# Empowering Educators to Integrate HIV and AIDS Education in South African Schools: Issues and Challenges

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**ABSTRACT** This paper explores how educators were empowered in integrating HIV and AIDS topics in their classrooms. This paper adopted the empowerment theory, which emphasizes that for people to have positive self-esteem and self-efficacy they need to be empowered. The paper was guided by the interpretive paradigm and qualitative research approach was adopted to collect data from selected principals and educators using face-to-face unstructured interviews. From the data collected the findings revealed that training and support that the educators received did not empower them enough to incorporate education about HIV and AIDS in their classes. Moreover, the paper also found that no support and monitoring mechanisms are in place to confirm that educators integrate HIV and AIDS in relation to the training received. The paper recommends that empowering educators should be strengthened and be accompanied with structured support and regular monitoring mechanisms.

## INTRODUCTION

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) were described and recognized for the first time in the United States of America in 1981. Worldwide, to date, HIV and AIDS have claimed more than 34 million lives (World Health Organization (WHO 2014). When it was first discovered no one had ever thought that Human Immunodeficiency Virus (HIV) and AIDS could become a national disaster (Chang'ach 2012). HIV/AIDS has now developed and became the prevalent societal catastrophes of the age and has spread and intensified more particularly amongst the deprived and marginalized people (Birdsall and Kelly 2007). As stated statistically in UNAIDS (2015) the sub-Saharan region accounts for 25.8 million of people who are infected with HIV and in principle this region accounts for close to seventy percent of the HIV global statistics.

### HIV/AIDS and the Education Sector

The Department of Basic Education (DBoE 2015) recently highlighted that HIV and AIDS have a disturbing consequence in managing education. According to UNICEF (2011), the outbreak of HIV and AIDS has negatively affected the education system as both learners and the educators continue to be affected by this epidemic. The prevalence of HIV among young people aged 15-24 is very alarming hence, as prevention mechanism integrating HIV and AIDS education is perceived to be very crucial. Jewkes et al. (2009) further support the issue of integration because they believe that learners in schools are sexually active at a younger age. This early sexual engagement of young people is likely to have harmful consequences (Jewkes et al. 2009). It is for that reason that Kirby et al. (2007) also advocated for sexuality and education about HIV as the best option to deal with challenges encountered by young people with regards to HIV epidemic.

Educating people, more especially the youth has been seen as a vehicle that can drive HIV prevention and elimination of stigma directed towards people living with HIV. Schools are still perceived as the only learning centers that can prepare learners for the world with HIV and AIDS. Moreover, schools are believed to be staffed with experienced personnel who can reach children during the window of hope (Wood 2009). As a result, the South African government therefore, has made various initiatives in ensuring that learners are educated about HIV in schools. In South Africa it has been pronounced that HIV prevalence prevention can never be the sole responsibility of the education department. This has resulted in joint ventures for HIV prevention and these are guided by the relevant policy documents for Department of Basic Education (DoBE), Department of Health (DoH) and De-

partment of Social Development (DSD) (DoBE 2015).

When integrating HIV and AIDS in the curriculum educators are among the fundamental people in determining the impact of HIV and AIDS in education. In their classrooms, educators deal with HIV affected and infected learners and some learners are in need of psychosocial support (Taggart 2008). Simply put, HIV and AIDS has countless challenges to teaching and learning in schools. This is worsened by high educator-learner ratio and inadequate resources. According to Wood and Goba (2011), educators in schools experienced challenges with integrating HIV and AIDS because the training programs were not effective. This is despite the fact that educators are perceived to be well positioned in influencing learners to positive behavior changes and making wise choices (Wood 2013). Furthermore, Rispel et al. (2006) affirm that educators have to implement and integrate HIV and AIDS education programs. It is through empowerment that HIV and AIDS integration in education can yield positive results for the learners, as the educators will develop positive self-esteem and self-efficacy. Undeniably so, this is very important because schools have to provide precise and consistent HIV and AIDS education to learners that is not only culturally appropriate, age appropriate but also context specific (Beyers 2012). When educators integrate HIV and AIDS education in their classes their approaches should be adapted such that the methods used are not more aligned to conventional teaching methods. Accordingly, Francis (2010) and Sargaent (2012) advance that instructional methods that encourage active and participatory approaches need to be adopted reason being, such approaches can also help educators in overcoming their own social feelings of discomfort around the area.

## Supporting Educators in Integrating HIV and AIDS

Biggs (2012) believes that HIV and AIDS education tend to concentrate on learners and the curriculum while there is little attention directed towards the educators' struggles and challenges when dealing with pandemic He further indicated that effective sector responses depend on educator education and support, commitment of educators, self-esteem and self-

efficacy, knowledge, attitudes and skills. Wood (2013) believes that supporting educators has been underestimated because educators were not better prepared to effectively integrate HIV and AIDS education. Coombe (2002) further asserts that though educators are expected to be the champions of HIV and AIDS integration in their classes little is being done in terms of ensuring that they champion HIV and AIDS integration. Wood (2013) further said that for educators to become ambassadors who create a safe, caring environment where learners who are either infected or affected are nurtured to reach their full potential, they need to be empowered. Consequently, the absence of empowerment results in the educators' inability to integrate HIV and AIDS in their classrooms.

## Theoretical Framework

The paper adopted the empowerment theory. Zimmerman and Perluns (1995) describe empowerment as a theory that understands procedures followed to control and stimulate the resolutions that have an impact one's life. Furthermore, 'empowerment should be aimed at enhancing the possibilities for people to control their lives' (Rappaport 1987: 119). Moreover, empowerment is mainly about reasonable power distribution and can be encouraging to people as they might become accountable. Rappaport (1981) further believes that everyone has the ability of being proficient. Maton (2008: 5) views empowerment as 'a group-based, participatory, developmental process through which marginalized or oppressed individuals and groups gain greater control over their lives and environment, acquire valued resources and basic rights, and achieve important life goals and reduced societal marginalization'. This means that one's failure to demonstrate such competencies is not because the person in not capable, rather it is because the society will have failed to create and provide opportunities for people to excel in their empowerment endeavors. When looking at empowerment, there are elements that cannot be ignored and these are self-esteem and self-efficacy. This theory befits this study because educators need to be empowered with skills and knowledge that enable them to teach HIV and AIDS. Once educators are empowered their self-esteem and self-efficacy is enhanced and this influences their teaching, they become confident and efficient

educators. Wood (2013) believes that it is through empowerment theory that people who think alike share experiences, have dialogues that are change driven and work collaboratively with other people in finding solutions to the problems that they are faced with. As such, the use of this theory may also encourage and strengthen continuous teacher professional development initiatives aimed at augmenting educators' capability to integrate HIV and AIDS in their classrooms.

## Objectives

This paper aimed at exploring whether educators are empowered in integrating HIV and AIDS in South Africa schools.

## METHODOLOGY

### Research Paradigm

Interpretive paradigm was adopted and Neiwenhuis (2007) views the interpretive paradigm as having multiple realities as interpretivists seek to understand and not to explain. Furthermore, Hennink et al. (2011) declare that in this paradigm reality is socially constructed in the participants' own natural setting. Hence, knowledge is constructed through observable phenomenon and explanations of peoples' beliefs, standards and explanations and an understanding of self (Henning et al. 2005). It is for this reason that the interpretive approach aligns with the phenomenon under research, which seeks to gain knowledge and understanding on how educators are empowered in integrating HIV and AIDS education in schools.

### Research Approach

Qualitative approach was adopted because it assists to better understand the perspectives of the respondents (Maxwell 2013). Qualitative research approach relies heavily on the respondents and their experience regarding the studied phenomenon (Liamputtong 2013). Another important element of qualitative research approach is that of studying people in their natural settings (Leedy and Ormrod 2013). For this paper the research was conducted in schools because these were sites that the research respondents were most familiar and used to.

### Research Design

The case study design was followed for this paper and this was because it was seen to be the relevant design as the researcher intended to acquire an extensive and profound description from the respondents about the studied phenomenon (Yin 2009).

### Sampling

Various qualitative researchers are likely to draw their data from various data sources (Leedy and Ormrod 2013). In any research people that are perceived to be knowledgeable regarding the studied phenomenon are selected to be part of the study and that is called purposive sampling (Bless et al. 2013). The researcher chose the respondents for this paper deliberately because they are perceived to provide relevant information regarding the studied phenomenon. For the purpose of this paper, six (6) educators and two (2) principals from the two (2) selected schools were purposively selected to form part of this study.

### Data Collection Instruments

The interview was found to be suitable for this purpose because of their capability in providing researchers with rich and in-depth data. Semi-structured interview was found to be useful more especially when aiming at exploring the topic being investigated in detail (MacDonald and Headlam 2009). In this case, the study explores how educators are empowered to integrate HIV and AIDS in their classes. Through interviews the researcher was closer to the participants and this enabled the researcher to observe both verbal and non-verbal cues. The educators were to share their integration of HIV and AIDS experiences in their classes, while the principals were to share their managerial roles in ensuring that educators are empowered for this role. For this study the researcher found unstructured interviews to be very flexible as the data gathering tool because the participants had an opportunity of expressing their views freely about the topic being investigated (Wahyuni 2012). The semi-structured interview also enabled the researcher to have themes that informed the questions asked from the participants (Smith and Obsorn 2007).

## Data Analysis

As the basis of analysis, interviews were coded systematically according to the common themes that emerged guided by the studied phenomenon. The interviews as the main data source were transcribed immediately after each interview was completed. Moreover, De Vos et al. (2011) suggest that qualitative data analysis transforms data into research findings.

## Ethical Consideration

All ethical considerations according to Du Plooy-Cilliers et al. (2014) and Liamputtong (2013) were taken into consideration during the research process. The following ethical principles like voluntary participation (Babbie 2012), informed consent (Liamputtong 2013), no harm to participation (Drew 2008), anonymity and confidentiality (Bless et al. 2013) were adhered to.

## RESULTS AND DISCUSSION

Empowering educators to integrate HIV and AIDS in classes was perceived as a challenge by research participants. The researcher asked the principals about the empowerment initiatives directed to educators in enabling them to integrate HIV/AIDS in their classes and they indicated that there were training workshops organized to empower educators for integration. Furthermore, educators were asked about their experiences of integrating HIV/AIDS in their classes and whether they are empowered to take the responsibility. Educators reported that, there were workshops that were organized but they did not help, as there was no further support and monitoring in place to augment the training received.

## Theme 1: Integrating HIV/AIDS in Education

What emerged from the interviews with educators and principals is that integration of HIV/AIDS was at some point seriously considered when it was first seen as the important aspect of schooling and even the National Curriculum Statement (NCS) had put more emphasis when educators were developing their learning programs. In addition to that Visser (2005) affirms that in 1995 the National Policy on HIV and AIDS was merely designed to give schools guidance in integrating HIV/AIDS education. Subsequently, the life skills curriculum was developed so as to be implemented in schools. As a result, around year 2000, both primary and secondary schools started to implement the HIV and AIDS Life Skills Education Program (Visser 2005). The integration of HIV/AIDS education was perceived to be the only vehicle that the schools can use in eliminating further HIV infections because schools have the potential of reaching out to learners who are among the vulnerable groups (Kirby et al. 2007; Wood 2009). Hence, integrating HIV/AIDS education in schools was the best approach because young people were found to be sexually active as affirmed by Jewkes et al. (2009).

All the respondents unanimously agreed that at some point there were integration workshops that were organized for all the educators and the school principals, and these training workshops were aimed at capacitating educators in integrating HIV/AIDS education and principals as managers to better understand HIV/AIDS in their schools. This is because schools are seen as major centers that can champion HIV/AIDS education by reducing stigma, protecting vulnerable children who are still stigmatized and make sure that the learners' aspirations and achievements come into realization (Howarth and Andreouli 2014). In essence, educators now have other responsibilities of developing a learner's life skills to ensure that learners become responsible citizens. In integrating HIV/AIDS education in schools, Visser (2005) opines that in their integration endeavors schools should sufficiently cultivate positive and healthy lifestyle choices among learners as anticipated by the policy. As educators are interacting with the learners who are affected in their classes they need to create a conducive classroom atmosphere that encourages learner engagement in classroom activities in enabling free expression of learners' opinions (Taggart 2008).

Some educators indicated that the support that they received from the Non-governmental Organizations (NGO's) in integrating HIV/AIDS education in their classes was overwhelming. As a result, one of the educators said, "*I taught in school for more than 10 years, I don't have a problem with teaching HIV/AIDS because through the assistance of NGO's we have materials that I consider to be making my job easier*". In South Africa various NGO's have been

very instrumental in raising awareness about HIV/AIDS for young and old people. Some of these organizations were visiting the schools and working directly with the learners while others were reaching learners or young people through various forms of media (Geary 2014).

The principals also acknowledged that the attention that HIV/AIDS education was getting lately is saddening because the educators continued to experience challenges when integrating HIV/AIDS education in their classes. This becomes a challenge for principals as well because they themselves feel that they are not equipped enough to help the educators as managers in schools. Even though there seemed to be training workshops that were organized, educators continue to experience challenges when integrating HIV/AIDS education. In strengthening the integration of HIV/AIDS, around 1998 there were training workshops that were aimed at preparing and empowering educators for HIV/AIDS integration (Visser 2005).

## Theme 2: Supporting Educators for the Integration

Educators had different views regarding the support they received in integrating HIV/AIDS education and how effective was the support they received. Another educator said, *"I must say in the 3 years I have taught in this school, I have never heard anything mentioned in any meetings about HIV/AIDS policy. Learning that at this stage each school has this policy is just news to me"*. It is very disturbing to know that in schools there are educators who do not know about HIV/AIDS policy. This is despite the efforts made by Department of Education (DoE) in collaboration with Department of Health and Welfare in 1995 in developing Policy on HIV and AIDS Education that was to be used by schools when integrating HIV and AIDS education (Visser 2005). Moreover, the life skills curriculum programs that schools offer are informed by the HIV and AIDS policy (Visser 2005). Educators are the ones with a responsibility of teaching about HIV and AIDS in schools. Hence, the study found that educators and principals need to be supported by the Department of Education (DoE) and other relevant stakeholders in improving how HIV and AIDS education is taught in schools. Baxen (2010) and Wood (2008) believe that educators can nurture appropriate life skills,

values and attitudes in helping learners prevent and manage HIV and AIDS in their daily lives. It will be very difficult for educators to execute such obligations if they are not adequately prepared. Educators' preparation needs to augment their self-worth, vow and proficiency to integrate HIV and AIDS education in their classes (Mathews et al. 2006). Mugweni et al. (2014) maintain that there is causality between proper educators' preparation programs and constructive response to policy changes. Hence, Ahmed et al. (2006) denote that poor educator training employs more conservative methods when teaching and such methods are not conducive to the content and objectives of life skills programs as influenced by National Policy on HIV and AIDS.

Some of the teachers were not bothered whether they are supported or not because they believed that they could devise their own coping mechanisms in integrating HIV and AIDS and two of them indicated, *"I believe I have enough knowledge to teach my learners about HIV and AIDS"*. Another educator said, *"I have taught this subject for many years and I do have knowledge on HIV and AIDS though I still need to integrate appropriate teaching strategies that can enhance learners' learning"*. Helleve et al. (2009) indicated that some educators who showed more confidence in teaching HIV and AIDS are believed to be those educators who have received training in integration of HIV and AIDS. However, some educators still believe that for successfully integrating HIV and AIDS they still need to be empowered and have the necessary resources, hence another educator said, *"As educators I think we need to be equipped more in order to tackle this sensitive and important topic that affects everyone"*. Although some educators indicated that they do not have problems with integrating HIV and AIDS, the knowledge that they have about HIV and AIDS and their efforts in teaching learners about HIV and AIDS still brought about inconsistencies. Despite educators' teaching about the HIV and AIDS, young people's sexual behavior has not changed (Peltzer and Promtussananon 2003). Mikoma et al. (2009) believe that this might be because there is no connection between sexuality and HIV and AIDS intervention programs and positive results needed for learners' healthy sexuality choices. In other words, educators' knowledge about HIV and AIDS and the efforts

they made in integrating HIV and AIDS in their teaching might not automatically change the learners' behaviors. Some educators in their integration might only be considering teaching about abstinence only instead of safer sex practices. That is why Mikoma et al. (2009) suggest that educators need to engage learners and understand the changing roles and changing times informing and influencing young people. Wood (2013) asserts if educators and principals are not adequately prepared to handle educational and psychosocial repercussions HIV and AIDS, this can be very problematic as providing training only about biomedical facts cannot do justice to the integration. Hence, Mikoma et al. (2009) believed that HIV and AIDS education integration should focus less on biomedical characteristics of HIV and AIDS but focus more on increased willingness from the educators and adults to actively involve young people and acknowledge that youth are energetic and knowledgeable members in society.

## Theme 3: Challenges with Integration

Although educators indicated that they do not have problems with integrating HIV/AIDS, there were some challenges identified with integration. Some educators indicated that the workload that they have and the content that they have to teach for particular subjects within a certain topic was too much. Other educators indicated that their age has been a challenge when teaching about HIV/AIDS, they said, as educators they are struggling to strike the balance between their professional role and personal role (Wood 2008). The problem educators have as adults is the tendency of thinking that when they give young people appropriate information about sex they encourage them to engage in unsafe sex encounters (Francis 2013). Furthermore, educators acknowledged that as educators they have an obligation of integrating HIV/AIDS education in their classes (that is their professional role as educators), while on the other side they see themselves as grandparents to the learners they teach (personal role). This therefore means that educators need to be comfortable enough to talk about these issues in their classes rather than avoiding such topics. As a result, the educators have adopted a strategy of engaging the learners in question-answer didactic interaction, whereby only the educa-

tors ask questions and the learners answer, often reproducing factual knowledge (Wood 2013). Inadequate support and scarcity of resources are still among the challenges that educators and principals acknowledge in integrating HIV/AIDS. This is further supported by IRIN (2008) that unavailability of educator support is still among the factors that are impeding the proper integration of HIV/AIDS.

## CONCLUSION

In conclusion, it has been clear that the educators and principals were not empowered enough to integrate HIV/AIDS education in their schools. Even though some educators showed confidence in integration there were still inconsistencies, for example, some educators highlighted that they had not heard of a school HIV/AIDS policy, whereas some educators' responses were indicative that they depended on what was given by the NGO's. It also emerged that the principals appeared not capable of supporting educators for effective integration. Furthermore, it was noted that educators were still finding it difficult to adopt participatory teaching methods and end up adopting traditional teaching methods. Moreover, educators were not sure if by teaching learners about HIV/AIDS they were not encouraging them to become sexually active. Lastly, there is still difficulty in getting the necessary resources that enables educators to integrate HIV/AIDS in schools while at the same time broadening the learners' understanding about this epidemic.

## RECOMMENDATIONS

This paper recommends that the School Management Team (SMT) should be empowered to be able provide leadership to the educators in schools and also organize all the relevant stakeholders in initiating and coordinating the integration of HIV/AIDS education. Furthermore, the paper recommends that more structured monitoring and support mechanisms of HIV and AIDS education to be in place and be strengthened in curbing the HIV/AIDS prevalence among young people. Lastly, educators need to be extensively empowered to effectively integrate HIV and AIDS education in their classes.

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