the Gaps and Challenges' in *Journal of Education.* (34): 9-29.

Baxen, M.J. (2006). *An Analysis of the Factors Shaping Teachers' Understanding of HIV/AIDS.* A PhD Thesis, University of Cape Town.

Berry, S. (2007). 'Teaching about HIV/AIDS at School'. *Avert Organization.* [Online]. Available: http://www.avert.org/school.htm. [2007, October 22].

Bhana, D. and Epstein, D. (2007). ''I Don't Want to Catch It'. Boys, Girls and Sexualities in and HIV/AIDS Environment' in *Gender and Education.* Vol. 19(1): 109-125.

Boler, T., Adoss, R., Ibrahim, A. and Shaw, M. (2003). *The Sound of Silence: Difficulties in Communicating on HIV/AIDS in Schools.* London: ActionAid.

Boler, T. and Aggleton, P. (2005). *Life Skills-based Education for HIV Prevention: A Critical Analysis.* London: Save the Children and ActionAid International.

Boler, T. and Jellema, A. (2005). *Deadly Inertia: A Cross Country Study of Educational Responses to HIV/AIDS.* Belgium: Global Campaign for Education.

Bourdieu, P. (1977). *Outline of a Theory of Practice.* New York: Cambridge University Press.

Bourdieu, P. (1984). *Distinction: A Social Critique of the Judgement of Taste.* Cambridge: Cambridge University Press.

Bourdieu, P. (1986). 'The Forms of Capital' in Richardson, J.G. (Ed.) *Handbook of Theory of Research for the Sociology of Education.* New York: Greenwood Press. 241-258.

Bourdieu, P. (1990). *The Logic of Practice.* Cambridge: Harvard University Press.

Bourdieu, P. (2000). *Pascalian Meditations.* Cambridge: Polity Press.

Bourdieu, P. and Wacquant, L. (1996). *An Invitation to Reflexive Sociology.* Cambridge: Polity.

Calhoun, C. (1993). 'Habitus, Field, and Captial: The Question of Historical Specificity' in Calhoun, C., Lipuma, E. and Postone, M. (Eds.) (1993). *Bourdieu: Critical Perspectives.* Chicago: Polity Press. 61-88.

Calhoun, C., Lipuma, E. and Postone, M. (Eds.) (1993). *Bourdieu: Critical Perspectives.* Chicago: Polity Press.

Carrim, N. (2001). 'From Teachers to Educators: Homogenising Tendencies in Contemporary South African Educational Reforms' in *International Journal of Educational Development.* Vol. 21: 45-52.

Carrim, N. (2003). 'Teacher Identity: Tensions between Roles' (Chapter 18: 306-321) in Lewin, K.M., Samuels, M. and Sayed Y. (Eds.) *Changing Patterns of Teacher Education in South Africa: Policy Practice and Prospects*, Sandown, SA: Heinemann.

Castells, M. (1998). *End of Millennium, The Information Age: Economy, Society and Culture Vol. III.* Oxford: Blackwell.

Chao, L-W, Gow, J., Akintola, O. and Pauly, M. (2007). 'Perceptions of Community HIV Prevalence, Own Infection, and Condom Use among Teachers in KwaZulu-Natal, South Africa' in *AIDS Behaviour.* Vol. 11: 453-462.

Cheal, D. (2005). *Dimensions of social theory.* Basingstoke, New York: Palgrave Macmillan.

Chifunyise, T., Benoy, H. and Mukiibi, B. (2002). 'An Impact Evaluation of Student Treacher Training in HIV/AIDS Education in Zimbabwe' in *Evaluation and Program Planning.* Vol. 25: 377-385.

Cluver, L. and Gardner, F. (2007). 'Risk and Protective Factors for Psychological Well-being of Children Orphaned by AIDS in Cape Town: A Qualitative Study of Children and Caregivers' Perspectives' in *AIDS Care*. March, Vol. 19(3): 318-325.

Coombe, C. (2000a). *HIV/AIDS and the Education Sector: The Foundations of a Control and Management Strategy in South Africa*. Pretoria: UNECA briefing paper. (First Draft).

Coombe, C. (2000b). *Managing the Impact of HIV/AIDS on the Education Sector in South Africa*. Pretoria: UNECA briefing paper. (Final Draft).

Coombe, C. (2002). 'Mitigating the Impact of HIV/AIDS on Education Supply, Demand and Quality' in Cornia, G.A. (Ed.) *AIDS, Public Policy and Child Well-Being*. Florence, Italy: UNICEF.

Coombe, C. (2004). 'HIV/AIDS and Education: Managing for Disaster in the SADC Region' Chapter 4: 84-90. In Lewin, K., Samuel, M. and Sayed, Y. (Eds.) *Changing Patterns of Teacher Education in South Africa: Policy, Practice and Prospects*. Sandown, SA: Heinemann.

Cortina, M.A., Kahn, K., Fazel, M., Hlungwani, T., Tollman, S., Bhana, A., Prothrow-Stith, D. and Stein, A. (2007). 'School-Based Interventions Can Play a Critical Role in Enhancing Children's Development and Health in the Developing World' in *Child: Care, Health and Development.* Vol. 34(1): 1-3.

Costello, C.Y. (2005). *Professional Identity Crisis: Race, Class, Gender, and Success at Professional Schools*. Nashville, Tennessee: Vanderbilt University Press.

Creswell, J.W. (1994). *Research Design: Qualitative and Quantitative Approaches*. Thousand Oaks, CA: Sage.

Cronbach, L.J. (1975). 'Beyond the two disciplines of scientific psychology' in *American Psychologist*. Vol. 30(2): 116-127.

Cross, M. (1999). *Imagery of Identity in South African Education, 1880-1990*. North Carolina: Carolina Academic Press.

Dawson, L.J., Chunis, M.L., Smith, D.M. and Carboni, A.A. (2001). 'The Role of Academic Discipline and Gender in High School Teachers' AIDS-Related Knowledge and Attitudes' in *Journal of School Health.* Vol. 17 (1): 3-8.

de Lange, N., Greyling, L. and Leslie, G.B. (2005). 'What do we Know about the Perception Educators Have of HIV/AIDS and its Impact on the Holistic Development of Adolescent Learners?' in *International Journal of Adolescence and Youth.* Vol. 12:29-48.

Denzin, N. K. and Lincoln, Y. S. (Eds.) (1994). *Handbook of Qualitative Research.* Thousand Oaks, CA: Sage.

Department of Education (1999). *The National Policy on HIV/AIDS for Learners and Educators in Public Schools and D Students and Educators in Further Education and Training Institutions.* August, 1999: Vol. 410 (20372). Pretoria: Department of Education.

Department of Education (2000a). *The HIV/AIDS Emergency: Guidelines for Educators.* Pretoria: Department of Education.

Department of Education (2000b). 'Norms and Standards for Educators' in *Government Gazette.* Vol. 415(20844): 1-34, February. Pretoria: Government printers.

Department of Health (2007a). *2007 – 2011 HIV/AIDS and STI National Strategic Plan.* Pretoria: Department of Health South Africa.

Department of Health (2007b). *National HIV and Syphilis Antenatal Prevalence Survey, South Africa 2006.* Pretoria: Department of Health South Africa.

De Vaus, D. (Ed.) (2002). *Surveys in Social Research.* Kentucky: Taylor and Francis Group, Routledge.

Dorrington, R.E., Johnson, L.F., Bradshaw, D. and Daniel, T. (2006). *The Demographic Impact of HIV/AIDS in South Africa: National and Provincial Indicators for 2006.* Cape Town: Centre for Actuarial Research, South African Medical Research Council and Actuarial Society of South Africa.

Draper, B., Pienaar, D., Parker, W. and Rehle, T. (2007). 'Recommendations for Policy in the Western Cape Province for the Prevention of Major Infectious Diseases, Including HIV/AIDS and Tuberculosis' Final Report for *Human Sciences Research Council.* June: 1-168.

Dumais, S. (2006). 'Early Childhood Cultural Capital, Parental Habitus, and Teachers' Perceptions' in *Poetics.* Vol. 34: 83-107.

Eaton, L., Flisher, A.J. and Aarø, L.E. (2003). 'Unsafe Sexual Behaviour in South African Youth' in *Social Science and Medicine.* Vol. 56: 149-165.

Elhoweris, H. (2004). 'Impact of HIV/AIDS on African Educational System and the Role of the American Federation of Teachers (AFT)' in *Dialectical Anthropology.* Vol. 28: 329-337.

Finch, J. (1987). 'The Vignette Technique in Survey Research' in *Sociology.* Vol. 21(1): 105-114.

Franchi, V. and Swart, T.M. (2003). 'From Apartheid to Affirmative Action: The Use of Racial Markers in Past, Present and Future Articulations of Identity among South African Students' in *International Journal of Intercultural Relations.* Vol. 27: 209-236.

Franks, B.A., Millner, M.D., Wolff, E.J. and Landry, K. (2004). 'HIV/AIDS and the Teachers of Young Children' in *Early Child Development and Care.* Vol. 174(3): 229-241.

Gibbs, A. (1997). 'Focus Groups' in *Social Research Update*: University of Surrey, U.K.: Department of Sociology. Issue 19, Winter. [Online]. Available: http://www.afmrd.org/cms/files/Social%20Research%20Update.pdf. [August 14th, 2008].

Giddens, A. (1977). *Studies in Social and Political Theory.* London: Hutchinson.

Giddens, A. (1979). *Central Problems in Social Theory: Action, Structure and Contradiction in Social Analysis.* London: MacMillan Press.

Giddens, A. (1982). *Profiles and Critiques in Social Theory.* London: MacMillian Press.

Giddens, A. (1984). *The Constitution of Society: Outline of the Theory of Structuration.* Berkley, CA: University of California Press.

Giddens, A. (1989). *Sociology.* Cambridge: Polity Press.

Giddens, A. (1991). *Modernity and self-identity. Self and Society in the Late Modem Age.* Stanford, CA: Stanford University Press.

Giddens, A. (1993). 'Problems of Action and Structure' in: P. Cassell (Ed.) *The Giddens Reader.* London: MacMillan. 88-152.

Giddens, A. (2000). 'The Trajectory of the Self' in du Gay, P., Evans, J. and Redman, P. (Eds) (2000). *Identity: A Reader.* London: Sage Publications. 248-267.

Hammersley, M. and Atkinson, P. (1983). *Ethnography: Principles in Practice.* London: Tavistock Publications.

Hammett, D. (2008). 'Disrespecting Teacher: The decline in Social Standing of Teachers in Cape Town, South Africa' in *International Journal of Educational Development.* Vol. 28(3): 340-347.

Harley, K., Barasa, F., Bertram, C., Mattson, E. and Pillay, S. (2000). '"The Real and the Ideal": Teacher Roles and Competences in South African Policy and Practice' in *International Journal of Educational Development.* Vol. 20: 287-304.

Hartell, C.G. and Maile, S. (2004). 'HIV/AIDS and Education: A Study on How a Selection of School Governing Bodies in Mpumalanga Understand, Respond to and Implement Legislation and Policies on HIV/AIDS' in *International Journal of Educational Development.* Vol. 24: 183-199.

Horizons and Population Council (2006) *AIDSQuest: The HIV/AIDS Survey Library.* CD-ROM Version 4.0. Updated, July 2006. Washington: Horizons; Population Council; USAID.

James-Traore, T.A., Finger, W., Daileader Ruland, C. and Savariaud, S. (2004). 'Teacher Training: Essential for School-Based Reproductive Health and HIV/AIDS Education – Focus on Sub-Saharan Africa'. *Youth Net Program.* Arlington: Family Health International.

James, S., Reddy, P., Ruiter, R.A.C., McCauley, A. and van de Borne, B. (2006). 'The Impact of an HIV/AIDS Life Skills Program on Secondary School Students in KwaZulu-Natal, South Africa' in *AIDS Education and Prevention.* Vol. 18(4): 281-294.

Jansen, J. (2003). 'Image-ining Teachers: Policy Images and Teacher Identity in South African Classrooms' (Chapter 7: 118- 129) in Lewin, K.M., Samuels, M. and Sayed Y. (Eds.) *Changing Patterns of Teacher Education in South Africa: Policy Practice and Prospects*. Sandown, SA: Heinemann.

Jennings, M.A. (2006). *Integration of Life Skills and HIV/AIDS into the South African Schools' Life Orientation Curriculum Creating a Model for NGO's.* A Minor Dissertation, Stellenbosch University.

Kalla, K. (2006). *Analysing Civil Society Participation: In-Country-Level HIV/AIDS UNGASS 2006 Reviews*. London: CARE International.

Kachingwe, S.I, Norr, K., Kaponda, C.P.N., Norr, J., Mbweza, E. and Magai, D. (2005). 'Preparing Teachers as HIV/AIDS Prevention Leaders in Malawi: Evidence from Focus Groups' in *International Electronic Journal of Health Education.* Vol. 8: 193-204.

Kalichman, S.C., Simbayi, L.C., Kagee, A., Toefy, Y., Jooste, S., Cain, D. and Cherry, C. (2006). 'Associations of Poverty, Substance Use, and HIV Transmission Risk Behaviors in Three South African Communities' in *Social Science and Medicine.* Vol. 62: 1641-1649.

Kaiser Family Foundation and South African Broadcasting Corporation (2007) *Young South Africans, Broadcast Media and HIV/AIDS Awareness: Results of a National Survey*. March, 2007. Menlo Park, SA: The Henry J. Kaiser Family Foundation.

Kelly, M.J. (2000). *The Encounter Between HIV/AIDS and Education.* Lusaka, Zambia: University of Zambia.

Kelly, M.J. (2002). 'Preventing HIV Transmission through Education' in *Perspectives in Education.* Vol. 20 (2) 1-11.

Kitzinger J. (1995). 'Introducing Focus Groups' in *British Medical Journal.* Vol. 311: 299-302.

Krueger, R.A. and Casey, M. (2000). *Focus Groups: A Practical Guide for Applied Research* (3rd Edition). Thousand Oaks, CA: Sage.

Kupferberg, F. (1996). 'The Reality of Teaching: Bringing Disorder Back into Social Theory and the Sociology of Education' in *British Journal of Sociology of Education.* Vol. 17(2): 227- 247.

Levine, S. and Ross, F. (2002). 'Perceptions of and attitudes to HIV/AIDS among young adults at the University of Cape Town' in *Centre for Social Science Research.* Working Paper No. 14. University of Cape Town, AIDS and Society Research Unit: Centre for Social Science Research.

Magnani, R., MacIntyre, K., Karim, A.M., Brown, L. and Hutchinson, P. (2005). 'The Impact of Life Skills Education on Adolescent Sexual Risk Behaviours in KwaZulu-Natal, South Africa' in *Journal of Adolescent Health.* Vol. 36: 289-304.

Mannah, S. (2002). 'Education for HIV/AIDS Prevention: South Africa: The Complex Role of Teaching About HIV/AIDS in Schools' in *Prospects.* Vol. XXXII(2): 154-170.

Mantell, J.E., Harrison, A., Hoffman, S., Smit, J.A., Stein, Z.A. and Exner, T.M. (2006). 'The Mpondombili Project: Preventing HIV/AIDS and Unintended Pregnancy among Rural South African School-Going Adolescents' in *Reproductive Health Matters.* Vol. 14(28): 113-122.

Manzini, N. (2001). 'Sexual Initiation and Childbearing among Adolescent Girls in KwaZulu Natal, South Africa' in *Reproductive Health Matters.* Vol. 9 (17): 44-52.

Marshall, H. (2002). 'What We Do When We Code Data?' in *Qualitative Research.* Vol. 2(1): 56-70.

Mathews, C., Everett, K., Binedell, J. and Steinberg, M. (1995). 'Learning to Listen: Formative Research in the Development of AIDS Education for Secondary School Students' in *Social Science Medicine.* Vol. 41(12): 1715-1724.

Mathews, C., Guttmacher, S., Hani, A., Antonetti, I. and Flisher, A.J. (2000/2001). 'The Identification of Student Opinion Leaders for and HIV Prevention Programme in Cape Town High Schools' in *International Quarterly of Community Health Education.* Vol. 20 (4): 369-380.

Mathews, C., Boon, H., Flisher, A.J., and Schaalma, H.P. (2006). 'Factors Associated with Teachers' Implementation of HIV/AIDS Education in Secondary Schools in Cape Town, South Africa' in *AIDS Care*. Vol. 18(4): 388-397.

Mattson, E. (2000). *Teacher Identities in Policy and Practice*. Pietermaritzburg, SA: University of Natal.

Mattson E. and Harley, K. (2001). *Teacher Identities and Strategic Mimicry in the Policy/ Practice Gap.* Pietermaritzburg, SA: University of Natal.

McDonough, P.M. and Nuñez, A-M. (2007). 'Bourdieu's Sociology of Education: Identifying Persistent Inequality, Unmasking Domination, and Fighting Social

Reproduction' in Torres, C.A. and Teodoro, A. (Eds.) (2007). *Critique and Utopia: New Developments in the Sociology of Education in the Twenty-First Century*. New York: Rowman and Littlefield.

Merriam, B. (1998). *Qualitative Research and Case Study Application in Education*. San Francisco: Jossey-Bass.

Milner, R. (2005). 'Stability and Change in US Prospective Teachers' Beliefs and Decisions about Diversity and Learning to Teach' in *Teaching and Teacher Education.* Vol. 21(2005): 767-786.

Morgan, N.G.E. (2005). *The New Curriculum and Teacher Performance*. A Minor Dissertation, University of Johannesburg.

Morrell, R. (2003). 'Silence, Sexuality and HIV/AIDS in South African Schools' in *The Australian Educational Researcher.* Vol. 30(1): April.

Msila, V. (2007). 'From Apartheid Education to the Revised National Curriculum Statement: Pedagogy for Identity Formation and Nation Building in South Africa' in *Nordic Journal of African Studies.* Vol. 16(2): 146-160.

O'Sullivan, M. (2002). 'Reform Implementation and the Realities within Which Teachers Work: A Namibian Case Study' in *Compare.* Vol. 32(2), 219–237.

Oshi, D.C. and Nakalema, S. (2005). 'The Role of Teachers in Sex Education and the Prevention and Control of HIV/AIDS in Nigeria' in *Sex Education.* Vol. 5 (1): 93-104.

Parker, B. (2003). 'Roles and Responsibilities, Institutional Landscapes and Curriculum Mindscapes: A Partial View of Teacher Education Policy in South Africa: 1990-2000' (Chapter 1: 16-43) in Lewin, K.M., Samuels, M. and Sayed Y. (Eds.) *Changing Patterns of Teacher Education in South Africa: Policy Practice and Prospects*, Sandown, SA: Heinemann.

Parker, R. and Aggleton, P. (2003). 'HIV/AIDS-Related Stigma and Discrimination: A Conceptual Framework and Implications for Action' in *Social Science and Medicine.* Vol. 57: 13-24.

Paulse, J. (2005). *Sources of Occupational Stress for Teachers, with Specific Reference to the Inclusive Education Model in the Western Cape*. A Minor Dissertation, University of Western Cape.

Pembrey, G. (2007). 'HIV & AIDS in South Africa'. *Avert Organization.* [Online]. Available: http://www.avert.org/aidssouthafrica.htm. [2007, November 10].

Peltzer, K. (2000). 'Knowledge and Attitudes about HIV/AIDS of a Sample of School Teachers in South Africa' in *Psychological Reports.* Vol. 87: 1065-1066.

Peltzer, K. (2003). 'HIV/AIDS Education in South Africa: Teacher Knowledge about HIV/AIDS: Teacher Attitude about and Control of HIV/AIDS Education' in *Social Behavior and Personality*. Vol. 31(4): 349-356.

Plummer, M.L., Wight, D., Wamoyi, J., Nyalali, K., Ingall, T., Mshana, G., Shingongo, Z.S., Obasi, A.I.N. and Ross, D.A. (2007). 'Are Schools a Good Setting for Adolescent Sexual Health Promotion in Rural Africa? A Qualitative Assessment from Tanzania' in *Health Education Research.* Vol. 22(4): 483-499.

Robinson, M. and McMillan, W. (2006). 'Who Teaches the Teachers? Identity, Discourse and Policy in Teacher Education' in *Teaching and Teacher Education*. Vol. 22: 327-336.

Samuel, M. and Stephens, D. (2000). 'Critical Dialogues with Self: Developing Teacher Identites and Roles – A Case Study of South African Student Teachers' in *International Journal of Educational Research.* Vol. 33: 475-491.

Sawyer, R.J., Blake, S., Ledsky, R., Goodenow, C. and Evans, D. (2004). 'Training and Resource Needs of Teachers Who Provide HIV Education to Special Population Students' in *Journal of HIV/AIDS Prevention in Children and Youth.* Vol. 6(1): 27-41.

Selikow, T-A. (2005). *Youth Sexuality and HIV/AIDS in a South African Urban Township: A Critical Realist Approach.* Dissertation, University of Alberta.

Setsuko-Hendriksen, E., Pettifor, A., Lee, S-J., Coates, T.J. and Rees, H.V. (2007). 'Predictors of Condom Use among Young Adults in South Africa: The Reproductive Health and HIV Research Unit National Youth Survey' in *American Journal of Public Health*. July, Vol. 97(7): 1241-1248.

Shisana, O., Rehle, T., Simbayi, L.C., Parker, W., Zuma, K., Bhana, A., Connolly, C., Jooste, S. and Pillay, V. (Eds). (2005) South African National HIV Prevalence, HIV Incidence, Behaviour and Communication Survey, 2005. Cape Town: HSRC Press.

Shaikh, N. and Smith, L. (2006). *The 2005 HIV Antenatal Provincial and Area Surveys: Western Cape*. Cape Town: Department of Health, Provincial Government of the Western Cape.

Siisiäinen, M. (2000). 'Two Concepts of Social Capital: Bourdieu vs. Putnam'. Paper presented at *ISTR Forth International Conference*, Trinity College, Dublin, Ireland. July 2000: 1-26.

Silva, E. (2005). 'Gender, Home and Family in Cultural Capital Theory'. In *The British Journal of Sociology*. Vol. 56(1): 83-103.

Silverman, D. (1993). *Interpreting Qualitative Data: Methods for Analysing Talk, Text and Interaction*. London: Sage.

Simbayi, L.C., Chauveau, J. and Shisana, O. (2004). 'Behavioural Responses of South African Youth to the HIV/AIDS Epidemic: A Nationwide Survey' in *AIDS CARE.* Vol. 16(5): 605-618.

Simbayi, L.C., Skinner, D., Letlape, L. and Zuma, K. (2005). *Workplace Policies in Public Education*. Cape Town, South Africa: HSRC Press.

Statistics South Africa (2007). *Mid-year Population Estimates: 2007*. Pretoria: Statistics South Africa. [Online]. Available: http://www.statssa.gov.za/publications/P0302/P0302 2007.pdf. [2008, January 28].

Stinnett, T.A., Cruce, M.K. and Choate, K.T. (2004). 'Influences in Teacher Education Student Attitudes toward Youth Who Are HIV^{+}' in *Psychology in the Schools.* Vol. 41(2): 211-218.

Strauss, A. and Corbin, J. (1990). *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*. Newbury Park, CA: Sage.

Strydom, H. and Strydom, C. (2006). 'The Level of Knowledge of South African Pupils Regarding HIV/AIDS' in *International Social Work.* Vol. 49(4): 495-505.

Swartz, D. (1997). *Culture & Power: The Sociology of Pierre Bourdieu*. Chicago: University of Chicago Press.

Tihanyi, K. (2006). *Blending in the Rainbow Nation: The Racial Integration of Schools and Its Implication for Reconciliation in Post-Apartheid South Africa*. New York: Lexington Books.

Turnbull, M. (2005). 'Student Teacher Professional Agency in the Practicum' in *Asia-Pacific Journal of Teacher Education.* Vol. 33 (2): 195-208.

UNAIDS (2004). *Report on the Global AIDS Epidemic*. Geneva, UNAIDS, 2004.

UNAIDS (2005). *AIDS in Africa: Three Scenarios to 2025*. Geneva: UNAIDS.

UNAIDS (2007). *AIDS Epidemic Update*: *December 2007.* Geneva, UNAIDS.

UNAIDS (2008) *Epidemiological Fact Sheet on HIV and AIDS: South Africa: September 2008.* Geneva, UNAIDS.

Visser, M. (2002). *Where Teachers Fear to Tread – Communicating about HIV/AIDS in Mozambique*. Paper presented at the Association for Educational Communications and Technology (AECT), Dallas, Texas. [Online]. Available: http://www.learndev.org/ People/MurielVisser/WhereTeachers.pdf. [2008, April 12].

Visser, M. (2004). *The Impact of Individual Difference on the Willingness of Teachers in Mozambique to Communicate about HIV/AIDS in Schools and Communities*. A PhD Thesis, Florida State University: College of Communication.

Wacquant, L. (1989). 'Towards a Reflexive Sociology: A Workshop with Pierre Bourdieu' in *Sociological Theory*. Vol. 7: 26-63.

Wacquant, L. (2006). 'Chapter 16: Pierre Bourdieu' in Stones, R. (Ed.) (2006). *Key Contemporary Thinkers*. London: MacMillan. [Online]. Available: http://sociology.berkeley.edu/faculty/wacquant/wacquant_pdf/PIERREBOURDIEUKEYTHINK-REV 2006.pdf. [2008, April 11].

WCED (2002). *Western Cape Education Department Online: World AIDS Day and School AIDS Week*. [Online]. Available: http://wced.wcape.gov.za/branchIDC/special_ed/hiv_aids/ info_2003.html. [2007, October 2].

Welmond, M. (2002). 'Globalization Viewed from the Periphery: The Dynamics of Teacher Identity in the Republic of Benin' in *Comparative Education Review*. Vol. 46(1): 37-65.

Whiteside, A. and C. Sunter (2000). *AIDS: The Challenge for South Africa*. Johannesburg: Human and Rousseau.

Wilmot, D. (2004). 'Emerging Models of Teacher Training: The Case of South Africa' in *International Research in Geographical and Environmental Education*. Vol. 13 (2): 153-158.

Wilson, D. (1995). 'Review Essay: Excavating the Dialectic of Blindness and Insight: Anthony Giddens' Structuration Theory' in *Political Geography*. Vol. 14 (3): 309-318.

World Bank (2006). *World Development Report 2007: Development and the Next Generation*. New York, NY: Oxford University Press.

Yates, J. (1997). 'Using Giddens' Structuration Theory to Inform Business History' in *Business and Economic History*. Vol. 26 (1): 159-183.

Appendices

Appendix I – Questions Posed in Pilot Interview

Semi-Structured Interview Guide

Research Questions

(35 - 40 minutes)

Background Information:

1. Can you tell me a little more about yourself so that I can get to know you better? (schooling, specialization/methods/class level)
2. Who teacher was your role model when you were a child? What made them stand out? How have they helped shape you into the teacher you are today?
3. Who promoted education to you most?
4. What made you choose to become an educator?

Questions relating to understanding HIV and AIDS:

1. How are HIV and AIDS affecting the community in which you teach? (both inside and outside the classroom)
2. Is it an appropriate topic to be taught in the school environment? At what level should it best be discussed? In what classes should it be discussed?
3. Are HIV and AIDS topics that will enter your (ex: science) classroom?

Questions relating to experiencing of HIV and AIDS in the classroom:

1. Through your studies and classes at UCT, have you become familiar with the national HIV/AIDS curriculum?
2. How do you feel about teaching it? Are you comfortable? Are you prepared?
3. During your teaching practice have you come across the topic in class?
4. Would you feel prepared to teach it if I told you your next period class was on it? Why or Why not?

Wrap –up

Thank you very much for your time!!

Appendix II – Consent Form for Pilot Interview

I, _____ (name), agree to participate in this research project on "HIV/AIDS within the Classroom" which is being conducted by Robyn Arseneau.

I understand that the purpose of this interview to learn more about my experiences with HIV/AIDS in the classroom.

I understand that the study involves an interview that will be conducted within forty-five minutes, which will be audio recorded and transcribed.

I understand that my participation in this study is entirely voluntary, and that if I do not wish to answer any questions, I have full power to choose to not to do so. Further, if I wish to withdraw from the study or to leave, I may do so at any time – I do not need to give any reasons or explanations for my actions. If I do withdraw from the study, I understand that this will have no effect on my relationship with the interviewer.

I understand that all the information I give will be kept confidential to the extent permitted by law, and that my name will be anonymous. Further, if I feel that other names and information mentioned in the interview will hinder my anonymity, these can also be altered at my request or the researcher's discretion.

I understand that I will not receive any direct benefit from participating in this study, but that my participation is very helpful to the researcher and study.

The interviewer has offered to answer any and all of my questions about the study and what my involvement entails.

Do you agree to be interviewed and to have your interview audio recorded?

☐ Yes, I agree to be involved with this research project and to have my interview audio recorded.

☐ No, I do not agree to be interviewed for this research project.

.....
Signature of research participant

If you have any further questions or concerns about thus study, don't hesitate to contact Robyn Arseneau at robynelms@gmail.com or by cell: 084-945-6577.

Appendix III – Quantitative Survey

HIV and AIDS:

Knowledge, Understanding and Perceptions of PGCE Teachers

Questionnaire

Please complete all questions in this double-sided questionnaire.

The information gathered through this questionnaire is treated as highly confidential and will only be used for purposes of this research project. Your identity will remain anonymous.

Thank you very much for your time in completing this questionnaire!

PERSONAL DETAILS

Gender: ☐ Male ☐ Female

Religion: _____

I am from _____ province in South Africa.

I grew-up in a ☐ Low ☐ Middle ☐ Upper class environment.

I will be teaching: ☐ Primary School ☐ Secondary School

My subject specializations are: _____

_____

The items in the following sections relate to your current perceptions, experiences, knowledge and level of perceived preparedness for teaching HIV education.

Please indicate your answer to the following questions by placing a tick ☑ in the appropriate box.

QUESTION 1

		Strongly Agree	Agree	Disagree	Strongly Disagree	No Answer
1.1	HIV and AIDS are not as big of problems as the media suggests.	☐	☐	☐	☐	☐
1.2	HIV/AIDS has become less serious because of the increased availability of antiretroviral (ARV) medications.	☐	☐	☐	☐	☐
1.3	It is very unlikely that I will become infected with HIV.	☐	☐	☐	☐	☐
1.4	It is rare for a person in my community to have HIV.	☐	☐	☐	☐	☐
1.5	If a member of my family became ill with HIV, it should be kept a secret.	☐	☐	☐	☐	☐
1.6	If a person learns that he/she is infected with HIV, the person should disclose the information to their past partners.	☐	☐	☐	☐	☐
1.7	If a person learns that he/she is infected with HIV, this information should be made public.	☐	☐	☐	☐	☐
1.8	Belonging to a particular community doesn't cause HIV, however:					
	a. HIV/AIDS is more common in poorer communities.	☐	☐	☐	☐	☐
	b. HIV/AIDS issues are more prevalent at under-resourced schools.	☐	☐	☐	☐	☐
	c. HIV/AIDS affect students more at under-resourced schools.	☐	☐	☐	☐	☐
	d. HIV/AIDS affect students more at well-resourced schools.	☐	☐	☐	☐	☐
	e. HIV/AIDS should be brought more into the curriculum at all schools.	☐	☐	☐	☐	☐
	f. HIV/AIDS issues are more prevalent in single-gendered schools.	☐	☐	☐	☐	☐
	g. HIV/AIDS issues are more prevalent in mixed-gendered schools.	☐	☐	☐	☐	☐
	h. HIV/AIDS issues are prevalent in schools with a large density of black students and staff.	☐	☐	☐	☐	☐
	i. HIV/AIDS issues are prevalent in schools with a large density of white students and staff.	☐	☐	☐	☐	☐
	j. HIV/AIDS issues are prevalent in schools with a large density of coloured students and staff.	☐	☐	☐	☐	☐

Question 1 continued...

		Strongly Agree	Agree	Disagree	Strongly Disagree	No Answer
1.9	If a student has HIV but is not sick, he or she should not be allowed to continue attending school.	☐	☐	☐	☐	☐
1.10	HIV/AIDS and sex are issues that should be taught at home and not at school.	☐	☐	☐	☐	☐
1.11	In general, children these days are becoming sexually active a lot earlier than I did.	☐	☐	☐	☐	☐
1.12	Supplying condoms in bathrooms is only enticing children to become more sexually active at a younger age.	☐	☐	☐	☐	☐
1.13	Boys often pressure girls to have sex.	☐	☐	☐	☐	☐
1.14	A man will not refuse to have sex with a woman if she initiates it.	☐	☐	☐	☐	☐
1.15	Using a condom is a sign of not trusting your partner.	☐	☐	☐	☐	☐
1.16	Condom preparation is a male responsibility.	☐	☐	☐	☐	☐
1.17	A girl who refuses to have sex will probably loose her boyfriend.	☐	☐	☐	☐	☐
1.18	A woman should be a virgin when she marries.	☐	☐	☐	☐	☐

QUESTION 2

2.1 I don't want to know the results, but have you ever been tested to see if you have HIV? ☐ Yes ☐ No ☐ No Answer

2.2 When in a relationship, do you disclose your status to your partner before becoming sexually active? ☐ Yes ☐ No ☐ No Answer

2.3 When in a relationship, do you know your partner's sexual history before becoming sexually active? ☐ Yes ☐ No ☐ No Answer

2.4 Have you had an HIV/AIDS test before you became sexually active with each new partner? ☐ Yes ☐ No ☐ No Answer

2.5 At which level were you first taught about HIV education in school?

☐ Primary ☐ Junior ☐ Secondary ☐ University ☐ I was not taught at school

2.6 In your opinion, this was _____ to learn about HIV education.

☐ too early ☐ too late ☐ just right

2.7 Who was the first person to talk to you about HIV and AIDS?

☐ Parents ☐ Sibling ☐ Teacher ☐ Presenter at school ☐ TV ☐ Other: _____

Question 2 continued...

		Strongly Agree	Agree	Disagree	Strongly Disagree	No Answer
2.8	My family was open to talk about sex and HIV/AIDS when I was growing up.	☐	☐	☐	☐	☐
2.9	When growing-up the topic of sex was freely discussed in my home.	☐	☐	☐	☐	☐
2.10	When growing-up HIV and AIDS were freely discussed in my home.	☐	☐	☐	☐	☐
2.11	My teachers at school often spoke to me about HIV and AIDS.	☐	☐	☐	☐	☐
2.12	When growing-up the topic of sex was freely discussed in my school.	☐	☐	☐	☐	☐
2.13	When growing-up HIV and AIDS were freely discussed in my school.	☐	☐	☐	☐	☐
2.14	I know someone/people who is/are infected with HIV.	☐	☐	☐	☐	☐
2.15	I know someone/people who has/have died of AIDS.	☐	☐	☐	☐	☐
2.16	My family thinks that sex should not be had before marriage.	☐	☐	☐	☐	☐
2.17	My friends encourage me to have sex.	☐	☐	☐	☐	☐
2.18	Most of the people that I know of in my class are having sex.	☐	☐	☐	☐	☐
2.19	If I carry a condom my partner will think that I am planning to have sex.	☐	☐	☐	☐	☐
2.20	I always carry a condom with me 'just in-case'.	☐	☐	☐	☐	☐
2.21	I am carrying a condom with me right now.	☐	☐	☐	☐	☐
2.22	During your teaching practice or experience:					
a.	I came into contact with issues of sex in the classroom.	☐	☐	☐	☐	☐
b.	I came into contact with issues of HIV/AIDS in the classroom.	☐	☐	☐	☐	☐
c.	During my teaching experience I incorporated the theme of HIV/AIDS into my lessons	☐	☐	☐	☐	☐
d.	I often heard HIV/AIDS talked about in the hallways.	☐	☐	☐	☐	☐
e.	There were a lot of posters about HIV/AIDS up in the school.	☐	☐	☐	☐	☐
f.	HIV and AIDS were viewed as important issues by schools.	☐	☐	☐	☐	☐

QUESTION 3

		TRUE	FALSE	Not Sure/ Don't Know
3.1	A healthy-looking person can be infected with HIV.	☐	☐	☐
3.2	Most people who have HIV show signs of being sick right away.	☐	☐	☐
3.3	A person can become infected with HIV through:			
	a. Sexual Intercourse (vaginal or anal penetration)	☐	☐	☐
	b. Oral Sex	☐	☐	☐
	c. Blood Transfusions	☐	☐	☐
	d. Mosquito/Insect Bites	☐	☐	☐
	e. Contact with blood of an infected person	☐	☐	☐
	f. Contact with sweat of an infected person	☐	☐	☐
	g. Contact with saliva of an infected person	☐	☐	☐
	h. During Pregnancy	☐	☐	☐
	i. During Birth	☐	☐	☐
	j. Through Breast Milk	☐	☐	☐
3.4	A person can get HIV even if he or she has sexual intercourse just one time without a condom.	☐	☐	☐
3.5	When using a condom, it is better to use an oil-based lubricant than a water-based lubricant.	☐	☐	☐
3.6	A person cannot have more than one sexually transmitted disease at a time.	☐	☐	☐
3.7	A person with antibodies to HIV is immune to HIV.	☐	☐	☐
3.8	There is a pill I can take to prevent me from getting HIV after exposure to it.	☐	☐	☐
3.9	HIV can be cured by antiretroviral therapy (ART).	☐	☐	☐
3.10	Antiretroviral (ARV) medications can prolong life.	☐	☐	☐
3.11	Antiretrovirals (ARVs) have few side effects in the first few months.	☐	☐	☐
3.12	A person on antiretrovirals (ARVs) takes medication once-twice a week	☐	☐	☐

Question 3 continued...

3.13 How many millions of people are living with HIV in South Africa today?

☐ 1-2 ☐ 3-4 ☐ 5-6 ☐ 7-8 ☐ 9-10 ☐ Don't know

3.14 Which age group has the highest HIV incidence rate in South Africa?

☐ 1-14 ☐ 15-19 ☐ 20-24 ☐ 25-29 ☐ 30-34 ☐ 35-39 ☐ 40+ ☐ Don't know

3.15 What percentage of the South African population is of school-going age?

☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ 21-25 ☐ 26-30 ☐ 31-35 ☐ Don't know

Please answer the following scenarios as best as you can:

Case 1: A student performed oral sex on a fellow classmate after school. The partner ejaculated into the student's mouth. The student doesn't know the partner's HIV status, but if HIV was present:

	TRUE	FALSE	Not Sure/ Don't Know
3.16 There is enough concentration of the virus to be transmitted.	☐	☐	☐
3.17 There is a possibility of HIV getting into the student's bloodstream.	☐	☐	☐
3.18 There is a high level of risk for the student to contract HIV.	☐	☐	☐

Case 2: Two students in your class have approached you after school because they just found out that their previous drug partner is HIV-positive. They only shared needles once. The students thinks that the drug partner got infected after they shared needles, but they are really worried and have come to ask you questions about it. You would respond by saying:

	TRUE	FALSE	Not Sure/ Don't Know
3.19 Don't worry, there would not be enough concentration of the virus for it to be transmitted to you.	☐	☐	☐
3.20 There is a small possibility that HIV got into your bloodstream if your drug partner was HIV-positive when you were sharing needles.	☐	☐	☐
3.21 You could get tested, but there was only a low level of risk for the student to contract HIV.	☐	☐	☐

Case 3: A male teacher in your school has openly stated that he is HIV-positive. Your staff is very accepting; however, one of your female co-workers is concerned about getting HIV from them because she accidentally drank from his cup. She is worried that other staff members might get HIV from him too, because he doesn't sterilize the dishes he uses in the staffroom.

	TRUE	FALSE	Not Sure/ Don't Know
3.22 There is enough concentration of the virus to be transmitted from his cup.	☐	☐	☐
3.23 There is a possibility that HIV can get into another teacher's bloodstream.	☐	☐	☐
3.24 There is a relative level of risk for the other staff members and students to contract HIV from him.	☐	☐	☐

Question 3 continued...

Choose the best answer:

3.25 The Western Cape Education Department (WCED) advises that (on average over the year):_____

a. 15 minutes a week of HIV/AIDS and sexuality life skills education is mandatory per class of students.

b. 30 minutes a week of HIV/AIDS and sexuality life skills education is mandatory per class of students.

c. 45 minutes a week of HIV/AIDS and sexuality life skills education is mandatory per class of students.

d. 1 hour a week of HIV/AIDS and sexuality life skills education is mandatory per class of students.

3.26 WCED advises that sexuality and HIV education should: _____

a. Be addressed only within Language, Natural Science and Life Orientation classes.

b. Be addressed only within Life Orientation classes.

c. Utilise a cross-curricular approach.

3.27 WCED advises that sexuality and HIV education should be made available to: _____

a. Primary and secondary learners

b. Secondary learners only

c. Secondary and adult learners

d. Pre-school, primary, secondary and adult learners

3.28 When is "School AIDS Week" celebrated each year? _____

a. First week of April

b. Last week of August

c. First week of September

d. Last week of October

3.29 If blood is spilled in the classroom, it is safely and best cleaned by:_____

a. Soap and water.

b. Using protective gloves and a 1 in 10 solution of bleach.

c. Using water and a cloth will suffice, for once blood is outside the body and comes into contact with oxygen, HIV can no longer survive.

d. Using protective gloves, a heavy concentrate of bleach solution or other industrial cleaners.

3.30 What does a school <u>not</u> need in their two mandatory First Aid kits?_____

a. 4 pairs of gloves or clean plastic bags

b. 2 needles

c. Materials to cover wounds, cuts or grazes

d. A bottle of household bleach

3.31 During a minor accident or injury where another person's blood is spilled, it is advised to:_____

a. Not touch the blood, but instead call for help and wait for trained medical professionals to arrive on the scene.

b. Apply pressure to the wound to stop the bleeding as quickly as possible with the nearest available towel or cloth.

c. Clean the wound with antiseptic and bleach and then keep it covered at all times.

QUESTION 4

4.1 How many HIV module classes did you attend (of the 4 already taught)?

☐ 0/4 ☐ ¼ ☐ 2/4 ☐ 3/4 ☐ 4/4

(If you attended all classes, please move-on to Question 4.3)

	TRUE	FALSE	Not Sure/ Don't Know
4.2 I did not attend all module classes because:			
a. I was too busy with other course work.	☐	☐	☐
b. It's at the end of the semester so I'm too lazy.	☐	☐	☐
c. I don't think that HIV/AIDS is a topic I can apply in my class.	☐	☐	☐
d. I didn't find the material helpful.	☐	☐	☐
e. I didn't find the material applicable.	☐	☐	☐
f. I didn't find the material interesting.	☐	☐	☐
g. I don't think that I will be affected by HIV/AIDS at my school because I can refer to other, more qualified teachers or counsellors.	☐	☐	☐
h. I don't think that I will be affected by HIV/AIDS at school because I won't be teaching Life Orientation.	☐	☐	☐
i. I already know what there is to know about HIV/AIDS.	☐	☐	☐
4.3 I feel comfortable teaching HIV education to male students.	☐	☐	☐
4.4 I feel comfortable teaching HIV education to female students.	☐	☐	☐
4.5 I feel that I need more training to be able to best address issues of HIV and AIDS within the classroom.	☐	☐	☐
4.6 I know where to find referral information for students who ask for resources on HIV.	☐	☐	☐
4.7 I feel prepared for teaching and incorporating the theme of HIV/AIDS in my lessons.	☐	☐	☐

4.8 What suggestions do you have for this course to be more useful to you (use the back page if necessary):

_____

_____

_____

QUESTION 5

		TRUE	FALSE	Not Sure/ Don't Know
5.1	I feel that I can adequately address and discuss HIV education in my classroom.	☐	☐	☐
5.2	I have the skills to be able to make a comfortable environment and safe space for my students.	☐	☐	☐
5.3	I have knowledge of where to access further support if needed.	☐	☐	☐
5.4	I would feel comfortable teaching a student whom I know is HIV-positive.	☐	☐	☐
5.5	I would feel comfortable talking about sexual education with my students.	☐	☐	☐
5.6	I know how to relay age-appropriate knowledge on issues of sexuality, sex and HIV/AIDS.	☐	☐	☐
5.7	I know what values and skills I am required to teach HIV education	☐	☐	☐
5.8	I know strategies in how to deal with difficult questions concerning HIV and AIDS.	☐	☐	☐
5.9	I know how to respond to students' refusals to study with a fellow student who is HIV-positive.	☐	☐	☐
5.10	I know where to find the provincial education policy for HIV/AIDS.	☐	☐	☐
5.11	I have knowledge of which methods are effective in teaching HIV education.	☐	☐	☐
5.12	I understand my responsibilities as an educator to teach HIV education.	☐	☐	☐
5.13	I have basic counselling and referral skills in order to support learners affected by HIV/AIDS.	☐	☐	☐
5.14	I know how to effectively integrate HIV education into the curriculum.	☐	☐	☐

Thank you for the time taken to complete this survey and for your assistance with this important project.

Please return the completed form to your instructor or to Chris Kleinsmith.

Contact Details

Any queries can be directed to Robyn Arseneau at robynelms@gmail.com or (084) 945-6577.

Appendix IV – FGD Questions and Guide

Introduction:

- Welcome and thank students
- Review the purpose of the interview: to get an idea of PGCE student perceptions of HIV education training and how they are going to teach it after they graduate and enter the teaching profession.
- Rules:
  1. Anyone can talk at any time, just please give everyone a turn.
  2. There are no right and wrong answers; and even negative comments are useful in gaining greater insight
  3. All comments are confidential and will be used solely for the purpose of this research
- Any questions?

Interview:

- Begin with going around the room to introduce ourselves:
  - Age, the subjects you are going to teach and the kind of school you are hoping to teach at (is it a well-resourced, private or an under-resourced school)?

Q1. In your opinions what are the roles and expected roles of teachers in the fight against the HIV pandemic in South Africa?

Q2. Did anyone experience any issues of HIV/AIDS at your schools – either directly or indirectly? Tell me more about it ….

Q3. Was anyone able to incorporate the theme of HIV/AIDS into your lessons? Was it important to do so or not?

Fictional Vignette [See Appendix V for Vignette]

Q4. This case study deals with an example of how you may come across issues of HIV/AIDS in your classroom. *Can _____ please read the fictional vignette? Cand _____ please read the first, second and third questions?*

Question 1: What are the main concerns that you want to convey within your lesson(s) to the class?

Question 2: What factors about the class should you consider before planning your lesson?

Possible answers:

a. Student age
b. Classroom prejudices
c. Current knowledge
d. Active learning
e. Involving parents and guardians
f. Other sources – ex. Presenters
g. Legislation
h. Considering cultures of class
i. Drawing on materials that are available
j. Making it cross-curricular
k. Are any students HIV-positive?
l. Sexuality of students
m. Atmosphere needed in classroom is appropriate

Question 3: And lastly, what issues, values, skills and basic facts about HIV/AIDS do you want to address the most?

Q6. Methods: Now that we've discussed *what* you are going to teach, more importantly, *how* are you going to teach it?

Get group to brainstorm any 'methods' and 'methodologies' that they might use to teach their students HIV education:

Possible methods they might come up with:

a. Brainstorming
b. Use of media and newsprint
c. Role plays
d. Case studies
e. Debates
f. Structured discussions
g. Games
h. Exercises
i. Visual and performing arts (singing, dancing, drama, and drawing/painting)

Possible methodologies they might come up with:

a. Experiential learning
b. Live teaching sessions
c. Teacher-centred approach
d. Peer education
e. Self-taught methods
f. Participatory approach
g. Group Facilitation
h. Didactic
i. Among others....

Q7. Of the methods just discussed, which ones did you learn from the HIV Module class? Where else did you learn of them (what experience/classes?)

Q8. How were you taught HIV education as a scholar in school?

Q9. How do you feel your role has changed as a teacher since you were in school?

Cool Down:

- Ask group members to say "one thing that you heard today that was really important".
- Explain use of information gained again.

Thank the participants again.

Appendix V – Fictional Vignette used in the FGDs

Case Study

Please read carefully and then answer the following questions ...

You have graduated from the PGCE programme at UCT and are now in your third year of teaching at a well-respected public school in Cape Town. The school has a staff of 40 and just over 1,000 students. Except for a few posters in the halls, HIV and AIDS are issues which are not commonly discussed among staff or students. As it is your third year at this school, you have become familiar with many of the students who are on the most part keen and enthusiastic learners.

In April of this year, however, one of your brightest and most outgoing students, 'Sue', has withdrawn from the class and some of her friends. In addition, once never missing a class, many days she now comes to school late and often complains about not feeling well. Over the past month you've also noticed that she's been putting-on weight and you're worried that she might be pregnant.

Once full of potential and an academic role model for her peers, you are now hearing whispers about her in your class that say she often "runs away from home and goes missing over the weekends". You are afraid that some of her friends might become influenced by her new behaviour so you have turned to your staff for advice. They decide that although there are a lot of different issues to address, discussing issues of HIV education to the class should be of primary importance in case 'Sue' is sexually active and not taking preventative measures. However, they advise that you must be careful not to teach the class in a manner which targets 'Sue' directly; for fear that she becomes even more distant and withdrawn.

Case Study Questions ....

Question 1: What are the main concerns that you want to convey within your lesson(s) to the class?

Question 2: What factors about the class should you consider before planning your lesson?

Question 3: And lastly, what issues, values, skills and basic facts about HIV/AIDS do you want to address the most?

Appendix VI – Consent Form for FGDs

I, _____ (please print), agree to participate in this research project on "HIV/AIDS: The Knowledge, Understanding and Perceptions of PGCE Teachers" which is being conducted by Robyn Arseneau as part of her Master's Research Project at the University of Cape Town.

I understand that the purpose of this focus group interview is to learn more about my perceptions of the HIV training I've received and how I feel about teaching HIV and AIDS related issues when going into the educational field next year.

I understand that the study involves a group interview that will be conducted within forty-five minutes, which will be audio recorded and transcribed. In addition, and with my consent, it will also be video recorded. This video will be strictly confidential and used only for the purpose of transcribing by the interviewer and the transcriber during the research process. After completion of the Master's dissertation, the video will be destroyed.

I understand that my participation in this study is entirely voluntary, and that if I do not wish to answer any questions I have full power in choosing not to do so. Further, if I wish to withdraw from the study or to leave, I may do so at any time – I do not need to give any reasons or explanations for my actions. If I do withdraw from the study, I understand that this will have no effect on my relationship with the interviewer or members in the group.

I understand that all the information I give will be kept confidential to the extent permitted by law, and that my name will be anonymous. Further, if I feel that other names and information mentioned in the interview will hinder my anonymity, these can also be altered upon my request.

I understand and agree that verbatim, ideas, and segments of this focus group discussed may be used in Robyn Arseneau's thesis.

I understand that I may not receive any direct benefit from participating in this study, but that my participation is very helpful to the researcher and her thesis. In addition, if I wish to have a copy of the interview transcription or the final thesis, I may request one at any time.

The interviewer has offered to answer any of my questions about the study and what my involvement entails.

Do you agree to be a part of this focus group interview and to have it audio and video recorded?

☐ Yes, I agree to be interviewed and to have it audio and video recorded.

☐ No, I do not agree to be interviewed or involved with this research.

.....
Signature of research participant

If you have any further questions or concerns about thus study, don't hesitate to contact Robyn Arseneau at robynelms@gmail.com or by cell: 084-945-6577.

Appendix VII – Semi-Structured Interview Guide for In-depth Interview

Background Information and Questions Relating to Experiences with HIV/AIDS:

Questions	Observational Notes
5. You are a PGCE student, but that's all I know. … Can you **tell me about yourself** so that I can get to know you better?	
a. **Up-bringing**: • Where did you grow up? • What was your family like?	
b. **School Experience**: • Where did you go to school? (city/rural?) • What/what did you study at school?	
c. **HIV Education**: • What age did you first learn about HIV and AIDS? • How was it taught at school? • Was HIV ever discussed at home? • Do you take sexual-risk precaution when having sexual intercourse *every time*?	
6. Can you think of an instance when the topic of **HIV/AIDS became significant** to you? I'm interested in something that had changed you or that has stayed with you all this time.	
7. Can you tell me about any of your **experiences with HIV/AIDS**?	

Questions relating to Perceptions of HIV and AIDS:

	Question	Observational Notes
P1.	In your opinion, what makes South Africa have a **high HIV infection rates**? Please explain…	
P2.	Are topics of sex, sexuality, HIV and AIDS **appropriate topics** to be taught in a **school** environment? Why or why not?	
P3.	In your opinion, in which teaching environment was HIV/AIDS more prevalent: at **well-resourced or under-resourced** schools? Please explain...	
P4.	Can you give me examples of ways in which HIV and AIDS in the classroom could be **affecting your learners**?	
P5.	Can you give me examples of ways in which **you personally** will become affected by HIV/AIDS at school over your teaching career?	
Possible responses:	• Student/staff absenteeism • Low co-teacher morale • Material and psychological needs of students/staff	
P6.	Can you tell me about any concerns you may have if one of your **colleagues was HIV+**? What would they be?	
P7.	In your opinion, what is your role as a (**primary/secondary**) educator in providing HIV education? How does this role compare to other subject teachers?	
P8.	How have **your experiences** and who you are as a person **influence** the way you will teach HIV education to **others**?	

Responses to HIV and AIDS in the Classroom:

Question	Observational Notes
R1. Can you share with me your levels of **comfort about teaching** topics of **sex** and sexuality in the classroom?	
R2. Can you share with me your levels of **comfort about teaching** topics of **HIV** and AIDS in the classroom?	
R3. Can you tell me about how any concerns you may have if one of your **students was HIV+**? What would they be?	
R4. As a future teacher, **how often** do you think you will **engage with HIV education** in the classroom?	
R5. What is your biggest **knowledge source** for HIV/AIDS?	
R6. What **knowledge source** will you **draw upon** most when teaching HIV education?	
R7. Going into the classroom next year, what **don't you know about HIV/AIDS** that you would like to know more about?	
Possible responses: • Biomedical • Social • Stigma • Culturally embedded attitudes • Gender issues • Positioning of the presenter vs. class	
R8. In general, how have you found the **HIV Module course?**	

Wrap –up... Cool down … And thank you very much for your time!

Appendix VIII – Consent Form for In-depth Interviews

I, _____ (name), agree to participate in this research project on "HIV/AIDS: The Knowledge, Understanding and Perceptions of PGCE Teachers" which is being conducted by Robyn Arseneau as part of her Master's in HIV/AIDS and Society at the University of Cape Town.

I understand that the purpose of this interview is to learn more about my experiences with HIV/AIDS and how I feel about teaching it when going into the classroom next year.

I understand that the study involves an interview that will be conducted within forty-five minutes, which will be audio recorded and transcribed.

I understand that my participation in this study is entirely voluntary, and that if I do not wish to answer questions I have full power in choosing not to do so. Further, if I wish to withdraw from the study or to leave, I may do so at any time – I do not need to give any reasons or explanations for my actions. If I do withdraw from the study, I understand that this will have no effect on my relationship with the interviewer.

I understand that all the information I give will be kept confidential to the extent permitted by law, and that my name will be anonymous. Further, if I feel that other names and information mentioned in the interview will hinder my anonymity, these can also be altered.

I understand that I may not receive any direct benefit from participating in this study, but that my participation is very helpful to the researcher and study. In addition, the study will be made available to me after its completion upon request.

The interviewer has offered to answer any of my questions about the study and what my involvement entails.

Do you agree to be interviewed and to have it audio recorded?

☐ Yes, I agree to be interviewed and to have the interview audio recorded.

☐ No, I do not agree to be interviewed or involved with this research.

.....
Signature of research participant

If you have any further questions or concerns about thus study, don't hesitate to contact Robyn Arseneau at robynelms@gmail.com or by cell: 084-945-6577.

Appendix IX – Brief Profiles of PSTs

Profile of PSTs involved only in the Focus Group Interviews ($N = 4$)

Desiree (FGD_1) – is a 22 year old white female who was brought-up in an upper-class family and community. She was born in England and came to South Africa as a young girl. She attended private schools for both primary and secondary levels and later graduated from UCT with a Science degree. At the time of the focus group interview, she was completing her studies to teach Geography, Life Sciences and Natural Sciences at the secondary level. Desiree wishes to teach in a similar well-resourced environment to which she was accustomed to, and is thus seeking employment in a private school in the Cape Town area.

Anna-Michele (FGD_2) – is a 22 year old white female who was raised in a close family in an upper-class community in Cape Town. She is studying to become and Intermediate Phase primary school teacher. She did not have a position secured for the coming year, but was hoping to work in an under-resourced school in order to reach out to and "*provide those less fortunate with a decent education.*"

Susan (FGD_3) – is a 28 year old coloured female who was raised in a middle-class family in Cape Town. Her role model from a young age was her mother who was a teacher and thus she is excited to be teaching primary school following her mother's footsteps. She had yet to secure a position at the time of the focus group interview, however, was willing to teach at either a well-resourced or under-resourced school.

Evelien (FGD_3) – is a 24 year old white female who is studying to become a primary school teacher. She was raised in a large and well-educated family in an upper-class community in Cape Town. She had not yet secured a teaching position for the following year, however, was looking for a post in a well-resourced school.

Profile of PSTs involved in Focus Groups *and* In-depth Interviews ($N = 6$)

Anna (FGD_1) – is a 23 year old coloured female who is looking forward to teaching English and History to secondary school students. Anna was brought-up in a hard working middle-class family and "*always had everything I wanted or ever needed.*" Her mother was a teacher at the same Catholic school she attended for primary school. Anna later went to a well-resourced secondary school in Cape Town. Anna would like to teach in a well-resourced school in a predominantly coloured region, as she sees that this would be the "*environment where I feel that I have most to offer.*"

Natasha (FGD_1) – is a white 22 year old female who was brought-up in a middle-class environment outside of Johannesburg. Her parents were musicians who were very 'open-minded' and she remembered them helping-out and working in the black townships "*when it wasn't the 'done thing'.*" She attended private schools for both primary and secondary levels. Natasha is looking forward to becoming a secondary school teacher for Natural Sciences and Maths subjects. She was very excited to announce in her interview that she had just been accepted to teach at a well-resourced school which is "*one of the top government schools in Johannesburg.*"

Johan (FGD_1) – is a 23 year old white male who was brought-up with five other siblings in a large middle-class family in Cape Town. He attended public schools for both primary and secondary levels. He is looking forward to teaching secondary school Science as his teaching subjects are Physical Science, Mathematics and Natural Science. At the time of his interview, he had already secured a teaching position at a well-known private school in Cape Town.

Gavin (FGD_2) – is a 24 year old coloured male who was raised in a strong nuclear upper-class family. As his father was a wealthy doctor, he was "*very privileged*" and attended the best private schools in the province. He attended boarding school at an all-boy's school in Cape Town for both primary and secondary levels. Gavin is studying to be a secondary school teacher of Life and Natural Sciences, and has already secured a position in a prominent private school in Cape Town this coming year.

Luke (FGD_2) – is a 23 year old white male who was born into a middle-class family in Zimbabwe. His father is a pastor and through missionary work exposed Luke to various social classes and circumstances while growing-up. Luke recalls that "*the school and the church were very much my life*" and enjoyed working in the townships with his father when he was a young teenager. Luke moved to Cape Town to attend his undergraduate degree at UCT. He is currently studying to be a Geography and Science secondary school teacher. He has secured a teaching position for the following year at a well-resourced private all-boys school.

Kate (FGD_3) – is a 23 year old white Afrikaans female who was brought-up in a middle-class community outside of Cape Town. She had a very "*sheltered home life*" with a close family, who had taught her "*very strong values and morals.*" She attended well-resourced schools for both primary and secondary levels and came to UCT for her undergraduate and PGCE degree. Kate had secured a primary level teaching position at a well-resourced private international school in the Cape Town area.

In-depth Interview only (*N*= 9)

Karla – is a 22 year old white female who was raised in a middle-class and conservative Afrikaans family in Johannesburg. She attended a multi-racial English primary and secondary school of which she had very fond memories. Karla had moved to Cape Town when she started her undergraduate degree at UCT and is looking to stay in the area when she finishes her studies. She is studying to become a secondary school teacher of English and History subjects and is looking for a position in a well-resourced school in the Cape Town area.

Elizabeth – is a 22 year old white female who was brought up in "*a very sheltered environment*" by an upper-class family in Zimbabwe. Elizabeth has always been very close to her family. She attended a private primary school and a well-resourced multi-racial Christian boarding school for her secondary level from which she had developed strong Christian values. She moved to Cape Town to attend university, and at the time of her interview was seeking employment in the area at a well-resourced school.

Megan – is a 24 year old white female who was brought-up in a large extended family in an upper-class community in Cape Town. She attended a private boarding school for both primary and secondary levels. Megan has secured a teaching position at a well-resourced school in Cape Town and is looking forward to teaching intermediate phase subjects to primary school students.

Emma – is a 28 year old white female who grew-up in a very close middle-class family in Cape Town. She attended private school for both primary and secondary levels and then came to UCT for university. Emma is looking forward to teaching Science at a well-resourced secondary school in Cape Town this following year.

Lara – is a 22 year old white female who was raised in a middle-class community on the outskirts of Johannesburg. She attended a well-resourced Afrikaans primary school and when her family moved to Cape Town, she began attending an English secondary school. Lara's family has always been very close. At the time of her interview she had secured a well-resourced primary school teaching position nearby so that she can remain close to home.

Daniel – is a 27 year old white male who grew-up in a nuclear family in a middle-class suburb of Cape Town. He attended a well-resourced all-boys school for both primary and junior school and then went to a co-ed high school before coming to UCT for his university degree. Daniel is now married and is looking forward to teaching Science to secondary school students the following year.

Ethan – is a 29 year old white male who was brought-up in a middle-class family in Port Elizabeth. His father was the principal and his mother a teacher at the same primary school he attended. Later, he attended boarding school where he received a bursary to attend a private secondary school in Cape Town. He has lived and attended school in Cape Town ever since and is looking forward to teaching Science to secondary school students in either well-resourced or under-resourced schools in the years to come.

Reid – is a 24 year old white male who was brought-up in a close family in a middle-class community in Cape Town. He was raised with strong moral and health values and as his father is a pastor and mother a nurse. Reid attended well-resourced schools for both primary and secondary levels where he learned to love History and Maths. He is currently seeking employment in a well-resourced secondary school where he will be teaching History and Geography.

Clarissa – is a 22 year old white female who was raised in a very close middle-class family in Durban. She attended a well-known private Catholic school for both primary and secondary levels. Clarissa moved to Cape Town for her undergraduate degree and had secured a position teaching in a well-resourced primary school in Cape Town for the following year.