



Title: Making Visible an Invisible World - How do Adult Educators Navigate Moral Dilemmas in HIV Health and Social Literacy Education?

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A minor dissertation submitted in partial fulfilment of the requirements for the award of the degree of Masters in Adult Education

Faculty of the Humanities

University of Cape Town

January 2019

DECLARATION

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.

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Acknowledgements

I would like to thank my supervisor, Professor Linda Cooper for her encouragement, guidance and humanity during the course of this masters and dissertation. The journey was unexpectedly challenging at times, but the learning and insight I gained as a person and an educator have been priceless. I would also like to thank Professors Catherine Kell, Ursula Hoadley and Salma Ismail for their coursework modules that laid the foundation for this research.

To my mother, Madrea Le Roux for funding this expedition and my friends Laetitia van Waesberghe, Lauren Brown, Chantelle Solomon, James Lappeman and Wendy Christien for listening, asking questions and spurring me on, I am deeply grateful. Further thanks to my triumvirate of mindfulness and self-care – Sara Bilbe, Eilat Aviram and Megan Galloway. It indeed took a village to raise this “child”.

Lastly, I want to acknowledge and thank God for being a faithful companion on this journey.

Abstract

Billions of rand are spent annually in HIV interventions in South Africa and most of these interventions have a component of training or adult education. The purpose of this research study is to understand better what potential moral dilemmas adult educators might face in the HIV health and social literacy field and what tools they use to navigate these dilemmas. I had a sense that adult educators might face moral dilemmas in this field with topics that include safe sex, prevention, sexually transmitted infections, abortion and relevant lesbian, gay, bisexual, transsexual and intersex (LGBTI) issues.

In order to illuminate these dilemmas, the study asked adult educators from within the related field to identify the types of moral dilemmas they faced; what underpinned these dilemmas; and finally, how they navigated the issues. Data was collected using individual semi-structured interviews. The study also aims to make recommendations for current and future educators in the field on potential navigational tools.

The theoretical framework used in the study focused on adult experiential learning, meaning-making and dialogical practices. Empirical research was gathered from the school-based sex-education and the nursing field, highlighting the gap in literature on adult educators' experiences with such phenomena. The study made use of an interpretative and thematic approach, allowing themes to emerge from the data.

The analysis showed that adult educators faced moral dilemmas related to the topic and content covered, cultural barriers, funder-driven agendas, insufficient involvement from the church, and sexual advances from community facilitators. These were underpinned by the research participants' inner histories, including their upbringings and their socialisation around gender roles and marital status. Participants identified personal values that included religious beliefs as a significant cause for discomfort.

Navigational tools included one-on-one and group dialogical practices as well as being able to accept or train on a topic without having to agree or promote the content from a personal values perspective.

The study highlights the lack of literature available on this phenomenon and makes recommendations to create platforms for discussion and reflection. Even though the study focusses on adult educators in the HIV Health and Social Literacy field, this could have relevance for school-based sexual education teachers as well as in the nursing or counselling field.

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Chapter 1: Introduction

1.1 Introduction

“To make meaning means to make sense of an experience, we make an interpretation of it. When we subsequently use this interpretation to guide decision-making or action, then making ‘meaning’ becomes ‘learning’.” (Mezirow, 1990:1)

The purpose of this study is to gain a better understanding into the “hidden” or invisible world of the educator who experiences moral difficulties with content on which they are required to facilitate or train, and how they navigate these moral difficulties. The study aims to focus on the educator’s experiences of encountering moral dilemmas within the field of HIV education as well as how the educator observes and maintains opportunity for diverse views in an education session. The purpose is to gather lessons that could guide or assist current and future role-players in adult education.

1.2 Research Questions

My main research question was: **How do adult educators navigate moral dilemmas within HIV health and social literacy education?**

Secondary questions were:

- What are the dilemmas adult educators faced?
- What underpinned these dilemmas, or where did they come from?
- What strategies did adult educators use to navigate these dilemmas?
- How could adult educators be better supported or prepared?

1.3 Background and Rationale

As with any research into adult education there are a variety of elements, contexts and role-players to consider. In order to understand the areas on which I will be focusing, it is necessary to start with outlining the context in which this research is situated.

My research explored the experiences of educators situated within the HIV health arena in South Africa located within an international human rights-based approach. Based on my own experience I believe that there are often moral dilemmas at play for adult educators in the HIV Health and Social Literacy field, but that they are mostly hidden from society and employers, and at times perhaps even the educators themselves are not fully aware or conscious of any discomfort. I would like to explore this invisible world in order to make it more visible to those involved in adult education, based on the assumption that it will empower the adult educator and improve the quality of learning in this field.

Africa (and specifically South Africa) carries a heavy burden of disease when it comes to HIV and TB. In the SANAC (South African National AIDS Council) 2016 HIV and TB Investment Case Reference Report an estimated 6,3 million people were living with HIV in South Africa by 2013. The country carries the highest HIV prevalence rate worldwide with 18% of total infections and the national cost of programmes for these diseases, according to SANAC, was over R58 billion for 2011-2013 as shown in Table 1 (2016:59).

Spending (ZAR)	2011	2012	2013	Grand Total	% Share
HIV					
Care and treatment	6 415 825 156	7 486 329 034	8 906 380 884	22 808 535 073	39%
Comprehensive condom programming	46 533 198	211 891 054	175 406 347	433 830 599	1%
HCT	833 546 557	1 048 788 653	1 141 046 035	3 023 381 245	5%
HIV not disaggregated	96 005 160	137 979 411	286 337 033	520 321 604	1%
Key populations	237 471 479	274 924 351	248 853 952	761 249 782	1%
Medical male circumcision	408 514 701	379 441 921	566 686 471	1 354 643 092	2%
Other biomedical prevention	143 932 376	188 690 835	244 393 863	577 017 074	1%
PMTCT	590 055 927	472 239 901	483 086 386	1 545 382 215	3%
Programme enablers	818 448 373	997 903 407	1 315 284 868	3 131 636 648	5%
Social behaviour change communication	247 211 514	262 726 025	319 492 166	829 429 706	1%
Social enablers	1 693 432 074	1 522 875 270	1 395 408 130	4 611 715 475	8%
TB	3 603 642 421	3 517 875 121	4 082 497 592	11 204 015 134	19%
Non SA IC	2,244,001,565	2,702,445,194	2,964,893,219	7,911,339,978	13%
Grand Total	17 378 620 501	19 204 110 177	22 129 766 945	58 712 497 623	100%

Table 1: Total spending according to the South African investment programme areas (ZAR, % 2011-2013). (Department of Health, South Africa and the South African National AIDS Council, 2016:59)

Even though not explicitly indicated, each of the spending areas in the report includes a component of health and social literacy programmes as well as other training or educational processes.

Behaviour change through education, dialogue and sensitisation has been an integral part of South Africa's response to HIV, AIDS, STIs and TB. Civil society organisations (CSO) or non-governmental organisations (NGOs) provide a number of related formal and non-formal learning interventions and this study will explore aspects of some of these adult educational processes.

The question can be posed as to why I assume an educator would face moral dilemmas in HIV related training and it is appropriate to include a list of some of the topics, trained across different programmes and organisations, in health literacy. From my experience, the educators needed to navigate the content for themselves, and also for communities who were often located in rural, faith-based, moderate to conservative environments. Topics included:

- HIV and AIDS health literacy, adherence, prevention, testing
- Sexual reproductive health:
 - Teenage pregnancy
 - HIV prevention
 - Abortion
 - Male and female condom demonstrations
 - Medical male circumcision (MMC)
 - Safe sexual practices
 - Key populations such as LGBTI communities
 - Sexually transmitted infections (STIs)
- Gender-based violence
- Sex Work
- Parenting skills in sexual reproductive health
- Stigma and discrimination

From my own experience, I believe that when the listed topics are presented in some communities in an educational setting, it could cause dissent or diverse views. Examples could include personal sensitivities around the drive for medical male circumcision amongst adult men, where in certain

demographical groups it is considered a deeply cultural event and not to be discussed in public. Discussions on teenage pregnancy, abortion and LGBTI topics are often uncomfortable for individuals owing to their religious views or widespread homophobia. For some individuals, to speak about sex or the sexual reproductive system and related behaviour change is taboo. I have worked with and for a number of faith-based organisations in sub-Saharan Africa and have also become interested in how adult educators from this environment deal with issues around HIV and sexual education.

1.4 Background to HIV Training in South Africa

For the purpose of research analysis, it is important to distinguish between the different role-players in the community of practice that I will be researching (see Diagram 1).

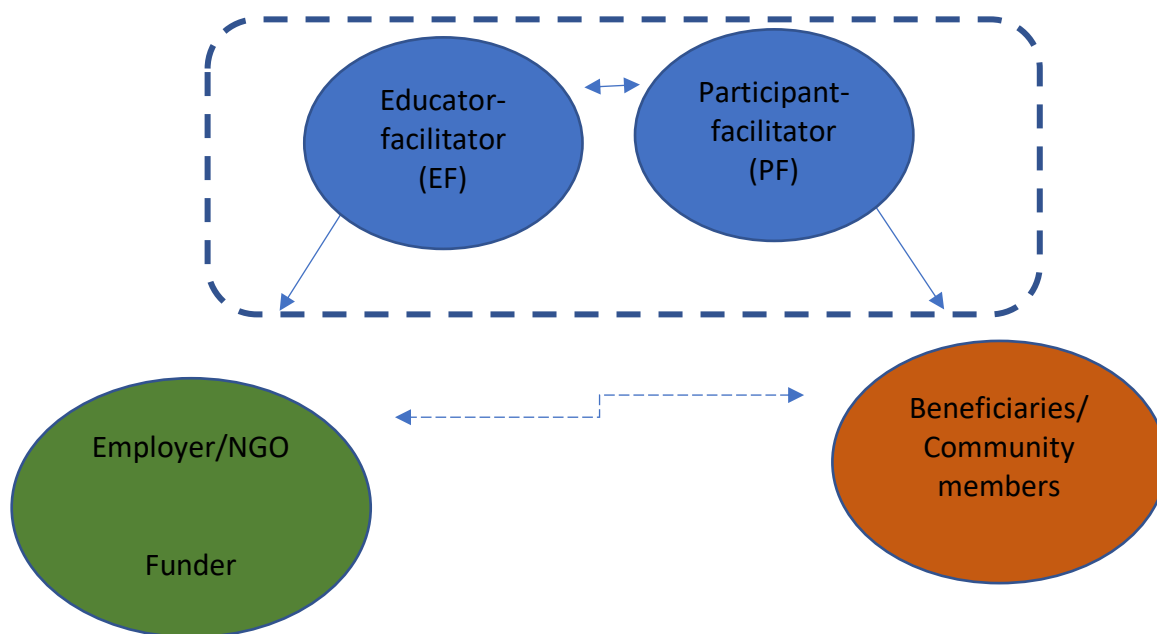


Diagram 1: Framework of role-players in HIV, AIDS, TB and STI training.

In the context of this study, Diagram 1 illustrates that there are funders closely associated with an NGO or employer that receives the donor funding and recruits participant organisations who will employ facilitators for community based organisations (CBO) to implement the programme in the

identified communities. The next set of role-players includes the adult educator or educator-facilitator (EF) who is contracted by the NGO employer to facilitate training for the participant-facilitators (PFs) or community facilitators. As noted, PFs are participants from CBOs who will then implement the training at grassroots level with the beneficiaries or community members. The NGO/employer will either train the EF on the pre-selected content or merely give them the material and indicate expected outcomes of the training.

The EF is often a freelance training provider who facilitates learning using material identified or produced by the employer. The work of the EFs is to train the PFs through first experiencing the material as a learner in the 'intended or correct' manner. Before they can do that, the EFs first need to make sense of the training material for themselves and then plan how they will help PFs to engage sensitive topics that might challenge the target learners and lead to a shift in their worldview.

After the training, the PF will return to the beneficiaries/community and now becomes the facilitator of the training material to the beneficiaries, namely members of the community, participants in HIV, TB or STI programme interventions or specific target groups. Target groups might include primary caregivers, people living with HIV, orphans and vulnerable children, young women and girls or other members of key and vulnerable populations. The PFs are often members of the very community they are expected to educate and to help shift paradigms around HIV-related health and social behaviour.

The funder and/or the NGO employer have decision-making authority in the programme implementation, targets, deliverables and spending. This is noteworthy because in most cases it is the funder or NGO that makes decisions on programmatic content and educational methods, materials and design that are meant to assist communities. I have experienced attempts from some funders to be consultative in material development, but challenges of cultural appropriateness remain as the topics raised in and of themselves often cause discomfort, regardless of attempts to make it more culturally acceptable.

Worldwide, including Africa, a large number of NGOs and community based organisations had their roots as faith-based organisations (FBO) (Olivier et al., 2015). With relation to Diagram 1, these organisations could be the funder, the NGO employer or sub-recipient CBO. The Salvation Army provides health and HIV-related services in 124 countries, with 120 clinics, and 73 hospitals.

The Adventist Church operates 173 hospitals and 216 clinics, and the Catholic Church over 5300 hospitals worldwide (Olivier et al., 2015:1766). The role and contribution of the church, faith-based organisations and NGOs and/or health providers in Africa and specifically Sub-Saharan Africa, was significant and crucial. The World Health Organisation (WHO) World Health Report estimated in their 2004 report that at least 20% of agencies working in the HIV field were faith-based. It was further reported that these faith-based organisations in Sub-Saharan Africa, situated in low to middle income countries, provided a large portion of health services in hospitals, clinics, mobile clinics and health centres (Olivier et al., 2015:1765). The paper noted that the information available on Christian faith-based organisations was more readily available than other religious groups. In the South African National AIDS database, it showed that on average one out of every 10 organisations working in the HIV field, was self-identified as faith-based (2015:1766). Olivier et al. found that faith-based organisations strengthened national health responses and were uniquely positioned to do so owing to a number of things. Firstly, FBOs have a larger magnitude of reach to the poor; secondly, FBOs have the ability to carry costs through church-based, non-governmental financing; and thirdly, clients or patients are often more at ease and satisfied with FBO services than those offered by national healthcare systems (Olivier et al., 2015:1766).

1.5 Motivation for This Research

I have had experience in representing the NGO employer as a contractor of educator-facilitators and also as both a participant-facilitator and educator-facilitator.

There have been a number of personal experiences I have had as an adult educator and with participants over the years in relation to topics that challenge an individual's or group's shared norms and values. From working in South African rural, peri-urban and urban settings to rural areas in Malawi and Lesotho, I saw at times the obvious struggle some participants had with some of the health literacy material we used for training. In certain cases, participants were expected to promote, raise awareness or engage in advocacy strategies such as community protest action regarding human rights issues that were either illegal (at considerable personal risk) in their country or that opposed their cultural or religious views. For example, whilst managing a health literacy programme in Malawi, I was part of a session where a senior manager from South Africa insisted that the PFs take a stance on gay rights. There was a high level of discomfort and my sense was that

it stemmed firstly from the fact the homosexuality was illegal in Malawi at the time, and that by engaging in promotion of gay rights, the PFs could face legal action. Secondly, they came from and worked in a rural and very religious community where homosexuality was seen as a sin and not to be tolerated. Thirdly, I wondered if they might have feared that they would lose their employment if they did not comply. There were therefore moral but also implied legal and practical (employment) dilemmas for the PFs in this situation. The power dynamic between the NGO employer and community care workers employed as PFs was palpable.

In my subsequent environment, I was privy to trainer/educator feedback on a range of topics in the HIV, STIs and TB educational field. Some of the feedback indicated that the PFs were offended: firstly, with some of the material presented to them, and secondly with the expectation that they must implement similar learning sessions in their communities. I include examples from 21 HIV risk cards that form part of a sexual reproductive health implementation programme training that, according to anecdotal evidence I received, caused particular offence in rural KwaZulu Natal where learners refused to open their manuals and wanted the images removed. Examples of such images are included in Figure 1.

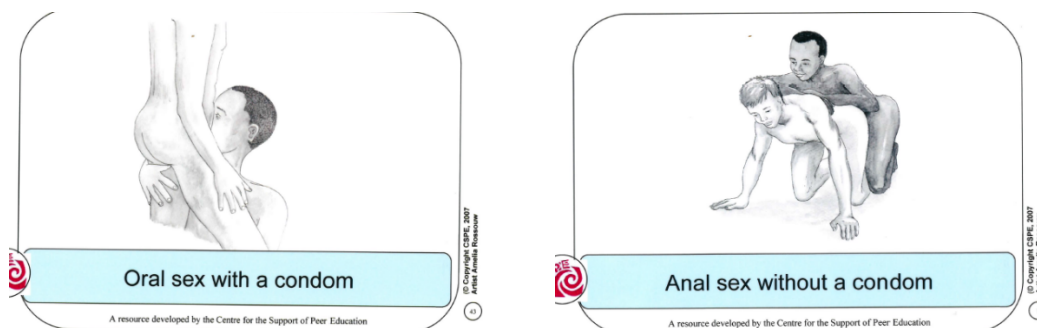


Figure 1: Example of HIV Risk Cards

What I perceived in general, but also specifically from the images above, was that the funder and the EF using the training materials expected community facilitators to adopt new or different ways of thinking, speaking and engaging. The training content often focused on topics or language that for the EFs employed by the NGO was non-negotiable, and the EFs were made to understand that their work would not be effective if the required paradigm shift with regard to the given topic could

not be made by community facilitators. An example was during parenting training workshops in Kwa-Zulu Natal where PFs were asked to use terminology such as ‘vagina’ instead of the local vernacular because it was more scientific and correct. However, the PFs found the terminology uncomfortable and became resistant and agitated as they perceived they were being forced to use language that they did not like.

With the amount of HIV Health Programme-funding invested as shown in Table 1, the motivation behind implementation targets, programming and curricula is often driven by the enforcing power of international and/or national agendas of governments, as well as the need for a strong human rights-based approach. I have sensed that participants are often afraid to say or ask anything that could cause offence to fellow learners or be considered politically incorrect. Instead of voicing concerns or engaging in dialogue on issues around sexuality, homosexuality or religious views, some individuals have remained quiet during learning sessions because they were afraid or shy to ask. The reason I know this is that learners would often approach me or other educators after a session, to ask a question that they did not feel comfortable asking in a group. There seemed to be a fear of a backlash or fall-out from community or political activists around saying or asking something that might be considered ignorant, conservative or in opposition to human rights in some way.

In the course of carrying out a literature review, it became clear to me that most of the academic literature on dealing with moral or ethical dilemmas is directed at the participant's experience of learning and interaction with education, yet the literature is less explicit around how an educator navigates or makes sense of learning materials within their own worldview. This is supported by other studies as per the literature review in Chapter Two, which also indicated the difficulty in finding related empirical research on the experience of the teacher or educator. My interest was further sparked through a Michael Newman article “Education for Social Action” (1995), where the context of the article referred to situations where emancipatory learning resulted in protest and possible violent action. The article asked a question regarding where the pacifist educator would position himself/herself if action moved to violence (1995: 258-259). This article sparked a question which I re-framed: *How does the adult-person educate, engage or disengage a decision for social action that poses a moral dilemma?* It was at this point that I became interested in my own and others’ experiences of moral dilemmas.

The purpose of this research was to gain a better understanding of how educators (in this specific case, the EFs) experience and navigate their own moral dilemmas and those of the PFs within the social and health HIV literacy education field. I wished to understand better how these educators navigate moral dilemmas within the learning milieu by unpacking how the educator maintains an open space for PF uncertainties; how they assist those whose worldviews clash with the moral content/value made by the learning material; and, how they guide those who, after discussion/debate, do not wish to alter their worldview on a given topic.

I had initial, informal conversations with educator-facilitators around how they navigated moral dilemmas in the learning space, and it was clear to me that they were immediately interested in further discussions about their experiences, and each animatedly agreed that diverse views and uncertainty were often present during HIV-related training sessions. They were eager to share their experiences, and all went on to explain how they have creatively and intuitively navigated such sensitive moments with learners in the past. In my view by further exploring their experiences, rich, diverse and layered dialogical practices in dealing with moral dilemmas that arise in adult education can be garnered.

When I started searching for literature and studies that looked at the moral dilemmas of adult educators, it quickly became clear, as will be shown in Chapter Two, that there was not a large volume of work available and this presented a clear gap in the field of adult education. One of the few articles that I found and will be using in the literature review also commented on the fact that there is very little literature available on this topic. Although I have been able to draw some comparisons, the related studies available are mainly focused on the educator in the realm of school-based sex education and not in adult education. This presented me with an opportunity to contribute towards a better understanding of the phenomenon of moral dilemmas for adult educators. I believe the findings from this study could be useful to NGO management and other programmatic staff and might assist in creating spaces of dialogue and safety for those who might be facing moral dilemmas as a result of the content or environment they are exposed to.

In Chapter Two, the dissertation will include a literature review and conceptual framework. Thereafter Chapter Three will explain the research methodology adopted, including sampling strategy, data collection, data analysis and ethical considerations. Findings from the collected and analysed data will be reported and discussed in Chapter Four, followed by the conclusion in Chapter Five.

Chapter 2: Literature Review

2.1 Introduction

The research design for this study allowed for themes to emerge, but for the purposes of the literature review I sought literature for consideration in my conceptual framework. The concepts which proved useful from the literature included the notion of inner-history, participatory and transformational adult educational theories, and influences on learning through dialogue and power. I will start by examining more recent empirical research related to moral dilemmas and HIV health literacy and social adult education. As the research included matters of education, meaning-making and learning, it will foreground a number of educational theorists and scholars including, but not limited to, Paulo Freire, Lev Vygotsky, Jack Mezirow, Mikhail Bakhtin, Stephen Brookfield and Gert Biesta. Their theories have shaped and directed methodologies around the importance of context, participation, engagement, creating safe learning spaces as well as learning in a formal and non-formal manner.

2.2 Review of Empirical Research

During the literature review it was considerably easier to find material on ethical rather than moral dilemmas and I would like to highlight the potential gap in the research literature. In my attempt at finding literature specific to the moral dilemmas of educators, I found a limited number of studies using a dialogical method of exploring the worldview and experiences of EFs in navigating their own moral dilemmas and how they extend that into the learning space. My research could provide an opportunity to expand the information available to both educators and students who want to become educators or facilitators.

With the limited empirical research available on the topic of my research, I decided to extend the literature review to sexuality and school-based education as well as ethics within the nursing field. Even though there were a number of articles related to school-based sexuality and HIV education, researchers also noted a paucity in research that investigates the triggers or dilemmas teachers face in HIV education (Francis, 2016:131).

In the field of nursing there is a plethora of literature that investigates the role of moral or ethical dilemmas as part of this health-situated working environment.

Kälvemark et al. (2004) reported that previous research on the moral distress or ethical dilemmas of health providers focused on the individual's subjective moral values or convictions, and that researchers were also investigating the context of experiences with ethical dilemmas. Even though moral distress or ethical dilemmas, in particular to nurses, has already received a great deal of research interest, Kälvemark et al. report that there is a lack of standardised guidelines or training and education around issues of ethics and support for ethical or moral dilemmas experienced in the workplace. They indicate that a large number of nurses and health practitioners report suffering from stress-related health disorders from the ethical dilemmas they face (2004:1076). Keeping this in mind, and for purposes of this study, I decided to draw parallels between moral and ethical dilemmas as they both cause emotional distress, requiring critical self-reflection and a strong relation to moral values in doing what is considered right. Raines (2000, in Kälvemark et al., 2004:1075) developed an ethics stress model for health practitioners in order to help clarify the relationship between a person's moral values and reasoning, their coping mechanisms and the level of stress that they experienced when having to make a decision that caused ethical or moral distress. I mention this to show the level of investment in the nursing field to understand moral distress and find ways to support health practitioners. It should be noted that in nursing, ethical distress was more often related to making the right decision within a legal framework rather than facing a topic or situation that caused personal discomfort.

In parallel with the other empirical research mentioned, Kälvemark et al. recommend that health care systems need to offer better resources for support so that moral distress can be managed (2004:1083). They mention the need for further education and forums that allow for discussion on ethical dilemmas. They further argue that in helping nurses understand that there are different strategies to decision-making, these nurses would be better equipped to identify and understand their own "moral reasoning" and that from there they would be better prepared for making difficult ethical decisions. Kälvemark et al. also suggest a practice of "ethics rounds" where individuals participate in an interdisciplinary forum to discuss ethical dilemmas (2004:1083) which I believe could be generalised to the HIV health and social educational field.

Comprehensive Sexuality Education (CSE) has gained global acceptance according to Haberland and Rogow (2015:15). The precepts of CSE are built on human rights, gender and empowerment of youth to make good health choices. In their paper Haberland and Rogow clarify the requirements and elements that guide CSE which include teaching rigorous, scientific information including in

amongst others: human rights, unintended pregnancies, sexual cohesion, gender-based violence, sexual health including HIV, AIDS and STIs, condoms, and contraception. There needs to be a focus on gender norms and gender equality as well as "cultural appropriateness, tailored as needed for distinct subpopulations" (2015:16). Furthermore, it requires youth advocacy and programmes designed to empower student to engage in civic programmes beyond the curriculum. Teachers are required to employ teaching strategies that would help students internalise and personalise information to guide them to better decision-making and communication as well as critical thinking (2015:16). Apart from being noted in the requirements, there is no further mention of how teachers or facilitators can be adequately trained or supported on how to facilitate or navigate such sensitive, provocative and potentially uncomfortable topics.

In Africa and South Africa, Francis (2010 & 2016) reports that education regarding sexuality and HIV has become a cornerstone in the fight against HIV infection and AIDS prevention (2016:131). He states that HIV and AIDS education has become a compulsory part of the Life Orientation (LO) school curriculum and the primary learning vehicle (Francis, 2010:314) in South African schools from the late 1990's. Francis sets forth that LO teachers often find the material, depth of conversation or need for dialogue with the students difficult, and reports that they experience anxiety and personal "triggers" during dialogues which cause them discomfort (2016:131). Francis notes that one teacher felt very uncomfortable with the material and said "her hair stood up" when she had to teach and engage with students during a particular HIV-related LO session. Francis concludes that LO teachers do not have uniformity of training and are from diverse fields of specialisation, which often do not include the skills or experience to facilitate sexual education in an effective and confident manner. Furthermore, very little guidance is offered to teachers regarding issues of pedagogy when it comes to HIV and AIDS education and this in turn causes untrained teachers to feel confused and anxious (2010:318).

Haas and Hutter (2018) conducted a study in Uganda on teachers' conflicting cultural schemas in teaching sexual education in Kampala. They found that institutionalised religion becomes a barrier to teachers in adopting content and material for sexual education. Haas and Hunter also found that teachers feel pressure to submit to the requirement to teach sex education content as refusing to do so would potentially place their employment at risk (2018:7). The study proposed that the well-being of the learners as well as the educator needs to be actively considered. If the teacher experienced a moral dilemma but was afraid of losing his/her job if he/she did not teach the content, both parties are vulnerable and at risk (2018:9). Similar findings can be seen in a study by Ahmed et

al, who found that teachers appear to perceive that, by conducting condom demonstrations or other sexuality education, they are in fact stimulating curiosity and promoting sexual activity (2018:9). During their study, several teachers commented on the role of culture and how sex was traditionally discussed within the family structures. Expecting teachers to take on this traditional role was met with discomfort and resistance in some communities (2018:10). From here, guided by their beliefs and values, a number of teachers admitted to rather teaching abstinence, regardless of what the training material required (2018:11).

In a study to research the confidence levels of teachers who educate on HIV, AIDS and Sexuality, in South Africa and Tanzania Helleve et al, (2009) found that teachers reported to be fairly confident in teaching on these issues. The South African teachers' confidence was influenced by the number of years and experience they had in teaching on related topics and that they had made adjustments for gender, age and religion. Helleve et al. reported that teachers' confidence was in reality more generalised and not specifically related to their perceived ability to teach on sexuality and HIV related matters. Noteworthy to this study, is the fact that of the variants that affected the different aspects of their confidence, the area that showed the lowest levels of confidence was when teachers experienced the content of the sessions in contradiction to their own or others' personal values (2009:60). Helleve et al. recommended that in order to increase their confidence, teachers should be given adequate training and support including forums for dialogue in an open and safe environment, in order to allow for reflection on their own engagement and experience with the HIV and sexuality teaching material (2009:63).

Ahmed, et al. (2009) researched the beliefs, behaviour and attitude of educators when it comes to school based sexual and reproductive health teaching or promotion. Their study was set in Western Cape High Schools and specifically with Grade 8 Life Orientation Educators. They found that educators often faced inner conflict and discomfort with the sexual educational content as it seemed to oppose their own personal beliefs and values. The educators were particularly uncomfortable with what they felt was promoting or endorsing sexual behaviour through education on safe sex, condom use as opposed to a message of abstinence (2009:50). From the research it was concluded that for the educators, teaching sexuality was integrally perceived and linked to responsible behaviour and morality. "Educators who felt discomfort in teaching sex education expressed an overwhelming conflict between the content of the curriculum and their personal values and beliefs" (2009:50).

The article further highlights the fact that this was one of the few research studies conducted in South Africa regarding the beliefs and sentiments of educators towards sex education and teaching (Ahmed, et al., 2009:51). Ahmed, et al. concluded that where content is bound to be provocative, it is important that educators are supported and developed as they deal with moral and value systems, issues of race and culture. They believed it imperative that the training of educators should include an engagement of personal values as well as their own and community concerns with relation to the topic (2009:52).

Interestingly, it was fairly difficult to find definitions on moral dilemmas in literature. Quite often there were definitions related to ethical dilemmas, but not specifically moral dilemmas. Källemark et al. (2004: 1075) identify the stress that is related to ethical dilemmas as “moral distress”. They use Raines’ (2000:30) definition of moral distress within the context of nursing, which is that it “occurs when one knows the right thing to do, but institutional or other constraints make it difficult to pursue the desired course of action”. I am using the term moral dilemma, which is related to a moral, internal value system in order to distinguish from dilemmas bound with workplace or industry related ethics.

In this section I included more recent empirical research with relation to moral or ethical dilemmas that adult educators experience in sexual education. In the next section, I will look at theorists that informed my conceptual framework.

2.3 Developing the Conceptual Framework

There are a number of theorists who have contributed to the field of education and learning, and who therefore influenced my conceptual framework. During the coursework component of the master’s degree, courses included adult education for social change, literacies at work and key traditions in adult education research. We were exposed to scholars such as Mezirow, Freire, Vygotsky and others who sought to understand and explain how adults learn and develop their ways of thinking. Key themes included dialogue, meaning-making, critical reflection and transformative learning. I will come back to how this influenced my research in Chapter Five.

Vygotsky is considered as one of the scholastic giants involved with the study of the relationship between human development and learning. Morphet (1992) reflects on Vygotsky’s view that

individuals learn how to navigate life successfully by adhering to a certain collection of rules that become internalised at a young age. The awareness, pursuit or verbalisation of these rules becomes implicit over time. Piaget (1992:91) supports Vygotsky's argument that rules which were once explicit in learning are later "forgotten", but he argues that they have a significant impact on cognitive meaning-making in development. This supports my view that internal and personal rules or values have impact and these internal rules are directional or influential in an individual's response, demanding further exploration of the educator's experiences in emancipatory adult education. Vygotsky concluded that adults may face internal dilemmas and that their internalised habits or rules can become barriers as they are confronted with new or alternative information (1992). He goes on to say that when there is a problem to be solved, each person has an individual experientially formed 'inner history' that he or she tries to fit or find the solution to the problem from his/her internal framework (1992:95). This set of internalised experiences can either assist or hinder learning (by holding on to one's own inner framework). Morphet goes on to highlight that unless adults have some common framework with new information or a form of familiarity in the type of learning, which they can relate to or recognise, they can find it challenging to adapt to new ways of behaving, 'transforming' or acting within these unknown situations. This unfamiliarity could lead to an internal conflict and depending on the topic, a possible moral dilemma because it is too far removed from the person's inner framework of knowledge and experiences.

Mezirow also refers to the constant pull of the inner self and meaning making in a changing world and quotes Ostrow: "Phenomenologically, the meaningfulness of present experience is an activity of habit, a 'tension' between habitual grooves of sensitivity and the world, through which self and environment are simultaneously transformed' (Ostrow, 1987: 214-216 in Mezirow, 1990: 1). Liu and Matthews summarise: "For Vygotsky, consciousness is not the ability of an individual to know all the ontological answers to the universe, rather, it is the ability to perceive meaningfully" (2005:394).

For Mezirow (1990), to make meaning entails interpreting, internalising or making sense from an experience. He highlights the importance of critical reflection on the presuppositions, views or principles we hold and the impact it has on encoding or decoding experiences. He goes on to define learning as "the process of making new or revised interpretations of the meaning of an experience, which guides subsequent understanding, appreciation and action." (1990:1). He separates meaning making into two categories namely *meaning schemes* which are habitual, with implicit rules, and *meaning perspectives* that pertain to 'higher-order schemata', beliefs and theories. Perspectives are

key in providing codes for interpretation and Mezirow indicates that certain perspectives are acquired through ‘cultural assimilation’, whilst others could stem from intentional or self-directed learning. According to Mezirow meaning perspectives guide an individual to interpret an experience within a developmental moral or ethical framework (1990:1).

From a perspective of moral and ethical values, it is inevitable that dilemmas will arise and through this research I wanted to better understand how educators navigate these experiences. According to Mezirow: “Anomalies and dilemmas of which old ways of knowing cannot make sense become catalysts or ‘trigger events’ that precipitate critical reflection and transformations” (1990:5). In a dialogue between Mezirow and Dirkx (2006:132) they reflect on the value of what Mezirow refers to as disorientation dilemmas and Dirkx as experiences that become like a “burning bush” as being meaningful learning experiences. They believe that these often-dramatic dilemmas are opportunities for profound reflection and present the possibility of major shifts in thinking (2006:132). Mezirow however adds that if an experience is too unfamiliar or conflicting towards one’s beliefs or worldview, individuals might possibly ignore it or resort to a “psychological defense mechanism” to help them find alignment or to position themselves in good conscience (1990:2). Following on Kuhn, Freire and Habermas, Mezirow consolidated the concepts of meaning perspectives and potential disorienting dilemmas involving judgements and highlighting prejudices (2010: 105). As with Bernstein’s (1985: 131-139 in Mezirow, 1990) ‘hermeneutic cycle’ which aims to understand the revolving nature of the event and our response, and Freire’s praxis (1972: 68), it seemed that Mezirow’s concept of disorienting dilemmas could be of assistance in analysing how educators engage critical reflection and shift their perspectives as they navigate moral dilemmas.

Mezirow’s theory of transformative learning places emphasis on the complex ways in which a learner takes meaning, transforms or is emancipated in their thinking (Kitchenham: 2008: 104). I wished to understand better in what ways educators have access to or develop an organised/determined approach of negotiating and exploring their own perspectives in times of dissent, in order to allow new insights.

From the literature review it is also clear that transformative learning functions within an experiential framework. Mezirow (2006:124) describes the theory as a rational process that employs critical thinking to enable a meta-awareness in learning, taking into account a person’s worldview and analysing assumptions. It is an inclusive, reflective and open process that will direct action from the individual’s growing awareness. Ntseane (2011: 307) argue that the theory of

transformative learning could be applied in a cultural, 'Afrocentric learning paradigm' if it considers cultural sensitivities.

Dirkx (2006) similarly ascribes to transformative learning theory, emphasising that it requires focus on a deeper or 'inner learning' that contests pervading assumptions and ideas about learning. As with my interest in adult educators, he explored how participants' inner lives directed the ways in which they made meaning of their world and experiences of the subject matter and related content or text. Additionally, Dirkx believes it was essential to recognise the spiritual influences, matrices or contexts on individuals' work, life and learning (2006: 126 - 130).

From here it was necessary to explore how the use of dialogical processes assist in constructing further meaning. I was first exposed to Freire in 2005 whilst attending a Training for Transformation (Hope & Timmel, 1984) ten-day training. Freire's theories on education in seminal writings such as the *Pedagogy of the Oppressed* (1972) as well as his later works, include key concepts in conscientisation, praxis in education, banking, dialogue and codification. Dialogue seemed to be a key concept for exploring what it might look like in practice when educators deal with potentially controversial or problematic content because of a diversity of views, which is grounded in personal experiences, history, religion and socialisation.

I will reflect on the practice of dialogue making use of two papers that discuss and compare the Freirean dialogical approach with models from Donaldo Macedo (Freire & Macedo, 1995) and Mikhail Bakhtin (Rule, 2009). Both Macedo and Freire strongly oppose the blind adoption of the dialogical model as a mere technique, explaining that in doing so it can produce a new form of rigid methodology that dilutes dialogue from a democratic, epistemological process to an activity that is reduced to merely sharing experiences and creating a safe, 'feel-good space' that does not lead to social change (Freire & Macedo, 1995: 377, 381). Macedo (1995:380) goes as far as calling such dialogues 'group therapy', with a mostly psychological and not educational focus, and he believes that dialogues should include political and ideological analysis using praxis to explore the social complexities of diverse views.

Macedo and Freire (1995) discuss the role of the facilitator and ask when as an essential condition a directional or intentional approach would be needed. Freire (1995:378) insists that the facilitator should be directive and that they have an epistemological and pedagogical responsibility towards directive practice. This notion interested me because it is related to the question of how much of

their own worldview the educator-facilitator should explicitly or implicitly bring into the room if the 'directive' learning-text causes personal discomfort. According to Freire the role of the facilitator in dialogue is always ideological and this to me implied that the EFs bring their own internalised cosmovision; a particular view of the world, shaped by their culture, religion, race, history and personal experiences, into the room (De Souza, 2008). It therefore implied that if the educator-facilitator had a moral dilemma with the content of the transformational learning material, it would affect how they navigated meaning-making and learning for themselves and the participants.

Brookfield (2005) further builds on critical pedagogy, which follows Freire and the need for dialogical approaches to include critical and reflective action practices. In this study I hoped it would emerge how far educators believe they could push their learners, how they could create a safe learning space and 'read' or anticipate the participants' reactions effectively in order for education to be democratic when it deals with dissent.

In creating learning spaces through dialogue, the educator-facilitator opens the door for dissent and diverse views. In an article related to lifelong learning and citizenship, Martin (2003) argues that dissent and skepticism are essential prerequisites of democracy and active citizenship. The intention of the research was in part to explore if educator-facilitators, from their experiences, felt they could freely express their views and if there were platforms that recognised the social and cultural factors that impacted on the EF.

Peter Rule (2011) follows Freire by delving deeper into dialogue and boundary learning, highlighting that for both Freire and Bakhtin praxis and dialogue must be considered within context of the learning environment and its temporary nature. Bakhtin identified boundary terms including 'event' and 'chronotype' where Freire refers to "epoch" and "situation" (2011: 2-3). Freire's concept of the agency that a teacher possesses when they engage learners, and Bakhtin's theory of 'internally persuasive' and authoritative discourses or IPD, speak to the role of 'truths' or views that can be tested and will continue to be tested in a broader contextual and accountable dialogical setting (Matusov & van Duyke, 2009: 174-179). According to Rule (2011), Marxism and Christianity had an experiential influence, if different, on both Freire and Bakhtin. Bakhtin was particularly interested in the theories of Buber who proposed that in self-responsibility an individual practices morality and religion, which to Buber were two different things to be considered. Buber (1948) argues that both religion and morality have a role to play in the dialogical process leading to

how we make meaning in education. From these theories it was evident that the educator-facilitator's own cultural and religious worldview on issues of social justice and I further add human rights might be tested. I highlight these theories in order again to emphasise the necessity of considering the experiences of the 'whole person' stepping into a complex space of dialogical learning. These theories also show why I was interested in exploring whether EFs were able to position themselves authentically, allowing their voice to be heard either before and/or during educational processes.

Bandura (1991) argues for the use of social cognitive theory in working with morality. This theory includes a diverse set of psychosocial elements that direct moral conduct. Social cognitive theory could offer a "cognitive interactionist perspective" (1991:45) to the moral dilemma phenomena that is part of the research question. "Within this framework personal factors in the form of moral thoughts and affective-self reactions, moral conduct and environmental factors all operate as interacting determinants that influence each other bidirectionally." (1991:45) This would mean that just as with Maxwell's interactive model of research design (2005), which assists researchers in questioning the validity of their research, the different components that are part of the moral space will have an influence on each other to a greater or lesser extent. By looking at moral dilemmas through the experiences of adult educators in the context of culture and dialogue, further themes should emerge, which may give insight into the navigational instruments present in the push and pull of orbiting internal and external moral dilemmas. By asking how educators navigate moral dilemmas, I am asking how they activate or disengage in a self-regulatory manner. Bandura notes that attention should be given to the mechanisms of moral disengagement if using social cognitive theory whilst considering morality (1991).

Many researchers who write about morality refer to the early writings of Immanuel Kant's (in Biesta: 2012) categorical imperative, which includes good will and duty, in relation to the way educators interact with diverse views. Kant believes in moral agreement or generality and argues that we are beings of rational will, who are autonomous; thus, the educator will have his/her own position and platform from which to educate. Biesta (2012) refers to a number of scholars that I believed might be of influence on my research. These scholars included Habermas (who made use of critical theory to explore communication action), Foucault (who has views on power, emancipation and transgression), Ranciere (who translates emancipation into 'escaping from a minority' through rupturing the order of things) and Dewey (who adopted a critical theory of education and an interest in critical pedagogies).

2.3 Conceptual Framework

From the literature review a number of concepts emerged to influence the design and analysis of the research. The research demanded a look at the adult educator's socialisation in terms of culture, religion and other internalised rules. The individual's inner history, which tries to find solutions or a fit to a problem, can assist either in meaning making or in forming a barrier, which in turn can become a dilemma. Further concepts that I thought would be useful include adult educational practices that make use of dialogue, and dialogical processes in diversity. Following from here was the idea of disorienting dilemmas which spur on critical reflection and transformation during dialogue. Through this process it was important to keep in mind Mezirow's (1990) meaning schemes and perspectives underpinning an individual's behaviour and responses.

Chapter 3: Methodology

3.1 Introduction

In this chapter, I will unpack the research methodology used in the study by referring to the research approach, which informed the sampling strategy. I will thereafter explain the data collection strategy selected as well as the chosen method of data analysis.

When considering validity, the dissertation strives to be a truthful and valid reflection of the information gathered. It also strives to offer a defensible and believable interpretation without claiming to be the only or the best interpretation. Finally, I will highlight the ethical considerations and clearances afforded.

3.2 Research Methodology

3.2.1 Research Approach

I selected a qualitative research design as I was interested in exploring lived experiences and how this affects behaviour within adult education. Creswell (2007) postulates a number of key features for qualitative inquiry and research design; namely: a natural setting, the researcher as pivotal in data-gathering, a need for diversity in sources of data, a focus on the participants' subjective experiences and meaning-making, the allowing of themes or codes to emerge from the data, and a holistic approach to understanding the participants' context or situated-ness. I will unpack a number of Creswell's concepts to support my decision to adopt a qualitative research approach in order to gain greater insight into the experiences of educators faced with moral dilemmas in adult education.

I proposed to use a descriptive and interpretive approach, and, in this way, the phenomena could be explicated from both a personal or individual, as well as sociological angle. The interpretive approach tries to make meaning of the world and descriptive phenomenology seeks to understand meaning by the experience of a certain phenomenon. Descriptive phenomenology uses a process of reduction in order to examine experiences of the phenomena (Shinebourne, 2011).

Furthermore, Creswell (2007) explains that a phenomenological study aims to interpret or describe the commonalities or similarities in the meaning of a lived experience or phenomenon by a group of

individuals. Creswell (2007:58) refers to Manem (1990:177) who describes phenomenology as a vehicle to identify and describe common, but individual experiences. Dukes (1984:202) notes that a limitation of Phenomenology is that it is not a flawless research methodology. “In some sense, it is not methodology at all, but a perspective on what constitutes knowledge in the human sciences.” (1984: 202). She further adds that due to the deliberate attempt at bracketing factual information or particulars, this limits the researcher’s ability to make specific factual statements about experiences. It can rather be stated that *in principle*, certain deductions can be made.

By using an interpretive approach in understanding how educators experience moral dilemmas, I believed I could gain insight into their meaning-making, interpretation and application with regard to how they engage and navigate dissent and diverse views for themselves and their learners. From here, the sample group needed to include adult educators who had experienced the phenomenon that I wanted to research.

3.3 Research Design

3.3.1 Sampling Strategy

The sampling strategy included both a theory and convenience-based approach. In terms of convenience, I had access to a number of freelance educators (EFs) in the HIV health and social literacy field who I invited to become study participants. I had a historic relationship with a number of educators as I was previously in a position either to train with them or contract them for assignments. I had access to their training reports and well as a good rapport with the potential study participants. This had the potential to pose issues of power that I will further discuss under the ethics component.

In order to collect the relevant data, I chose to conduct in-depth individual interviews with adult educators in the HIV health and social literacy field. This would allow me to understand better their personal experiences with any dilemmas they might have faced.

I initially wanted to conduct a semi-structured focus group after the individual interviews in order to allow a space for shared experience and dialogue. I also intended to attend at least one learning session that an educator had indicated contains material that often stirs dissent, in order to observe how the PFs responded (implicitly or explicitly) to content and engaged in dialogue. I found that in needing in-depth interviews, I could not manage 20 such interviews. It seemed that seven interviews provided enough rich data without needing a further focus group interview or learning session.

In the sample of seven adult educators there were four men and three women. It is to be noted that in the end only two of the three women’s interviews were used for data analysis, the reason for which will be explained in the data collection section. The educators and I were linked through previous work assignments and through different NGOs that specialised in HIV, AIDS, TB and STI formal and non-formal education. A number of the courses facilitated by the educators were accredited, whilst others were developed according to need. The educators were from this homogenous group. Even though all of the participants were or had been freelance educators, they were at different stages of experience with regards to education or HIV health literacy dilemmas. It seemed to me that a group of adult educators that might be faced with moral dilemmas in the HIV health and social education field were participants who identified as religious or spiritual. I therefore consciously yet tacitly sought out participants who had a strong background in faith and/or spirituality.

From the six interviews used for analysis, participants were white (3), black (2), coloured (1) and the average age was 47. All the participants completed high school and the majority had graduated from some form of tertiary education. More than half of the group were married with children and the others were unmarried, single or in a long-term relationship. In the table below, diversity in demographics of the participants, such as home language, nationality, race as a social construct, religion, education, age, sexual orientation and marital status are shown and will be unpacked in the data analysis component of the study.

Demographic	Veronica	Barbara	Benjamin	John	Khaya	Martin
Home Language	English	English	Afrikaans	English	Xhosa	Ndebele
Nationality	South African	English	South African	South	South African	Zimbabwean

Demographic	Veronica	Barbara	Benjamin	John	Khaya	Martin
				African		
Race as a social construct	Coloured	White	White	White	Black	Black
Identified Gender	Female	Female	Male	Male	Male	Male
Religion	Christian	Christian	Spiritual/Non-denominational	Christian	Christian	Christian
Age	37	56	43	54	49	43
Sexual Orientation	Heterosexual	Unknown	Homosexual	Heterosexual	Heterosexual	Heterosexual
Marital Status	Unmarried	Unmarried	Unmarried	Married	Married	Married

Table 2: Sample Group Demographics

Criteria for selection included experience in facilitation of workshops, training or teaching of adults in the field of HIV, AIDS and STIs in formal or non-formal education. Participants needed to be 18 years or older and be able to engage the interview in English. Even though the interviewer and two of the participants were Afrikaans-speaking, the interview was still conducted in English. The reason for this was both to allow a level of standardisation (I could not interview the African-language speaking participants in their own language) and to assist with transcribing and using quotes. It was important to establish a group that would be able to relate to the phenomenon being researched.

In preparation for the research I had informal conversations with a number of adult educators and asked if, as trainers, they had faced moral dilemmas when training or teaching adults in HIV, AIDS and STI related health and social literacy. Interestingly, all the educators with whom I spoke could easily identify the relevance of the question related to the participant-facilitators but had to think about the question in reference to themselves as educators. However, without fail they all agreed that they had faced some sort of moral dilemma. The informal conversations indicated that there

were indeed moral dilemmas present in training or facilitation in the sphere of HIV education and it also strengthened my belief that little attention, awareness or discussion had been aimed at helping educators with moral dilemmas.

3.3 Data Collection

Upon receiving ethical clearance for the proposed research study from the University of Cape Town School of Education Review Committee, the persons identified in the sampling strategy were approached to participate in semi-structured interviews.

I sent an initial research information letter (Appendix A) via e-mail in order to set up the interview date. I made use of a semi-structured format of interviewing (for interview protocol, see Appendix B), allowing for questions to further emerge during the interview. Broad lines of enquiry included a background on the participant, how they entered the HIV field, what moral dilemmas they had faced, how they navigated these dilemmas and if they had any advice for emerging adult educators. The interviews were recorded (not videotaped) and transcribed.

The seven participants were interviewed over a two-month period, with interview sessions lasting between 35 minutes to an hour and a half. There were several interview sites to accommodate the participants' availability and mobility. Two participants were interviewed during lunchtime in an office in the Central Business District of Cape Town, four of the participants over weekends in a private home in the Northern Suburbs of Cape Town, and one in a parked vehicle before the start of his church service. Each site provided a sufficient level of privacy and when asked, the participants noted that they felt comfortable in the space.

One of the interviews presented problems in that both recording devices failed. I took notes during the interview and when I realised the recording devices had not recorded, I immediately completed the individual interview schedule to capture the information with as much accuracy as possible. The document, however, also did not save correctly and I lost more than half the information. Whilst I still had the written notes, I felt this interview would no longer be as accurate as the others in the description of experiences, and I decided to leave the data out of the analysis.

As mentioned previously, I wanted to conduct a semi-structured focus group after the individual interviews, in order to allow a space for shared experience and dialogue. Ultimately, repeated attempts to bring all of the participants together failed and the plan was abandoned. This is noted as a limitation in the Methodology chapter.

3.4 Data Analysis

A number of data analysis methods were considered, and I made use of a combination of these approaches. Analysis of the data included IPA or Interpretative Phenomenological Analysis which “moves between emic and etic perspectives” (Pietkiewicz & Smith, 2012: 362). Etic perspectives reflected on the educator’s background and educational experiences, how educators had engaged or disengaged moral dilemmas within their context, and how they had navigated learning for participants who were morally challenged by the content. Key terminologies in the methodology included hermeneutics, double hermeneutics and idiography. Double hermeneutics is described as “a dual interpretation process, because firstly, the participants make meaning of their world and secondly, the researcher tries to decode the meaning – make sense of the participants’ meaning making” (Smith and Osborn, 2008: n.p.). Idiography includes taking individual cases or experiences of participants in the study and conducting an in-depth analysis of each case in order to explore personal perspectives (Pietkiewicz & Smith, 2012: 361-369). As these interviews explored personal and possibly sensitive beliefs and worldview, as the researcher I needed to bracket my own set of feelings, experiences and faith-based values during the research.

I also used the Thematic Analysis (TA) method as it allowed flexibility in how data was reduced to key themes. It granted a number of continua within a qualitative research approach, which included inductive and/or deductive analysis and coding, a position that is critical or experiential, or a constructivist, in contrast to an essentialist theoretical approach (Braun & Clarke, 2012).

Braun and Clarke (2012) acknowledge that analysis and coding rarely use only one of these approaches, but rather a combination. In the case of an inductive approach coding and analysis are drawn from the data, where the researcher allows the analysis of the data to mirror the content collected. In the case of a deductive approach, the analysis and coding stem from already existing concepts or ideas and the data would be sorted according to these pre-determined themes (2012). A masters research proposal requires among other components, a literature review as well as rationale

for the topic chosen and a proposed conceptual framework. It would therefore be nearly impossible not to have had certain constructs or concepts guiding data analysis. In the case of this research study, a deductive approach was preferred, but I acknowledge that the approach to analysis included an inductive thematic method as well.

In Chapter 4, a report on the findings will start with describing what participants had in common in terms of their experiences with moral dilemmas in their education work as it related to the nature of the dilemma, the influence of their inner history and how they navigated these dilemmas. It will also describe some of the differences in their experiences and inner history, noting that even when different, the navigational tools were often similar.

3.5 Ethical Considerations

The research involved human participants, which meant there were several ethical issues to consider during this study and the researcher obtained the required ethical clearance from the University of Cape Town, School of Education.

For the individual interviews the participants were requested to sign a letter of consent (see Appendix B) to ensure confidentiality and to inform the participant of their rights during the study. The participants were informed how the data would be utilised and that they would have an opportunity to review the transcripts to make comment or ask for exclusion. This would also give the participants further agency to ensure their identity was protected. The consent letter asked permission for audio recordings and transcriptions, which would be masked. I used a semi-structured individual interview protocol (see Appendix C).

I made every effort to cause no harm, respect the participants' autonomy and right to disengage the study at any point, to protect participants' identity and ensure confidentiality. I anticipated potential discomfort when the participant was asked to reflect on their own experiences and experiences with employers. The researcher further anticipated that the participants would be more eager to discuss how they 'externally' navigate moral dilemmas in the learning space with learners, rather than reflect on their internal experience. It was therefore expected that the participant might need to be 'pushed' by probing questions to reflect on their own experiences of dissent or moral dilemmas from their worldview. I endeavored to remain sensitive during the interview and desisted if it

became clear that it was causing increased distress. As a number of the participants were freelance educators, the relationship with their contract employers was paramount and the researcher made it clear that they would be able to choose their own pseudonyms. Interestingly five of the seven participants chose to use their own names instead of pseudonyms. Components of the study might be made public on other platforms, but continued efforts to conceal identity would be employed if requested.

Previously there was a potential conflict of interest as I worked for the NGO employer of some of the study participants and had influence in which freelance educators were contracted for assignments. I personally experienced differing views on suitable training material and whether an educator is allowed to express their moral dilemmas freely in this particular environment. With regard to working for the NGO employer, the researcher was employed elsewhere from 1 July 2017 and this dissolved most of the power issues. The researcher made every attempt to bracket her own experiences.

Chapter 4: Findings and Discussion

4.1 Introduction

The data collected was rich with personal experiences, candid reflection and advice for educators entering the HIV training sphere. The chapter will start by examining the nature of the moral dilemmas that the research participants (RP) faced, then look at what seems to underpin their discomfort and thereafter reflect on the navigational tools they engage to deal with the relevant situations. From here, I will firstly and in greater detail explore the navigational tools which stood out for me in the interviews, namely the role of dialogue as well as the co-existence of values. I will thereafter mention a few of the other strategies the research participants employed.

Within the research participant group there were a number of demographical similarities and differences, which I believe is possibly useful in interpreting their responses. I expected that the group of participants who would be the most likely to face moral dilemmas with HIV related sexual education would be those with a strong faith-base. The group was predominantly of Christian faith, and I deliberately included one participant who was not. The rest of the group was diverse in gender, home language, nationality, race as a social construct, age, sexual orientation and marital status.

From the data collected during the interviews, the research participants related different experiences with moral dilemmas, and how they made sense of and navigated them. I will make use of a number of quotes as part of the findings and discussion.

From the onset it is important that I make it clear that I view the research participants as learners in their own right. I view them as adult educators who have to engage new information or knowledge through processes of critical reflection and dialogue. Morphet (1992) states that when adults attempt to learn something new they are always faced with what they have already internalised and learnt in relation to the topic or task they are engaging. He goes on to say that adults are never without a sense of experience and that this brings “a great deal of mental and emotional baggage which they accumulate during their lives” (1992:93).

I will at times refer to the role-players in the study by different terms, namely the research participants (RP) when it is specifically pertaining to the group who were interviewed, adult educators (AE) when it is aimed at the generalised group, learner participants as those who participate in an educational event and community facilitators as those participants who are expected to train community members after they themselves have been trained.

From the interviews it was clear that the research participants had a range of education-related experiences with situations which I have termed moral dilemmas. In the next section I will start reporting on the findings by first defining what a moral dilemma means to the research participants.

4.2 Definition of a Moral Dilemma

After the first two interviews, I realised that the participants might have a differing view of what a moral dilemma is. I revised my interview protocol to include a question where I asked the participant to give his/her own definition of the term.

BARBARA: So, I think I would say like a moral dilemma is something that..., it's a situation where ...the reality that you're faced with and your own belief system or your own way of viewing the world is confronted and reconciling the two is quite difficult, and this idea that there are no quick fixes. So, there's no easy solution to anything that's real and that there are different ways [of navigating these dilemmas].

BENJAMIN: I think it's where you are confronted with a choice or situation that is against your values, that is in conflict maybe with your values, but where the context in the situation may make it very difficult for you to get clear [find clarity, your position or a place of authenticity on the subject], so it's not a black and white decision [response or conclusion]. I think the dilemma lies in the fact that it's not black and white. It's quite difficult to navigate like, you know, what is the right thing here to say or do.

Both definitions refer to a moral dilemma as a situation or decision that has a level of uncertainty, conflict and the sense of being confronted with what you believe. As Benjamin mentions, the decision is not black or white, meaning the response, outcome, decision or conclusion on how to navigate the dilemma is not straightforward and the participants highlight the idea that this dilemma

does not have a simple, clear-cut answer or solution. It centers on finding an authentic truth or value and a decision that the individual will be able to action.

4.3 The Type of Moral Dilemmas That Adult Educators Face

4.3.1 Introduction

My primary assumption was that adult educators in the HIV Health and Social Literacy field face moral dilemmas for either themselves or from participants and in some cases for both. Through the interviews, it became apparent that some adult educators had experienced a range of moral dilemmas.

I will start by noting the nature of personal, moral dilemmas as identified by the research participants and thereafter draw attention to the dilemmas faced by learner participants. It needs to be stated, that the intention of this study is to interrogate the moral dilemmas of adult educators specifically, and to a lesser degree those of the learner participants.

From the data collected, the types of moral dilemmas that emerged included the topic and/or training material used, cultural barriers, funder-driven agendas, a concern with the role of the church and romantic advances from learner participants.

4.3.2 The Topic Being Covered

As anticipated, in some cases the topic of the training caused discomfort to the research participant. I highlight two examples from Khaya and Benjamin. Khaya identifies as a married man with children, who works mainly in rural areas and has a strong foundation in his faith and Xhosa speaking culture.

KHAYA: So, it was not a problem, but you will feel uncomfortable sometimes to speak about these things, especially sometimes you will go to the church and you will have to teach them, educate them about HIV, STI's and all those things.

Khaya referred to a range of HIV related topics he had to cover in training, which included explicit discussions around the transmission of HIV via sexual intercourse, STIs, and prevention methods, including condomising. Khaya later in the interview referred to the training material or flipcharts he used that included explicit images and photos to illustrate STIs to the adults he was educating.

Khaya said that he often had a majority of women in his group and as a traditional man in a rural area, this at times caused discomfort to him and the participants, as he was speaking about subjects related to sexuality and sexual practice that were mostly considered taboo. Another example of a moral dilemma was for Benjamin who wanted to promote what he thought was a human right and best option for HIV positive mothers. Benjamin, as a gay man who has spent many years fighting for human rights, was acutely aware of empowering communities to make informed choices but recalls a time that this presented him with a moral dilemma.

BENJAMIN: It's when, in specifically the early days when you had to work a lot with mothers who may want to terminate pregnancies. I'm definitely pro-choice and felt that a mother can choose if she wants to have the baby or not. I think the moral dilemma came in often where it was a poor single mother with four kids, three of them HIV Positive, she's HIV Positive, there's a fourth baby on the way, did not take any ARV's during her pregnancy. The chances of her baby being HIV Positive is very big, and then having to be quite neutral. So, in my mind I do think termination of pregnancy in this case would probably be a pretty good idea, but I can't say it, it's not my choice. Ja so, it's just that again having consciously to step back and allow somebody else to make a choice. But being quite clear, and I imagine probably not that partial in the way that I presented the facts. I imagine I probably loaded the facts to the negative more than the positive. I think so. So, which is also morally for me, when I thought of it, I still think of it as quite a very grey area where I could have been more neutral, I think.

In the other interviews, the research participants each expressed experience with moral dilemmas ranging from explicit material, cross-cultural and generational barriers, gender issues and being confronted with homosexuality and other LGBTI persons.

As the research participants expressed the type of topics that caused discomfort and dilemma, I was constantly reminded that they themselves were making meaning of information as an individual but also within a group. The term *group* refers to a community of practice - adult educators training on HIV health and social literacy who have been tasked with empowering communities with

information and new ways of thinking and doing. This group could include the culture with which the educator identified, other adult educators, as an employee or freelance trainer or within a religious group. The adult educators were first trying to make sense of the new information for themselves before they were able to engage and facilitate learning within a group of community facilitators in shifting their own schema. Epistemologically, Vygotsky (in Liu & Matthews: 2005) argues that individuals construct their reality of the world for themselves, within particular group contexts located in time and space, and do not merely accept a universally accepted meaning scheme.

4.3.3 The Content and Material Being Covered

Veronica, Martin, Khaya and John explained that even though they might be comfortable training on and discussing certain topics including condom use or sexually transmitted infections, they initially found it difficult to use the training material or to facilitate demonstrations. For Martin, the explicit images in the training material caused him distress, but this was something he was able to navigate, which I will explore later in the chapter.

MARTIN: So, you talk about, then you're showing them the gross pictures about gonorrhoea, STI's, how it connects to HIV, how it makes it easy for you to be infected with HIV. It wasn't easy.

Both Veronica and John, however, felt they would not be able to facilitate male and female condom demonstrations due to their own level of discomfort. Veronica is a 37-year-old unmarried social worker, who located herself strongly in her faith. From a faith perspective, she had the moral conviction that sex before or outside marriage is wrong and therefore as a single person, she was not sexually active.

VERONICA: Yes. I can talk a little bit about my recent employment, working for the "employer" (redacted) as an addiction therapist, and they do some kind of training that's called a Women' Group. And so they have very real looking dildos and things like that, but the conversation, I think the nature of the conversation is very sexualising and so I felt very uncomfortable with just not being a practicing sexual person – I don't know how to describe

it – but having to touch things and open condoms and do funny things, I didn't feel comfortable and decided to not continue with the training.

John is a seasoned facilitator who has worked in the HIV field across the continent of Africa. He is married with children, and frequently mentioned his journey with finding out one of his daughters is gay and identifies as Christian. John spent 13 years in the full-time ministry before entering the field of HIV. Initially when asked if there was anything he would not train on due to a moral dilemma, John said no, but later he did mention condom demonstrations.

JOHN: I mean I think that I would find it challenging to present how to correctly use a condom, using a ... what do they call it ...

INTERVIEWER: Dildo.

JOHN: Ja ... in front of a group of [people]... I think I [would] find that challenging, perhaps I feel embarrassed. But certainly, when it comes to promoting of condoms, when it comes to ensuring that the information that's available is correct, for their correct usage [of condoms], I feel very comfortable about that, and I feel very comfortable in sort of younger audiences because my sense is, that a teen is having sex already. But I think sort of the physical display, you know, standing in front, I'd probably opt not to, if I didn't have to.

Benjamin noted that often, training material content would be outdated and or offensive. Together with peer adult educators, they would review and reflect on challenges identified in the material.

BENJAMIN: We'd often highlight that this section in the manual is very homophobic, or this section is very sexist, and then have a discussion about what could be a better approach.

In some cases, it was both the topic and content that caused discomfort.

VERONICA: Through the focus group what was shared there I already knew that I'm not going to be comfortable using the visual materials, and you know, they have a whole flip-chart thing and demonstrations. I just felt very uncomfortable because ... yes, I just felt very uncomfortable for myself.

These examples show that the content of training material at times can cause discomfort for the adult educator. Coupled with more explicit training material content, related practical demonstrations or role-plays could further increase stress for the adult educator. Even though there was a broad range of topics the facilitators were willing and able to cover, it seems that for some of them, there was a limit to with what they were comfortable. It also seems that the nature of the content that caused discomfort was of a sexual nature. This begs the question why these adult educators would choose to engage and continue to engage a field that would constantly challenge their values. I will unpack this issue further in the section that deals with acceptance without agreement and co-existing values.

4.3.4 Cultural Barriers

According to the research participants, cultural barriers were often present during training sessions and those identified by the research participants included the nature of the topic, the gender of the trainer and learner participants as well as management and a difference in philosophy or cultural beliefs.

Khaya responded from the perspective of a Xhosa-speaking, culturally traditional man, working in the rural Eastern Cape. For Khaya the nature of the material presented both a problem for him and the community he was training.

KHAYA: Yes, I will say so especially in the beginning when I had to take a flipchart with diseases, like where it will show private parts, when you have to show to the public and educate them about the STI's, sexual transmitted diseases, and HIV, like showing them the private parts. So, in my culture you don't show those things or talk about those things in public. So those are the things that were, it was not easy to share to the public when you educate the people in the clinic or school.

He later added:

KHAYA: Yes, there were situations where you would feel uncomfortable to speak about, especially if you speak about circumcision where there are women. In our culture you are not supposed to speak about circumcision where there are women.

As a Zimbabwean, black, religious man, Martin also found culture to be a barrier in training, which needed to be navigated in communities. He highlighted the seeming unspoken rule, that certain topics are not openly discussed in many African cultures. During the interview Martin appeared to use the term “the Xhosas” more as a cultural identity than a linguistic group. For Martin, the nature of the topic presented discomfort both for him and the community he was training.

MARTIN: It was talking to all the people. If you know the Xhosas, because I was working in Khayelitsha, so I got to know the Xhosa culture. So, talking to them about sex, giving them that information it's like a taboo. You don't talk about such things, those are bedroom things. Especially as a black man, to be honest with you, you don't speak about sex, bedroom things. No, no, no.

4.3.5 Funder Driven Agendas

It became clear during the interviews that funder expectations and agendas are often at the root of discomfort with the training material or methodology required. The research participants had differing responses when there was a perceived funder driven agenda that caused discomfort. The educator would either find a way to navigate the dilemma or simply continue to conduct the training as expected, ignoring their own discomfort. I will later illustrate how some of the educators tried to address the issue with the funder and try to find an alternative solution for the content or training methodology.

Benjamin gave examples of a faith-based or religious funder as well as a well-known international funder who, due to their ideological parameters or church doctrine, would not allow certain topics to be included in training material or discussions. He believed it presented adult educators with a moral dilemma as they were being restricted from training on something in which they believed, but which was not within the funder's allowed parameters. What I believe Benjamin was referring to is that there is a power relationship between church doctrine, the funder agenda and knowledge. I will further comment on these power relations in Chapter 5.

Early on in his life, Benjamin assumed the responsibility of a human rights activist and therefore found it difficult when a funder from a position of power would prescribe content that went against his value of freedom of expression and human rights.

INTERVIEWER: Do you feel, it sounds like it, but have you felt comfortable to raise concerns if you have it with your employer?

BENJAMIN: Mostly, yes. But I don't think it's always that easy. Working in the non-profit sector there's always a funder agenda. For example, with "X" (Large International Funder) you can't talk about decriminalisation of sex work. The manuals are written without a huge section on decriminalising sex work. So, you're often limited by a funders value in some cases, I think. And that also is a moral dilemma for most of the trainers working in the sector who really do believe in decriminalisation of sex workers, who have now to train something that they don't believe in. When I was in a training in Zambia, the same thing happened. It's a Catholic funder, mostly Christian facilitators and they could not talk about condom usage in the age of HIV because it was a Catholic funder who doesn't believe in contraceptives.

Khaya responded that he had to discuss the content and conduct the training with the material provided as per the expectations of the employer, who in turn was often subject to the prescription and limitations of the funder. He mentioned that he was able to do so because he understood it was what was required of him in order to do the work for which he was employed. In the interview however, I got the sense that Khaya was able to navigate these topics that at times conflicted with his beliefs because he had made some sort of paradigm shift. I will unpack this further in the section where I discuss the co-existence of values and dilemmas.

KHAYA: Yes. I had to do it ... because that was required in my work. Because at work we have to do what you have to do irrespective of your beliefs and your culture.

Barbara was the research participant with the longest experience within the HIV field and often spoke in quite a reflective manner. Barbara felt very strongly that high impact, quick fixes were expected during training from funders, but that the realities of meaningful mindset and behaviour change required long-term measured and consistent interventions. In this case, she referred to a high impact, intensive four-day training where the expectation was that the children would return to their communities with sustainable, changed behaviour.

BARBARA: We got a bit disturbed about the kind of programme that was happening and the expectations from the health department and the DSD [Department of Social development], they were sending kids for four days and they are meant to be fixed.

On the role of funders, Benjamin referred to training and facilitation he was involved in earlier in his career as an adult educator.

BENJAMIN: So the one was where I was part of a research project where a pharmaceutical company who developed formula milk was part of it, I think it was formula milk, and at that stage they did not encourage pregnant HIV Positive mothers to breastfeed. So, they trained us to use this technique called motivational interviewing, which is quite a powerful tool to sway people in a certain direction. And we would have these conversations in this research project with pregnant HIV Positive mothers to convince them to not mix feed, but to rather stick to formula milk, and you know, in all pharmaceutical companies working in HIV I think it's quite a blurry moral area because they've got a vested interest in selling a product. I don't think it (the educational programme) was about them selling a product, but it was funded by a pharmaceutical company. I didn't feel comfortable, didn't feel like I wanted to record or give feedback and ... I probably like had a sub-moral dilemma in having agreed to participate in the research project because that was part of an organisational network. I did it but in my private sessions with mothers still allowed them to make their own choices. So, I probably screwed up their research by doing that, but I felt I could not kind of play an agenda with somebody who has got their own autonomy, and they had to decide themselves what they want to do with their own child and their own bodies.

Even though most of the research participants expressed that they were conscious of not forcing their religion or system of beliefs on the participants, this did present an underlying dilemma that needed to be navigated continuously. In fact, I found that the research participants were acutely conscious of what seemingly became an ethical line or boundary in their facilitation. For Barbara this was strongly influenced by her religion because there was an understanding that she could not train the material with an explicit faith-based approach, but that her faith was the implicit foundation of why she facilitated this type of training to start with.

BARBARA: I do what I do because of my faith. I do what I do because of my belief God is at work in the world. But I don't say that in the ... like within "Funder Organisation" (Large international funder) they have an apolitical, areligious philosophy. So, you can't train your training from a Christian perspective.

4.3.6 Insufficient Involvement from the Church

One of the participants voiced a dilemma she experienced toward the church as an organisation which, in her opinion, should be at the front of the efforts around HIV and AIDS.

Barbara mentioned that often the church did not want to get personally involved but would rather pay somebody to engage communities on behalf of the church. She believed this was because the topic of sexuality and sexually transmitted infections are too uncomfortable for the church to discuss, and that dealing directly with people who are affected by HIV and AIDS directly is too difficult. She expressed a belief that clergy are afraid to discuss these topics openly as it would cause discomfort and dissension within the congregations they lead. Barbara also alluded to the initial, early stereotypical messaging and ignorance around HIV, which was a disease that was often seen as a death sentence, and as something contracted by those involved with immorality, promiscuity, homosexuality and prostitution. For Barbara as with Freire, this is unacceptable and she believed it was the responsibility of the church to speak about relevant, even if difficult, topics as a driving force for change. Freire believed that Christianity had a commitment or duty to facilitate social action in order to combat exploitation, inequality and exploitation (Walters, 1989). He believed the church should embody the liberation and humanisation from oppressive social or political powers.

BARBARA: And so, we were saying to the church, where's the church? I'm still saying to the church, where's the church. You start pushing and they'd say, well, our people, we'll lose the people. So, the church is afraid too, I think. I think that there's just a massive amount of fear, and I think it's from the way that HIV was first presented.

4.3.7 Sexual Advances from Community Facilitators

As the material covered in HIV health and social literacy is largely focused on sexual practices and behaviour, it is inevitable that sensitive topics such as condom negotiation, condoms and sexual pleasure, sexual violence and the like would be covered during a training. An unexpected dilemma that was raised from Khaya, who worked predominantly in rural areas, was that there would be romantic advances towards trainers from the community facilitators.

It seems that this related especially to women in the rural areas, who were not used to men speaking to them about topics related to sexual practices and intimate partner violence in such a candid fashion. Khaya reflected that women in these rural areas were often not used to a man promoting respect and love towards a woman. He continued to explain that it was not unusual for male adult educators to be approached by training participants after the session and in their rooms.

KHAYA: Like I mean, if you are not careful it will be easy for women to ... how do I put it ... to be interested in you.

INTERVIEWER: Oh, so they start having a bond with you?

KHAYA: Yes, because you're talking about things that you know especially on the gender issues, you know how to ... you speak on how to respect women and then how to ... all those things. So like women they would love a man who knows how to treat a woman.

INTERVIEWER: Have you ever experienced that?

KHAYA: I think for me, I think, yes, I think to be honest there were people [women who approached me] but because of my religion so it was easy for me not to fall in that trap.

Khaya explained that he knew of a number of other adult educators who engaged in sexual relationships with participants from the educator's training group.

4.4 What Underpins These Moral Dilemmas?

To further unpack the context of moral dilemmas faced, the following two *issues need to be* explored, namely the role of the AEs inner history and the role of the AEs personal values. However, it is acknowledged that these two issues have strong intersectionality and they have only been separated out for the purpose of analysis.

Here I will discuss the identified themes that underpin the emergence of participant AE moral dilemmas.

4.4.1 Inner History

A number of areas that stem from their inner history were brought forward as significant in why and how AEs experience dilemmas and learn from them. From the data, this includes their upbringing (conservative/liberal orientation, urban or rural location, religion) marital status and professional or career experience.

4.4.1.2 Upbringing

All the research participants chose to mention an upbringing that included going to church. This could be because the idea of morality brings up a question about religion or it could be because religion played such a big part in their socialisation and or their own lives.

Interestingly all the participants shared a story of coming to their own faith later in life. None of the participants was in the churches in which they were raised, but rather found a faith community or doctrine as a young adult that aligned to their conscience and spiritual needs. In the case of Benjamin, he found his authentic spirituality in a non-conformist 'doctrine'. He explored a range of 'isms' and found that he preferred not to ascribe to any one in particular, but rather to merge different teachings into a spiritual composition with which he felt comfortable.

Almost all the participants expressed that their childhood was rooted in a strong sense of cultural identity and the prevailing characteristics of the hegemonic culture in which they were raised because of the specific era, home language and race. Most of them again later in life would break free from a number of cultural confinements and find their own path.

During her interview, Barbara was able to reflect on her childhood as being a time in which resistance to discrimination was fostered because of the arguments she had with her father and where she constantly asked questions of societal stereotypes.

BARBARA: It's hard to say. I mean, I'm just thinking as a teenager, so as a teenager I had some very strong views on things. So, my family and my father in particular had issues with non-whites and anybody who wasn't English-speaking and heterosexual, and I remember as a teenager having arguments with him that that's ridiculous. Like now I can say, well, because we're all created equally and like Jesus would teach ... but back in those days I had no clear argument, it was just a conviction. Like an inner thing. Like people are all equal. Because I remember when I was going to university, my parents couldn't afford that and the government had bursaries, but then there was an issue about how many bursaries and what you're going to do. And my dad was like, but what if a black gets the bursary? Well, then they get it. Then they deserve it. You know, why should I get it because I'm white? Because you're British. But there are lots of British, Dad. You know, so there was this moral conviction that this is wrong. You can't just say, you can't do that, you can't say that. You can't treat people differently. Oh, he also had a problem with disabled people. Anybody who wasn't quite like him.

Mezirow (1990) states that in most cases, when reaching adulthood, a person will make time to reflect on their assumptions from their formative years as these were often imposed and could lead to a distorted view of the world and reality. I found this to be true of the research participants and will show later on how their ways of thinking and doing were transformed.

4.4.1.3 Gender Roles and Marital Status

Three of the six participants mentioned that they faced moral dilemmas whilst and because of being single, meaning unmarried. A common theme was the difficulty in speaking to married persons about sexual matters as a single person. The other way in which it manifested was that some of the research participants felt discomfort in speaking about or raising concerns with material to somebody of the opposite gender whilst being single. This was seen as a taboo in traditional or more conservative cultures, stemming from a religious conviction. Another factor that influenced one of the research participants was the expectation from the adults she was training that she was sexually active. They had the expectation that due to her age, regardless of being unmarried, that she would have the relevant, active experience and exposure to sexual matters, whereas her religious convictions meant she was sexually inactive and inexperienced.

One of the moral dilemmas that Veronica highlighted was having to facilitate a female condom demonstration during a train-the-trainer workshop she attended. She was expected to facilitate this training to a number of women's support groups. Veronica felt very uncomfortable with the material and topic and decided to approach her manager even though she was newly appointed. She mentioned a second dilemma in that her manager was male and she found it difficult to explain to him why she was uncomfortable with the training. She was not able to give him the real underlying problem, which was her faith-based convictions of abstinence, as she did not believe he would understand due to his temperament, and that he was a man.

VERONICA: I did feel like that was a limitation of me expressing to him that, look, I'm a virgin. I felt uncomfortable having to say that to my boss. So, I felt that was probably why he wasn't maybe fully understanding of my discomfort with this whole thing.

As mentioned, she was new in the position and as a social worker, there was an expectation that she would be able to facilitate topics of this nature. She was later able to disclose the reason for her discomfort to a female manager, who understood and indicated that Veronica would not be expected to facilitate the training.

Martin felt discomfort with the explicit nature of the visual aids he was meant to use during training. He wanted to discuss this with management but found it difficult as his direct supervisor was a woman (black). She was both his supervisor and from the same church, with similar values around sexual conduct. He also highlighted that they were both single and that this caused further distress as it felt inappropriate for him to discuss the reason for his discomfort with a woman (during this period of Martin's career he was single). He would have felt more comfortable speaking to a man, and this stemmed from both his cultural paradigm as well as his religious beliefs. The dilemma was for both himself and what he perceived his responsibility towards another person whom he knew could be uncomfortable with the sexual content of the discussion. The moral dilemma caused great anxiety for Martin and he mentioned how it made him toss and turn at night, as he did not know how to handle the situation. He understood that he needed to address the matter and find a solution because it was present and causing unease on a daily basis.

MARTIN: It was difficult because the one who was closest to me was a female. And now I had to talk to my quote unquote, boss, who is a female and I'm talking about these things. It was uncomfortable and we're all single. And I'm thinking, no, no, no, this is between the

rock and the hard place. It wasn't easy. But you have to gather enough courage because it's making you uneasy. You're tossing and turning while you are sleeping and it's unhealthy.

Barbara explained that she found it difficult to discuss safe sexual behaviour as a single woman, speaking to married women or those in long-term relationships.

BARBARA: A lot of times the church in particular has this framework for how sex should happen, so in marriage between a man and a woman and all of that. But the reality is not always that... I've grown in this because initially it was hard, okay, ... because I'm a single woman and then you're talking to married women or you're talking to long-term partners and stuff, you know.

4.4.2 Role of Personal Values

All the participants noted the importance and relevance of values that guided their interaction with the world. Similar values included the importance of equality, respect and helping others. Five of the six participants held their religious beliefs as central to their values and even though Benjamin no longer ascribes to organised religion, he stated that his childhood formative religious experiences, especially with his father, still underpinned some of his values.

4.4.2.1 Religious Beliefs and Values

Central to the majority was the importance of religious motivation in value alignment. Most of the participants were raised in mainstream Christian denominations, but five of them who remained of Christian faith, moved into non-denominational Christian churches. A few of the values identified from a Christian perspective during the interviews included: no sex before or outside marriage, discomfort with homosexuality, discomfort with discussing explicit sexual practices or genital disease, discomfort with discussing sexual pleasure, and use of explicit training material viewed as pornography.

These views cannot be generalised to all Christians, but for the purpose of this study they are mentioned in order to show the underlying reason for participant discomfort in their field of

education. The nature of HIV health and social literacy pivots around sexual conduct or behaviour and would include sex outside of marriage, LGBTI relationships, facilitating discussions around sexual pleasure, the demonstration of condom usage, sexually transmitted infections and multiple sexual partners. Additionally, HIV literacy would include topics such as teenage pregnancy, circumcision and abortion, which all carry a value within both culture and religion.

Martin (who was raised in a mainstream Christian church but later moved to a non-denominational church) had a strong reaction to the training material he was expected to facilitate and referred to it as pornography. From a religious perspective, this was far outside Martin's comfort zone and he was conflicted on how he could share the information with participants and remain authentic in his religious convictions.

MARTIN: The first time I was introduced to this HIV/AIDS, STI's and things like that, I was like, no, no, no, I don't want to look at those pictures... because I'm thinking I don't want to look at the pictures because I'm thinking of my religious background now. Because for me when I'm looking at those pictures, they are showing the private parts, which is a penis in this instance, right. And then you also, STI's affect women as well, the vaginal part and then it was as if I'm looking at pornography. So, you are torn in between. This is work that needs to be done, but also the religious aspect. So how do I draw the line? That was my conflict within me.

Veronica similarly revealed the underlying reason for her dilemma as being entrenched in her faith. She found that the training content required her to promote practices that went against her values.

INTERVIEWER: And what would you say was the underlying reasons that this made you uncomfortable?

VERONICA: I think because of, definitely religious reasons. I think sort of promoting sex as an okay thing, with whether it's multiple partners, whoever, doesn't matter who is the partner. You know so I think it was just the principle of sex not being sacred to marriage kind of ... yes, that's where I come from. I felt like I would be agreeing to something that would be not according to my moral beliefs or faith.

Religion was often the root of the discomfort faced by the research participants. Benjamin reflected on the difficulties that come with religion in different African countries, and that participants found

it hard to navigate who they were with the risk of losing family or being ostracised by their religious community if they disclose their sexual identity.

BENJAMIN: I just think that religion in most of these spaces that I've worked in, specifically Christianity in Africa and on the continent has created such a difficult space for so many LGBTI and sex workers, because they cannot remove their belief or their religion from who they are, they cannot completely denounce the church that preaches hate speech towards them or at them every Sunday because they would lose family, friends and be completely isolated in their communities, because religion is so part of everyday life. I think it has caused a lot of conflict for a lot of LGBTI people and sex workers and has created a very difficult space for them.

On the other side, for Khaya, Barbara, Martin, Veronica and John their faith was the driving force in continuing in a field that at times caused them discomfort due to their beliefs.

KHAYA: Yes, I would say most of my decisions I do them because of the faith that I have, but I will say I also make mistakes and fall into sin from time to time, but I know what I have to do.

BARBARA: I do what I do because of my faith.

4.4.2.2 Other Influences on Shaping Values

Linked with their inner history, several research participants accredited a close family member as their role-model in the development of their own values.

BENJAMIN: I think my father played a role in that sense of integrity and honesty. Ja, authenticity probably also from home. But I think growing up I got a lot of these values and they still hold. I think in the work itself made me quite aware of other issues around justice and equality. Ja so, it's mostly from human interaction and seeing and experiencing and working with people who are marginalised.

Regardless of the origin of values, the research participants seemed clear and conscious of the fact that they were governing their lives by a set of values. In some cases, values could be “forgotten”, but still present.

This is by no means an exhaustive list of what underlies the discomfort that is experienced by educators in the HIV training field but highlights the areas that stood out most during the interviews. Some of the other areas of discomfort included the topic of abortion in the context of religion, hypocrisy within Non-Profit Organisations who are trained on and train community members on safe sexual practices, yet the employed facilitators would themselves engage in unsafe sexual practices. It also came across that employers or funders do not always deliberately provide platforms for discussion on possible areas of dissent or discomfort from educators. Educators are rather prepared and guided on training methodology in how to externally navigate or deal with concerns that may arise from the training participants. From here I will unpack a few of the navigational tools that the research participants employ.

4.5 Navigational Tools

The research participants had a number of similar as well as differing tools they employed in order to navigate the moral dilemmas that they were facing. From the interviews it was clear that they had learned these strategies over the years and through previous learning and successes had become comfortable to employ the strategy when they or the training participants faced difficulties with training content or material. Only two of the participants indicated that they would disengage training if it was too far outside what they were comfortable with.

The tools the research participants identified to navigate moral dilemmas included dialogue, finding ways for values to co-exist in acceptance without agreement, making use of humour, being humble and knowing when to take a co-facilitator along.

4.5.1 Dialogue as Navigational Tool

4.5.1.1 Introduction

Freire (1972) describes dialogue as a way of knowing and believes that it should never be counted merely as a technique to involve participants in a specific task. “Without dialogue there is no communication, and without communication there can be no true education “(Freire: 1972:65). He characterises dialogue as an epistemological relationship that acknowledges the social as well as individual attributes of the action of knowing (1995). Rule (2011) argues that dialogue is dually ontological in that it mirrors the way humans are constituted or represented, as well as their moral and ethical being. From here, dialogue is essential in learning and being. Rule (2011) further describes dialogue as essential to communication, value-directed, transformative and educational.

From the interviews, dialogue was clearly the most used and preferred method for navigating moral dilemmas in training.

INTERVIEWER: So it sounds like dialogue plays a big role in everything that you do?

JOHN: Absolutely. And I think, what I'm learning is where there's lack of dialogue it's always replaced by assumptions, and the assumptions are usually wrong.

I will sub-divide dialogue into three sections: a part of personal navigation, dialogue with funders and dialogue with participants.

4.3.1.2 Dialogue as Part of Personal Navigation

All the research participants referred to conversations and dialogue with others as helping them to navigate their moral dilemmas. Veronica and Martin referred to these as seeking advice from others. There are examples of debriefing groups and critical reflection in discussion with colleagues, for example Barbara and her colleague, as shown in an example later in this section. Veronica and Martin also related dialogue with management, and even though in Veronica's case it was mostly a limited conversation, it became part of a bigger dialogue with others for her. After she initially disclosed her discomfort in approaching the male manager, I probed further and asked her to elaborate on what happened. I specifically asked if gender played a role in her discomfort.

VERONICA: I initially approached my immediate supervisor and spoke to him which was a bit uncomfortable. I suppose, because I didn't want to disclose to him that I'm not sexually active and I don't know these sex stuff, and so for me to educate somebody on these things feels very awkward and weird, but I did say to him that I don't feel comfortable, it's bringing up a lot of issues for me and so I'd rather not do it. And from there, I don't think he was fully understanding. I approached our programme manager, a female, so I was able to disclose to her because she's also religious and so it was easier for her to understand where I'm coming from, where he's not really religious and he's a male so I felt uncomfortable. So, I suppose, yes, she was fully understanding. She said it's not part of your job description, it's not what you need to be doing, if you don't feel comfortable that's okay.

In section 4.4.1.3, I touched on gender roles and the discomfort of speaking to the opposite sex about sensitive issues. Here Veronica not only highlights gender as a factor, but also the role of religion as a vehicle to explain, both implicitly and explicitly, why she was uncomfortable. Implicitly, this was because she did not need to mention that she was feeling discomfort because of her religion, but rather spoke from an assumption that if the other person was religious, they would have a shared foundation of understanding. She seemed to feel that because the female manager was also religious, she was able to understand and empathise with her much quicker. Her interaction with the male manager in fact did not enable or lead to dialogue, but later she could engage in dialogue with a female manager. When Veronica spoke to the male manager, she mediated the reason for her discomfort, as she did not believe he would understand. She referred to her discomfort as being owing to the topic “bringing up a lot of issues”. In contrast, the shared understanding of a faith-based conviction with the female manager helped Veronica to express and dialogue with more detail and vulnerability what she was feeling, and this was acknowledged and rewarded with an exemption from having to train on the topic that caused discomfort.

The mediation of the first interaction and second dialogue with the two different managers show that Veronica adapted her response in order to use the conversation to navigate and exit from having to train on this topic. I asked her why she went to the next manager even though she was very anxious after the outcome of the first conversation was not what she had hoped for. She responded that it was a matter of desperation, as she knew she did not want to train on this topic and she had to push through her fear and approach another person. I asked if she was scared of being fired and she said yes, but that she did not have a choice as training on the topic was against her

conscience. For Veronica, her options were either to engage with her employer via dialogue or potentially to self-terminate her employment, but she did not want to train on the topic.

For Barbara, a particular collegial friendship played a key role in how she navigated dilemmas. She often highlighted this friendship as being part of a process of critical reflection and robust debate. The conversation between the two colleagues was regular and because the two colleagues understood each other so well, the interactions led to a number of strategies for changing training materials and methods. It also allowed them to present a united front to funders, where they often disagreed with the proposed methodology, and they were successfully able to navigate a different approach.

BARBARA: One of the worst things you can do is tell me what I must think. And that was my fight with my dad. And I think that that shaped what I do because I don't want to tell somebody what they must think. I will tell you what you ought to be thinking about it and we can have conversations and we could look at it, but I'm not going to prescribe what you think. It's quite strong. In fact, I've had people say that to me. "Colleague" at some point said, you don't like being told what to think. I said, no. Because I have a brain and we can discuss and we can disagree and we can debate and I will go away and think about it and I'll read stuff, and belief changes, you know.

John, Martin and Veronica noted the role of "seeking advice" from their faith community on how they could or should deal with difficulties in the nature of the topics they covered in HIV adult education. They found this to be an important source of support and a moral compass on how to steer their response to a professional dilemma. Although heterosexual, John at times found speaking to the faith community difficult as he had experienced judgement on topics such as homosexuality. He nevertheless identified members from the faith community who were 'open-minded' and where he could engage the dilemma from a religious perspective. The dialogue with trusted members of his faith community allowed Martin to make sense of the dilemma and assisted in finding a way to work with the topic that caused discomfort.

MARTIN: Well, I spoke to my boss there, it was "male manager" (name masked) and "female manager" (name masked), and then they said, Martin, what if you were a doctor or a nurse? A qualified doctor, qualified nurse, and you still needed to do your work and still needed to live a life as a Christian. Wont' you have attended to your patients, (if you were a

doctor or nurse) *wouldn't you have given this information? And I'm like, I would have. It's the same. Just now the difference is that you're passing on the information, the knowledge to the people although you're not prescribing the medication. You're not diagnosing them, but you're passing on the information. So, take it like that. It's your work that you need to do, that needs to be delivered, but also religiously, God knows this is part of work and you're serving the community at large from what could be a catastrophic lifestyle if they don't know this information. So, you're basically saving the community.*

MARTIN: I constantly had these conversations with different people. This is what I'm battling with at my workplace and all that, and they'll [faith community] look at it from a spiritual point of view, but also from a professional point of view until I was comfortable.

Apart from his faith community Martin also mentioned debriefing sessions at work with colleagues. This was an opportunity to discuss different challenges he came across during the training interventions and if necessary, further one on one sessions were arranged.

MARTIN: Therefore, you need to debrief. What we would do, on Fridays we'll get together and then we would do debriefing sessions, and then through debriefing as well then things would come up and then through that then they will say, okay, can we setup time on one on one basis.

Martin's account illustrates the process of the hermeneutic cycle (Bernstein: 1985 in Mezirow: 1990) in making meaning of the moral dilemmas he faced. Mezirow describes the process as encountering a situation or issue that is unfamiliar and that an individual will initially engage by using their partial understanding (existing schema) in terms of previous experiences, knowledge and language to direct the way in which the dilemma is assessed. Martin reflected on the nature of the content and the dilemma it caused - he was also faced with the dilemma of speaking to a unmarried female manager. The dilemma of how to resolve the type of conversations (as a single man with female manager) or materials were initially far outside Martin's existing schema and he had to create new meaning schemes in order to integrate them. Mezirow (1990) confirms that if the relevant information does not fit a person's existing schema, they can use new information as building blocks to a new way of understanding and integrating meaning and this allows for transformative insights.

Martin, Khaya and Veronica explained that they sought advice in the form of dialogue with others on a regular basis. They found it important to express their concerns, fears and trepidations in order either to disengage from the training related to the relevant dilemma or find a way to work with it by either accepting it without necessarily agreeing or finding a way for the value of helping others to influence and co-exist with the value of chastity.

4.3.1.3 Dialogue with Funders

As a facilitator, I expected the research participants to experience a degree of difficulty in approaching funders or employers with dilemmas that they faced with training content or methodology. Even though a few of the research participants expressed that large funders often have set agendas and are not easy to persuade to doing things differently, there were also other perspectives on funder dialogue.

From the interviews there were three types of responses to engaging the funder or employer with dilemmas. Firstly, for some, they were clear on their own values, engaged in critical reflection, after which they would find it fairly straightforward to engage the funder or employer with a dilemma. Some research participants had a secondary dilemma in terms of who the funder or employer were as individuals, whom they would speak to about their dilemma. The second and third type of responses were those who would either eventually muster the courage to go and speak to their direct manager or alternatively would seek out other supervisors.

As mentioned in the previous section, Barbara was the most experienced adult educator and managed to engage funders on a regular basis when she did not agree with something related to the training she was expected to facilitate. She felt confident and at ease to address and disagree with the funders. When I asked her why she did not feel more anxiety, she said it was because she was never in the situation where she was dependent on a new funder's money. Her costs were always going to be covered by the church, so she did not need to seek funding as others did. She believed this played a significant role in her comfort to disagree with funders or potential employers. Barbara added that she did not think it was as easy for other trainers who were dependent on securing new streams of funding for survival. She was subsequently able to engage both the trainer and institution with relative ease.

BARBARA: There was a lot of dialogue between us and the trainer who trained us from the “X University, there’s a lot of dialogue there as well. And then with “Organisation”, with the “Organisation” director and the board of “Organisation”.

When engaging the funders, there seemed to be a dialogue within a dialogue, in that the research participants first, amongst themselves, would unpack, debate and agree on what the problem was, what possible solutions were and how to address it with the funder. It seems that here there was an understanding that the task of dialogue, with the funder, itself could be uncomfortable, but had to be engaged. This being said, the experience of engaging funders was surprisingly amicable and research participants felt they could readily approach funders with concerns.

BARBARA: I mean I think in some ways that you have this conversation (between adult educators); like hey, now we’re gonna have this conversation, how do we need to raise this? And it might not go down well, but we have to raise it anyway.

Through dialogue with the funder or employer, Barbara was able to change the training material and methodology to something she felt more comfortable with.

John and Benjamin both felt that they would be able to discuss any discomfort they had with material or training methodology with the funder or employer, but that they could not recall ever doing it. They rather found ways to adapt the content or material in a way that was still aligned with the funder or employer’s expectations but afforded them as educators an ease and authenticity in delivery.

4.3.1.4 Dialogue with Community Facilitators

All the research participants relied heavily on dialogue with community facilitator participants during training in order to navigate dissension and differing views. The research participants all felt it important not to force their own view or opinion upon the participants, but rather, through discussion, to inspire different ways of thinking. At times there would be no agreement and the educator would accept and work with that if possible. John, Barbara and Benjamin mentioned that they would use directed, at times confrontational questioning to stimulate the conversation in order to steer it towards critical reflection and transformation.

Barbara gave an example of the difficulty that arose when cultural norms and traditions make it problematic for participants to process and action the training they receive. She used different questions to challenge the order and tradition of intergenerational conversations around sexual practices. Barbara deliberately caused discomfort and even a disorienting dilemma or burning bush (Macedo & Dirkx. 2006) in order to challenge the participants' way of thinking. She first challenged the tradition of not talking about sex and then asked the participants to identify a culturally acceptable way to address the topic, which they agreed was relevant. She was not neutral, but rather intentional in her use of dialogue as with Freire (1995), in order to kindle transformational thinking. Barbara recognised that cultural barriers can be very difficult to overcome, but that she believed that culture can evolve and change when confronted.

BARBARA: For example, explaining to parents the importance of talking to your children about sex. So, you go into a culture where they don't talk to their children about sex. So, say in KZN, some of the rural, KZN in particular, but other areas. (Parents say) Okay, we just can't do that (talk about sex). We're not doing that. So then, do you agree that teenage pregnancy is an issue in your community? Yes. Okay. Do you think that it can be solved? Do you think it's a problem that needs to be addressed? Yes, alright. But you're not going to talk to your own children about sex? No. Okay. So then how are you going to do this? Because this is now a cultural issue. You're telling them (from a cultural perspective) culturally you can't do that? What culturally is available for you to address that? What used to happen ... people talk about in the old days we didn't have this. Okay, so in the old days what happened? In the old days what were the discussions? In the old days ... what is there in the old days that you could do now? But you're not in the old days. And then also this whole idea of, if you do nothing, if you keep quiet, what is going to happen? You're saying we culturally can't do that? Okay. So culturally you're just going to let it happen? Which in some ways feels like a bit of a cop out, but I can't tell them what to do, because I don't know the culture. And the minute you come up against culture ... I mean, people sometimes use culture as a, well, we're just going to carry on doing what we're doing because we can't change it because of culture, but culture can also change.

Whereas Barbara used confrontational questioning at times, Martin spoke about mediating the participants' discomfort with an HIV/AIDS related topic by putting the session in the context of a conversation and he emphasised the importance of conversations being dialogical or participatory:

MARTIN: I've become at ease, but doing this HIV/AIDS and facilitating these support groups ...you can see some people are still resenting [the type of information]. You as a facilitator need to put them at ease and say we are all adults, these are the things that we're going through or we might be going through, but we need to talk about it as difficult as it is, we might have to talk about it. Through your facilitation you need to be able to make them feel at ease and make your conversations be participatory.

Using dialogue as part of the training methodology and as a navigational tool with participants originated from the research participants' earlier training experience. What came across was that communities at times were unresponsive to some training interventions as they had been saturated or had received similar interventions before. There was also a sense that strategies around HIV training interventions were dated and not changing communities' behaviour as pertains to the risk of contracting HIV. Barbara and her colleague highlighted this concern to their potential funder and presented an alternative community conversation programme to address risky sexual behaviour. Both Barbara and John placed emphasis on the fact that funders or employers expect quick or instant results and behaviour change. Both educators felt strongly that enough (funded) time needs to be given to dialogical interventions for long-term and sustainable change.

BARBARA: Anyway, they (Governmental Department funded programmes) wanted to fund a programme around teenage sexual health and decision-making. Basically, what they wanted was to go in ... they had a target of how many kids you reach and so on, like they always do, and what they wanted was that you did campaigns and you went in schools.

...And so I went, my colleague and I went and listen to what they had to say and then we're like, okay, we can do that for you but it's not going to change the children's behaviour.

They've had this. We've been going to schools, we can have rallies, we can do all of that. But isn't there another way of doing this?

How do teenagers in this community, how are they informed to make decisions? How are young adults making decisions who are in the context of a family. It was called "a conversation" programme. You basically create community conversations around what are our strengths, what attitudes are there in the community, and then it was listening to each other, let's listen to each other, let's learn from each other and over time we made it clear that this wasn't going to be a quick winner.

The research participant also indicated that they use dialogue in order to pre-empt discomfort and possible dilemmas that the topic or disclosure of sensitive information could generate in a group. They stressed importance of creating an inclusive, accepting and safe space for people to be heard and where they can process the feelings that arise.

BARBARA: It's safety, yes. A safe space. And you actually manage and sometimes you can't manage it, but we do a lot of talking circles and you have to manage those talking circles so that there's a sense of safety for the speaker but also for the listeners. Because sometimes somebody's disclosure is a trigger for somebody else.

Where discomfort was related to a religious dilemma, the educators spoke about not forcing their own beliefs on the training participants. As the research participants were speaking about this, it was quite interesting how much they valued this neutrality towards a topic that clearly caused them distress. They were able to bracket their own beliefs in order to assist a beneficiary when sharing the necessary information.

MARTIN: My religious background would be like, no, you can't do abortion, you can't kill someone. You understand? But as a counsellor you need to be neutral, you don't prescribe to the client.

All the research participants had employed dialogue in navigating discomfort for community facilitator participants, but I was also interested in what level of agency the participants displayed if they were confronted with such a topic. One of the questions I asked the research participants was whether they believed community facilitator participants would voice their discomfort with any given topic during the training.

INTERVIEWER: Do you feel participants in your experience will speak up in a training if they have a dilemma?

BENJAMIN: In some cases probably not. In some more conservative communities, rural communities, traditional communities the teacher is always right, and there's that kind of element there that don't challenge the teacher and it's written in the manuals so it must be right. And also, group think, some people don't want to stand out, they don't want to necessarily challenge the status quo. If nobody says something, I'm not going to say something. But in the activist space, very much so, easily. Oh my God, ja. Everything is

unpacked and unraveled and challenged. So very different. Very, very different in the activist space. Specific in the LGBT activist space and sex workers space. You have to tread very carefully.

What I believe Benjamin is implying in this comment regarding activists unpacking and unravelling everything, is that it stems from their previous experience in voicing their concerns and challenging authority. Often activists are part of a movement or group who have received training or support on how to engage and/or challenge government or large corporations when there is discomfort with for example policies or discrimination in the workplace. This type of experience would assist those from an activist background to feel comfortable to voice concerns or discomfort with what was presented as part of training information. Those who have not had this type of activist experience, would not necessarily feel ready or empowered to challenge on what they were being trained. In the context Benjamin is talking about, it would be activists within the LGBTI and sex worker arena, where there has been a very vocal, consistent and visible fight against injustice.

John believed that at times participants would not voice their concerns as they might be viewed as conservative, ignorant or extreme (fundamentalist) in their views. He used an example of a faith-based organisation offering services to members of the community who identified as homosexual, and this would go against certain religious values. He believed that to force the community facilitators to say that they support and promote homosexuality would be an unfair expectation. Community members are at times desperate for work, so if the employer expects the person to promote certain messaging that opposes their religious beliefs, this could cause great anxiety, as not doing it could lead to dismissal or not getting the job.

JOHN: I think in some ways I'm worried that they don't, and the reason being is that I think that fundamentalism has become a swearword, where probably it needs to be rethought as someone's position. So, I'll give you an example. If a NPO or NGO or a small community organisation says, we're willing to work with everybody, and if we're asked we're going to say that it's right to be homosexual, and they [community facilitators who feel uncomfortable] said you can't say that. I think when you're asking someone to, [on condition, that] if you want to work in this field then you have to distance yourself from your faith belief. I think that's an unfair expectation.

When I asked John if he believed community facilitators felt they could speak to their employers about moral dilemmas with content due to their faith, he said that he did not believe they would do so, for fear of being labelled fundamentalist or conservative.

JOHN: Because I think we are living in a world where the pendulum in a sense has swung and where we celebrate the free-thinkers and anything goes, and we vilify the more fundamental and more conservative approach.

One of the assumptions I made was that community facilitators and even adult educators would be hesitant to express discomfort with training material because of a fear of losing the contract or job related to the training. John and Benjamin confirmed that they thought community facilitators would experience such a fear.

INTERVIEWER: I was wondering, do you feel that a consideration would be, perhaps people don't speak up because they are afraid of losing their job?

JOHN: Totally. Losing funding, losing jobs. Being labelled [by the activist community] as 'you are just prejudiced'. And I think we live in a world where it's really easy if someone disagrees or battles, [then] you give them the prejudiced or the racist or the homophobic label, because it's a great way of silencing people. Then you don't have to have good discourse and engage and try and find each other.

Most of the research participants felt they could express their discomfort with a topic or content without placing their jobs at risk. However, two of the research participants felt that if they were forced to convey content that went against their values, they would not be able to cross that line and this could place their employment at risk. Veronica and John expressed that there were situations where they would feel great discomfort and would not be able to cross the line. Veronica went as far as saying that she was willing to lose her job if she was forced to train on the material that caused her the moral dilemma.

VERONICA: Why did I not leave it ... because I knew, not only did I make a conscious mental decision I'm not going to do this. I was willing to place myself in that position where if I'm risking losing my job I need to because I won't feel comfortable having to do this. It just went against me, you know.

JOHN: I suppose if I was to be in a situation where I would have to say, it's, you know, it's okay to be homosexual, it's okay to sleep around, and that would be the message I'll have to portray, I would have to walk away from that situation. So, doing my daughter's wedding if she got married to her girlfriend would be a line that I would ... that would be a moral dilemma. I would have had to cross a line that I wouldn't ... I'd be very uncomfortable in crossing, because I would be offering a blessing to something, I believe is not correct. Being there to support her as my daughter, to me is a very different space from being there as the minister to that intention. So that would be a moral dilemma.

Macedo and Freire (1995:88) believed it important for the educator to be able to express their beliefs during facilitation. Freire goes on to say that he does not believe that making your beliefs known is in some way imposing or anti-democratic. Macedo agrees that making your beliefs known is not a form of imposition and believes it takes a good amount of courage to do so. "Unfortunately, we are living in a culture, particularly an academic culture, which requires courage in order to speak the truth" (1995:88). He believes masking or hiding the truth of one's beliefs or views, under the guise of objectivity, is in fact a lie in itself.

Dialogue allows educators to challenge stereotypes or old ways of knowing. This section showed that adult educators used directed and at times confrontational questioning to guide learners to critical reflection and transformational thinking.

4.4 Acceptance without Agreement

At the beginning of the research study I had assumed that adult educators face moral dilemmas during HIV health and social literacy adult education and I also anticipated that the majority of adult educators would disengage topics that went against their values. However, from the first interview, and as illustrated in the quotes in the previous sections, it became apparent that when faced with such a moral dilemma, the research participants who identified as Christian were able to identify more than one value at play. Moreover, it became apparent that they could mediate their moral dilemmas by highlighting the importance of their own values co-existing with other values. At times, this co-existence was tacit, but in some cases, it was clearly a conscious navigational tool. The values that seemed to allow the research participants to overcome their inner conflict were

firstly the desire and need to help other people and secondly, the desire to be accepting or inclusive and not judgmental.

What became clear is that there is an initial conscious and later less conscious process of meaning making in order to navigate the dilemma. One of the tools used was critical self-reflection on their own values, and how they could co-exist when challenged. Mezirow (1990) holds critical self-reflection to be of utmost significance in adult learning as it encourages new ways of relating to a problem by reassessing their own beliefs, convictions, perceptions, knowledge emotions and actions.

In a longer exchange below, I asked Benjamin, who does not identify as Christian and who expressed that Christian beliefs can often cause barriers in training on sexuality and sexual practices, how he experienced trainers at odds with training content. Benjamin was involved in training community facilitators and other participant master-trainers in a number of African countries on LGBTI issues and HIV Literacy. He reflected on the methods they used for critical reflection in helping participants to navigate the material for themselves and as future trainers.

BENJAMIN: So, I think it's first of all it is good to become aware of your values. Most of these trainings are very personal. First look in, what are your values, how do you feel about homosexuality or same sex sex, and then once you've clarified that, how does that value of yours influence the way in which you serve the LGBTI community? And is it a barrier? And is just being aware of it enough? This is difficult. I mean, I don't think you should go into a training like that to try and shift somebody's values. I don't think it's possible. But you can create awareness of their values and how that influences the way in which they do their work.

BENJAMIN: But most people in those trainings shift it (their values). They recognise this value is at odds with what is being asked of them, but they could still do the work, and build a sensitivity towards a community that they did not understand.

INTERVIEWER: So you feel they change their set of values, or they just learn how to navigate it? Their value remains the same, but they found a path to respect?

BENJAMIN: Yes. Let's say their value was a Christian value of a relationship should be between a man and woman. So, they hold onto that value, but maybe then a secondary or another value that would surface is we're all human and we all deserve respect and we all deserve equal healthcare and equal access to healthcare. And then those values are kind of

highlighted and become more important. Yes, there's a value of, I still believe that, you know a relationship between a man and a woman, but the stronger thing is often that common humanity thing of, we are all human, we all deserve to have a good life.

From Benjamin's experience and perspective, he had seen a number of religious community facilitators and other participant master-trainers find co-existing values that could support each other or in the very least where one value could take a step forward and then to bring the other value along in an authentic, more content manner.

John had been in the full-time ministry for 13 years before becoming involved in HIV literacy, and he commented on his journey to acceptance without agreement. John's own experience with his daughter disclosing that she is lesbian lead him to challenge his own prejudice. Mezirow refers to this as perspective transformation, which is a process of "becoming critically aware of how we perceive, understand and feel about the world: of reformulating these assumptions to permit a more inclusive, permeable, and integrative perspective" (1990:5). Most often when old ways of meaning making, or thinking cannot make sense of a situation it is because there were 'trigger events' or catalysts in the form of anomalies and dilemmas which precipitated transformative and critical reflection.

JOHN: I think that more than there's been moral dilemmas, there has been the need to question my own prejudice, and so perhaps (for me) it's more a prejudicial dilemma than a moral dilemma. When I was in the ministry, I had a very strong view on homosexuality, that it was wrong, it's not Biblical, and I was very comfortable in taking that stand. I think working in communities, working with different partners, with my own daughter being in a lesbian relationship, my view on it remains the same, my approach to it is completely different. I think what I've learnt to be able to do is acceptance without agreement. Most recently I think what was challenging to my world view is working with a transgender organisation, the director who is a trans person going through conversion from her birth gender to a chosen gender she identifies with.

Most of the research participants expressed that they still experienced discomfort in an ever-changing educational field, but through experience, have acquired tools to navigate these dilemmas better.

After finding a path of co-existence, some facilitators, using dialogue, helped community facilitators navigate the challenge of working in settings that seemingly oppose their religious beliefs.

JOHN: What I've had to do was to, with some of the more faith-based organisations, is have a discussion with them on faith-based versus faith bias. And I suppose the way that I make sense of that is; [faith] base means I'm comfortable in my Christian ethic and ethos and would consider myself a fundamentalist [radical] when it comes to it, I believe what scripture says to be true. But when it comes to the effect of that faith; serving, loving, taking care of people I cannot practice it biased, which means that I cannot say I'll only serve likeminded, I won't work with people from the Judaic faith, the Muslim faith or people that are from a gay or a LGBTI life. The way I've been able to reconcile that is that I don't see Christ as biased, I see him as based. And so, when I work with a faith-based organisation we talk about that, and then to not allow their faith base to become their bias. And I found that organisations tend to be okay with that.

Mezirow (1990) concludes that we can be held captive by our meaning perspectives and that we are not able to make a completely bias-free interpretation of our experiences. John seems to have identified that he has to reflect on his faith as being based in a certain philosophy or ideology and not let it become a prejudicial, non-inclusive structure. After making meaning of this for himself, he was then able to employ strategies to assist participants who might face the same moral dilemmas as he did.

Once the theme of co-existing values emerged from the different interviews, I started asking research participants what motivated them to train and keep training in a field that at times can be very challenging to their beliefs.

Barbara expressed that her faith was not just in what is seen, but also in what is happening in the unseen or areas that do not seem to make sense. She believed that there is a greater power at work through the contribution she and others make in training communities on HIV literacy.

BARBARA: I think a lot of it has to do with faith. It's the faith that Jesus says He's renewing the world. So that's what's happening whether I can see it or not. And I think part of the resolution for me is that I'm giving you information on the prevention of infection, and that

information comes with you having to make some decisions about how you manage your sexuality and your sexual relationships. I don't have to dictate to you what that looks like.

Right at the end of the interview I asked Khaya what advice he would have for new adult educators facing moral dilemmas and his counsel was to adhere to the training material. Whilst he was speaking about this, he disclosed two topics that clearly were problematic for him. This was interesting as I repeatedly asked if there were any specific topics that caused him discomfort and apart from the explicit training material, he could not identify anything. Yet whilst speaking about advice to others, the struggle with abortion and homosexuality came to the front. Again, of interest was that I had the sense that Khaya did not identify this as a dilemma, but just something he moved through without giving it much attention. He went on to mention the dilemma of working with people who are gay or lesbian in a matter-of-fact way. This could be due to Khaya's no-nonsense temperament or that he had worked through his personal conflict or that he had learnt to navigate dilemmas in a straightforward manner. He did not come across as callous, but it was of interest that this obvious dilemma was not something he thought to mention earlier. Even his advice for other educators to adhere to the training material was interesting, as it was the only thing that Khaya highlighted as a dilemma for himself. Khaya expressed an acceptance of people as they are even if he does not agree with their life choices.

KHAYA: I think for me I would advise people just to use their material as it is, but this was something that was very difficult for me, things like abortion, so I wouldn't even advise a person to go for an abortion because I think it was ... because according to my belief I won't advise somebody to do abortion and I was also struggling with people that are gays and lesbians, but I had to learn there was nothing I can do about that. I need to accept people as they are irrespective of what they believe in life. Not supporting on what they are doing but respecting their decisions.

Benjamin advised new adult educators to respect people's values and religious beliefs even if they are different from one's own. He explained that even if he does not agree with a person's religious perspectives, he would not force his own belief system on a participant. Even though he expressed difficulties in training due to societal religious perspectives, he had found a way for his values to co-exist when training a group with more conservative views.

BENJAMIN: Ja, and respecting life and people around you and very much letting people be who they want to be. I have got no problem with whatever religion you follow, and ... It's also something I don't share. Up to now I feel ... my belief system is not something that I would push on somebody, or necessarily discuss in depth, unless it is that kind of discussion, but I don't have a huge need to motivate what I believe.

4.5 Other Navigational Tools

The research participants mentioned a number of other tools they had used to navigate difficult topics for themselves and community facilitators. Both Martin and John referred to using humour as a tool to defuse tense situations. John and Barbara felt humility is key when entering a community to train them on difficult topics. They believe that the adult educator is sometimes put under enormous pressure to know everything about a certain topic and that there should rather be an acknowledgement that community facilitators come with their own knowledge and that together they can navigate discomfort around issues of faith or culture.

Another tool was for the adult educator to know when to take a co-facilitator along. Khaya mentioned that this was an effective tool to deal with romantic advances from female community facilitators.

KHAYA: You take somebody with you, or you are extra careful that you don't give them [female community facilitators] any chance [to approach you in a romantic manner].

4.6 Summary

This chapter has reported on findings in the following areas; the type of moral dilemmas adult educators had experienced, what underpinned these moral dilemmas as well as the navigational tools they have employed to deal with difficult situations. The next chapter will summarise the findings and locate them against the background of literature and draw out implications for practice and for future research.

Chapter 5: Conclusion

In this study, I was interested in gaining a better understanding of the hidden or invisible world of the adult educator involved in HIV health and social literacy education and how he/she had experienced and navigated moral dilemmas with the nature of the topics or content. I hoped that this would not only contribute to the research literature but would illuminate lessons that could guide or assist current and future role-players in adult education

In terms of the four research questions that guided the study, it was firstly important to start with understanding the type of moral dilemmas educators faced including what the origins, causes or underlying conflicts were, that resulted in the dilemma. Thereafter it was necessary to explore some of the strategies adult educators used to navigate these dilemmas and well as consider what would be strategies of support, preparation or assistance for current or emerging adult educators. Findings for each of the research questions as well as the contributions these findings make will be discussed below.

5.1. What Type of Moral Dilemmas do Adult Educators Face?

The type of moral dilemmas the research participants faced in training HIV related topics ranged from the topic covered, the content of the topic being covered - specifically practical demonstrations and training material, sexual advances from learner participants, cultural barriers, funder driven agendas and the perceived insufficient involvement from the church. Some of the topics identified by the research participants included training on female and male condom demonstrations, abortion, breastfeeding versus formula feeding, STIs, gender roles and scientific language or imagery related to sexuality and HIV education. The research participants experienced inner conflict with these topics for different reasons, which I will mention in the next section.

The implication of this finding supports the recommendation of Kalvemmark et al. (2004:1083) in the literature review, who suggest that there needs to be a mechanism such as “ethics rounds” in the nursing field. A similar platform in adult education would allow educators to identify and communicate the moral dilemmas that they face. It is furthermore equally important for the employer to understand which challenges the educator might face in training the content required for the desired behaviour change.

5.2. What Underpinned These Dilemmas?

The research participants' inner histories, which included their upbringing, personal experiences, perceptions on gender roles and marital status, all in some way underpinned their inner conflict. Religious convictions and/or personal values foregrounded their experiences with discomfort and moral dilemmas in this training field. Their inner histories affected the research participants on an individual level and within the social groups that they encountered, such as their faith community, culturally defined groups or when they were part of a group of educators or training participants. Following Mezirow (1990), it was clear that within each of these settings the research participant needed to make meaning of new or different information and ways of doing, and at times this was in conflict with their own meaning perspectives. In processing new information or ways of doing, their beliefs, values and theories were a lens or filter through which they interpreted their experiences and that as Mezirow states, acquired new perspectives either because of their own, self-directed learning and meaning making or because of the social group and 'cultural assimilation' (1990:1). An example of 'cultural assimilation' was when Martin and Khaya initially had a moral dilemma with the content of training material, but through dialogue and critical self-reflection were able to acquire a shared way of thinking and meaning making. As with Mezirow's disorienting dilemma (2006) or Dirkz's 'burning bush' (2004: 132), for Martin and Khaya, engaging this dilemma enabled them to find a path to a new way of thinking and doing. Whereas a disorienting dilemma might lead to a quite dramatic shift in thinking, interestingly for Khaya and Martin it seems like the dilemma lead to a gentler embracing of a new way of thinking.

As we have seen in Chapter Two, Vygotsky (in Jaramillo: 1996) puts emphasis on the social context of an individual's experience and responses to experience. Social experiences direct or shape each individual's world in a number of ways, as the individual thinks about and interprets the world. The research participants were diverse in terms of life history, home language, nationality, gender, religion, sexual orientation and marital status. Apart from their religious upbringing or the community of faith shaping their experiences, other social contexts included traditional upbringing in a rural culturally strong community and the role of gender dynamics. Where the research participant's marital status differed from the group, he/she was training or other participants in dialogue, this caused discomfort – see for example Martin and Barbara's experience in 4.4.1.3. Because of the situated-ness of experiences, Jaramillo, drawing on Vygotsky, argues that individual cognition would occur in the social situations present within a particular group or culture (1996). The group therefore is pivotal in the process of learning, scaffolding and the zone of proximal

development. Although Vygotsky does not use the term experiential learning explicitly, it is implied in his use of social interactions and learning as part of a larger community of practice.

A thread that I noticed throughout all the interviews was the importance of religion and faith, both in causing and in navigating the dilemma. Five of the six research participants firmly rooted their reflection and response in a Christian-based framework that guided their meaning-making and responses. This is not unexpected as many HIV and AIDS related interventions are faith or church-based in origin or funding. When they were able to reconcile the dilemma with a personal and faith-related solution or understanding, the research participants' vigor increased to continue facilitating on and also help others who might struggle with similar dilemmas in communities. The motivation through faith seemed to lead to a continuous drive to assist others, but at the same time-imposed barriers or limitations that could cause discomfort because of the nature of topics necessary in a field such as HIV health and social education.

Something else that underpinned these dilemmas was the power struggle that is evident in the relationship between the funder's agenda and the adult educator's personal values. If at odds with the desired outcome of the funder, selected training topic or material, this could become a significant barrier for the adult educator as the employee in addressing or disengaging the task. This could be seen in the fear that some community facilitators had that they would lose their employment if they did not train on the topic that caused them discomfort.

With regards to the role of power and funder-driven agendas and specifically church funded programmes, I drew on Biesta (2012) in reflecting on Foucault's argument (1975: in Biesta, 2012). Biesta believes that knowledge and power never occur apart, and the proposed idea of power/knowledge suggests that rather than it being power in opposition to knowledge, it is 'constellations' of power/knowledge versus power/knowledge. For me this speaks to the power/knowledge of the church and its doctrine and the power/knowledge of the educator who comes with new information within a new construct of power, be it human rights or the training participant's agency and advocacy. Historically the church has often been seen as an enemy of new knowledge. Drawing on Biesta, I argue that the power of the church does not necessarily need to be 'escaped' in order for there to be emancipation, but that the church and its knowledge can engage with new forms of power and knowledge where there would be opportunity for action and transformation. The research participants illustrated that they were able to navigate complex

dilemmas related to religion and make meaning of new information in a transformative yet religiously authentic manner.

5.3. What Strategies Did Adult Educators Use to Navigate These Dilemmas?

A number of strategies emerged from the research, and one of the navigational tools was the use of dialogical practices. This as well as others will be discussed further in this section.

When it came to the strategies adult educators used, dialogue arose as one of the main navigational tools for research participants when they experienced moral dilemmas. Research participants used dialogical practices in a number of ways, one of which included personal or individual dialogue with others to gain insight and advice on the difficulty they are facing. Examples include Martin, Veronica and Barbara who in personal dialogues, spoke to either a manager, colleague, somebody from their faith-community or friends. There also seems to have been an inner dialogue between their different selves as they navigated the dilemma.

Two of the research participants, Barbara and John, felt comfortable to engage in dialogue with the funder or employer when they faced difficulties with training material or method of facilitation. Furthermore, all the participants made use of dialogue with the community facilitators when they had faced a moral dilemma with the training in some way, such as certain topics being viewed as culturally inappropriate. Each adult educator and community facilitator came with his/her own inner history and values, which in turn influenced dialogue within a group or social context. On the one end of experiential learning is Piaget's theory that personality and knowledge are a series of developmental steps, a linear, structured process. Vygotsky, however, argued for a non-linear, non-sequential framework of learning where certain unexpected leaps and bounds in learning can occur dependent on interaction or activity within the 'social' or group. Interaction or dialogue within the adult educator or community facilitator group could lead to unforeseen and transformational results in thinking. He stressed the importance of a dialectical approach, where learning occurs because there is a continued interaction or reaction between different kinds of knowledge. (Daniels, 2008:15).

The use of dialogue with community facilitators echoes Freire and Macedo (1995) who agree that adult educators or facilitators always have to play a directive role in education and Freire goes as far

as to say that the educator would be renouncing their teaching and dialogical duty if their facilitation were non-directive. Macedo (1995) believes that dialogue does not merely mean the sharing of experiences, but rather that it requires an ideological and political analysis where the experiences are understood “within a social praxis that entails both reflection and political action” (1995:380). A question arises here as to how the adult educator ‘directs’ or assists the group to navigate a dilemma, leading to transformative thinking, if they themselves experience the same dilemma. All the educators emphasised the importance of creating a learning space that is safe enough for participants to express their concerns and dilemmas, but also noted that there are possible social constraints. John raised the point that there are often societal expectations and pressures to be more liberal and “free” when it comes to meaning and interpretation of situations or experiences and that more conservative values are often frowned upon. This could limit the practice of dialogical and reflective practices and could lead to community facilitators and adult educators, not voicing their discomfort or dilemma where their job security could be on the line.

I agree with Freire and Macedo (1995) that the integrity of the dialogical process should be maintained and not merely become a therapy session to share experiences. Rather these dialogues should be subject to ideological analyses and transformative practices.

A further navigational tool that emerged was what I will call ‘acceptance without agreement’. From the data collected and analysed, it was clear that an adult educator who experienced a moral dilemma concerning a particular topic in HIV health and social education, could navigate the dilemma through dialogue and the ability to find co-existing values that allowed for acceptance without agreement. An example would be John’s dilemma in training on homosexual rights - because of his personal experiences, he was able to authentically engage and protect a person’s human right to live the life with which this individual identified, without having to agree with the choice. Similarly, from a faith-based perspective, Khaya was able to educate on a person’s human right to abortion even though he was pro-life, because he understood his role as helping people and in this way, there was acceptance or ‘support’ without agreement.

Other navigational tools included using humour in order to lighten the mood of the group when dealing with difficult topics, employing humility in acknowledging that the adult educator does not have all the answers, and knowing when to take a co-facilitator along for support.

5.4. How Could Adult Educators be Better Supported or Prepared?

As argued in the research literature (Ahmed et al., 2009; Francis, 2016 & 2010; and Helleve et al., 2009) the implications of the research findings are that adult educators themselves need to receive more comprehensive training, preparation and support as ‘master’ trainers. Creating opportunity for reflection on the dilemmas they experience would allow educators to locate their own authentic position on certain difficult topics such as male circumcision, abortion, oral or anal sex and the like. If safe spaces for dialogical engagement with issues of dissent, dilemma or uncertainty were created, it could allow the educator to identify their own perspectives and possibly help them find ways to navigate the dilemma. It could also allow opportunities to share experiences and foreground unexpected difficulties or responses to training experienced by either the educator themselves or with the community facilitators being trained.

Morphet (1992) and Mezirow (1990) argue that at times the educator might face a dilemma that is so unfamiliar and far removed from their own values and beliefs that they are unable to navigate new information because of the barriers caused by their inner history and internalised rules. In a case like this, I propose that they should be made to feel comfortable to express, process and/or disengage that specific topic without fear of being labeled or criticised. I agree with Benjamin who highlighted that adult educators should be given the space to reflect on their life histories in order to understand where their felt dilemmas come from – not to negate that history, but by understanding the origins, it may assist in gaining perspective and formulating navigational tools. The recommendation for interdisciplinary forums in nursing to discuss ethical dilemmas made by Källemark et al. (2004) could be generalised to the HIV health and literacy field, where dedicated forums for discussing experiences and lessons with peer and emerging adult educators would strengthen responses and interventions aimed at changing behaviour and attitudes related to HIV. Apart from training-based, developmental focused dialogue and support on dilemmas, this type of broader forum would allow for a much wider diversity in personal experiences, difficulties faced and the sharing of innovative navigational tools across the field.

Whilst there is much written on creating safe spaces for the participant or learner, I would argue that equal importance needs to be placed on creating spaces for peer dialogue amongst educator-facilitators. There should not only be action-reflection sessions on the practical or logistical aspects of the training, such as how the participants related to the material, but also on issues of dissent or moral dilemma for the educator-facilitator in their own right.

5.5. Contribution of the Study

As mentioned previously, what became evident early on was that there is not much literature or empirical research available on the experiences of the adult educator in the HIV health and social educational field. Other researchers also commented that they found insubstantial research available on the topic during their study (Francis, 2016 and Ahmed, et al., 2009). There were limitations in comparing this study to teacher and school-based research. Many similarities could be drawn from the literature that deals with teachers and the experiential challenges they face, but there are marked differences in that teachers are often trained in a different specialisation and sexuality and HIV related teaching is perhaps added on to their portfolio because of the curriculum requirement in schools.

For adult educators on the other hand, there is usually a considered choice and motivation to enter the field of HIV health and social education. Another difference is that adult educators in this field often have not had any formal or tertiary education in teaching or adult education, but they might often be trained community facilitators, as is the case with Khaya and Martin. This could mean that they did not have had the advantage of a theoretical grounding and reflection on pedagogic practices. Other differences would be the nature of the relationship as well as the length or frequency of engagement with the learner; a teacher-student relationship is different from an adult-educator and training participant. The difference in relationship, lack of regular teaching sessions and relatively short intervention periods might make it less likely that the educator will observe whether learning translates into behaviour change, which in turn could have informed pedagogy.

During Khaya's interview the role of ongoing navigation of moral dilemmas in HIV health and social education was interesting. For example, somehow for Khaya, the dilemma with the topic of abortion was not immediately recognised as a significant challenge at the beginning of the interview. The nature and tone of the late admission took me by surprise because he mentioned it casually, but still maintained that it was a significant problem. Is it possible that educators after initially facing a number of moral dilemmas were in fact no longer actively engaging the dilemma, but moving forward to acceptance in a more automated manner? I started wondering if perhaps the skill of critical reflection on moral dilemmas had become implicit because the educator knows it would be subject to and navigated by acceptance without agreement. If this were true, it would mean the more conscious meaning perspective has become a type of habitual meaning scheme, that is, the implicit invisible and embedded rules whereby the person would navigate their dilemma.

From here, it would be interesting to understand if there would be any dilemmas that were considered significantly disruptive or too disorientating to navigate using acceptance without agreement, and where the educator would need to find new ways of navigation or choose to disengage.

There does not seem to be sufficient attention given in the research literature to understanding the *particular* type of dilemmas adult educators face and what tools they have available to navigate these difficulties. This signals that there needs to be further and more robust research into how adult educators navigate the moral dilemmas as well as other experiential challenges that they face within the HIV health and social literacy field, and how they can be adequately prepared and supported to deal with these challenges for themselves and/or their participants.

5.6. Conclusion

The aim of this study was to make visible an invisible world where adult educators might face moral dilemmas in HIV health and social literacy education. The research found that adult educators faced a range of dilemmas and sought to navigate them by using tools such as dialogue and finding a way to acceptance without agreement. The research also highlights the need for further study in how adult educators can be assisted in navigating such moral dilemmas through adequate training, support and platforms for discussion.

Appendix A: RESEARCH INFORMATION LETTER

TITLE OF STUDY: Making Visible an Invisible World – How do Adult Educators Navigate Moral Dilemmas in HIV Health and Social Education?

Researcher: Margaretha Erasmus
University of Cape Town
School of Education
Cape Town
083 3819407
mmjerasmus@gmail.com

PURPOSE OF STUDY:

You are being asked to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information.

The purpose of this study is to better understand how Educators experience and steer their own moral dilemmas within the social and health HIV literacy education field. I would also like to better understand how these educators navigate moral dilemmas with participants in the learning space.

STUDY PROCEDURES:

The study will make use of a focus group and individual face-to-face interviews with four to six participants. The focus group and individual interviews will be semi-structured and make use of an interview protocol. The sessions will be audio recorded and transcribed for analysis but will not be shared beyond the research project. I anticipate the focus group would take up to two hours and an individual interview approximately one hour. The focus group venue will be confirmed with you, the participants. The individual interview will be conducted at a venue and time of your choice, within the Cape Metro area.

After analysis of the data collected, the Researcher will share the relevant components of the draft dissertation with participants, in order for them to make comments or ask for sections to be deleted. The Study will be conducted over a period of eight to ten months, depending on progress of analysis.

RISKS:

There are no immediate apparent risks, but if any should arise, the letter of consent can be amended, or you will be within your rights to withdraw from the study. You have the right to decline to answer all or any of the questions during the interview. You may also decide to withdraw from the study at any time.

BENEFITS

There will be no direct benefit to you as the participant, but I hope that by learning from your experiences, we will be able to synthesise learning for current and future Adult Educators. I would also like the voice of Educators to be more clearly heard on the issue of moral dilemmas as not much seems to have been written or researched on the topic.

CONFIDENTIALITY

For the purposes of this research study, you will be provided with a pseudonym of your choice and your comments from the transcripts will be masked. Every effort will be made by the researcher to preserve your confidentiality including the following:

- Assigning pseudonyms for participants that will be used on all research notes and documents
- Keeping notes, interview transcriptions, and any other identifying participant information in the personal possession of the researcher.

Participant data will be kept confidential except in cases where the researcher is legally obligated to report specific incidents. These incidents include, but may not be limited to, incidents of abuse and suicide risk.

CONTACT INFORMATION

If you have questions at any time about this study, or you experience adverse effects as the result of participating in this study, you may contact the researcher whose contact information is provided on the first page. If you have questions regarding your rights as a research participant, or if problems arise which you do not feel you can discuss with the researcher, please contact: Linda Cooper on Linda.Cooper@uct.ac.za

VOLUNTARY PARTICIPATION

Your participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. Withdrawing from this study will not affect the relationship you have, if any, with the researcher. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed.

Appendix B: CONSENT FOR INDIVIDUAL INTERVIEW

TITLE OF STUDY: Making Visible an Invisible World – How do Adult Educators navigate Moral Dilemmas in HIV Health and Social Education?

Researcher: Margaretha Erasmus
University of Cape Town
School of Education
Cape Town
083 3819407
mmjerasmus@gmail.com

VOLUNTARY PARTICIPATION

Your participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. Withdrawing from this study will not affect the relationship you have, if any, with the researcher. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed.

I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Participant's signature _____ Date _____

I agree for the interview to be audio-recorded.

Participant's signature _____ Date _____

Researcher's signature _____ Date _____

Appendix C: INDIVIDUAL INTERVIEW PROTOCOL

TITLE OF STUDY: Making Visible an Invisible World – How do Adult Educators navigate Moral Dilemmas in HIV Health and Social Education?

Time of interview:

Date:

Venue:

Researcher: Margaretha Erasmus

Participant:

Participant Designation:

Questions:

1. Please tell me a bit about yourself and your background. Please comment on your moral influences (If needed, guide towards ethical, political, religious belief systems or ideologies that informs moral influences)
2. How did you become involved in Adult Education and what is your professional and academic background?
3. How would you define a moral dilemma in your own words?
4. What have been moral dilemmas you personally have faced as an adult educator? (If participant answers in the context of the learning space, gently bring them back to their personal experience and that we will get to the learning space later in the interview.)
5. What has been your experience when first introduced training material for sexual reproductive training, including but not limited to abortion, same sex relationships, condoms, circumcision, other LGBTI issues? Did it cause you any discomfort and if so, in what way? Have you had similar experiences before?
6. How have you navigated personal moral dilemmas that you have faced, with learning material or content?

7. What have you observed in terms of participant/learner discomfort or moral dilemmas in the learning space?
8. How have you navigated or used dialogue in the learning space with participants who are faced with dissent, diverse views or dilemma?
9. Do you feel comfortable to voice your discomfort with content or other dilemmas with your employer? Please elaborate.
10. Do you think participants/learners feel comfortable to voice any discomfort with training material? Please elaborate.
11. Any other comments or thoughts?

Thank you for being willing to participate in this study.

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