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How do rural abet centres address the challenges of HIV /AIDS prevention and support? A view from the Limpopo province of South Africa

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APPENDIX ONE

INTERVIEW SCHEDULE A FOR THE ABET REGIONAL CO-ORDINATOR, DISTRICT CO-ORDINATORS, CENTRE MANAGERS AND ADULT EDUCATORS.

Section A: HIV/AIDS awareness

1. Is HIV/AIDS a problem in the rural areas where ABET centres are located?
2. What is being done in ABET centres to address the problem of HIV/AIDS prevention and support in your community?
3. What resources are available in this district/area/region to help people living with HIV/AIDS?
4. Do people have access to these resources? How so?
5. What are the educational and support needs of the individuals in the ABET centres in relation to HIV/AIDS?
6. Do ABET learners openly discuss the issue of HIV/AIDS?
7. What do ABET practitioners do to teach people about preventing HIV/AIDS?
8. What do ABET practitioners do to support people living with HIV/AIDS?
9. Are ABET practitioners knowledgeable about HIV/AIDS prevention practices and care issues?
10. How would you describe the attitude of ABET practitioners towards HIV/AIDS and people living with AIDS?
11. What are the common beliefs among ABET practitioners and learners regarding HIV/AIDS?
12. What difficulties do ABET practitioners experience in attempts to address the challenge of HIV/AIDS prevention?
13. What difficulties are encountered by ABET practitioners in attempts to provide support to people living with HIV/AIDS?

Section B: Coping with HIV/AIDS

14. Are there people living with HIV/AIDS in your centres?
15. How do people with HIV/AIDS in the rural ABET centres cope with HIV/AIDS?
16. Do they share their experiences with other people? Do they talk openly about their condition?
17. Do people with HIV/AIDS have access to practical and material resources and/or support?
18. Do ABET practitioners provide support to people living with HIV/AIDS in their centres/ communities?
19. Do ABET practitioners network with other organizations that offer support services to people living with HIV/AIDS?

Section c: Delivering culturally sensitive education in rural communities

20. What are the challenges faced by people in your community?
21. Are learners and educators actively involved in the fight against HIV/AIDS? How so?
22. Do ABET centers ally and network with local community leaders?
23. Are the HIV/AIDS educational programs offered by ABET practitioners sensitive to the needs of the learners? How do they do this?
24. Do the HIV/AIDS educational programs respect cultural values and norms of the rural communities? In which way?
25. Do the HIV/AIDS educational programs foster positive attitudes among the learners? How do they do this?
26. Do the HIV/AIDS educational programs include basic information on HIV/AIDS?
27. What techniques do educators utilize that comfortably challenge fears and biases about HIV/AIDS amongst the learners?
28. Are the HIV/AIDS educational programs evaluated to determine learners' satisfaction, knowledge, attitudes and behavioral changes?
29. What level of satisfaction do participants express with regards to the educational programs?

30. In your opinion what educational strategies for HIV/AIDS prevention and support could be developed which would be relevant to the people in your communities?

Section D: Gender and HIV/AIDS

31. Does HIV/AIDS affect both men and women in your communities?
32. Do you think women are more vulnerable to HIV/AIDS than men?
33. If yes what in your opinion makes women in your community more vulnerable to HIV infection?
34. How does HIV/AIDS affect women in your communities or what is the impact of HIV/AIDS on women on your community?
35. What do you recommend that ABET centers do to address the challenges of HIV/AIDS prevention and support especially amongst women in your communities?

Section E: National policy on HIV/AIDS for learners and educators.

36. Do you know about the National Policy on HIV/AIDS for learners and educators?
37. Is the National Policy on HIV/AIDS relevant and applicable to rural ABET centers?
38. Are the practices in rural ABET centers in line with the National Policy on HIV/AIDS?

INTERVIEW SCHEDULE B FOR ABET LEARNERS

Section A: HIV/AIDS awareness

1. Have you heard about HIV/AIDS? From where or whom?
2. Are people in your communities affected by HIV/AIDS?
3. Where can people in this community go to get help and/or information about HIV/AIDS? (Do they go to hospitals, clinics, churches, social workers or traditional healers?)
4. Do ABET practitioners talk about HIV/AIDS in class? What do they talk about? (causes, prevention, care and support for people with HIV etc)
5. How do you feel when a person talks about HIV/AIDS? Do you feel scared, anxious, confused, perplexed, speechless, indifferent or relieved?
6. What do you know about HIV/AIDS now that you did not know before before?
7. What would you like to know more about in relation to HIV/AIDS?
8. What help should ABET practitioners/centers give you and others with regards to HIV/AIDS?
9. Do you feel comfortable discussing HIV/AIDS with your educators or with your fellow learners?
10. What do you know about HIV/AIDS? Where did you get this information?
11. Do you believe HIV/AIDS exists?
12. Do you think infected people should be isolated?
13. Are prostitutes responsible for spreading HIV/AIDS?
14. Can you get HIV/AIDS by hugging or kissing a person who is HIV positive, sharing food or cutlery with a person who is HIV positive, or from the toilet seat?
15. Can a mother pass on HIV to her baby if she (the mother) is infected?
16. Can traditional healers cure HIV/AIDS?
17. Can you be cured of HIV/AIDS if you sleep with a virgin or an animal?

Section B: Coping with HIV/AIDS

18. Do you know of anybody living with HIV/AIDS in your center/community?
19. How do people living with HIV/AIDS in your community cope?

20. Do people living with HIV/AIDS talk openly about their condition?
21. Do they have access to practical and material resources and/or support?
22. Do ABET practitioners provide support to people living with HIV/AIDS in your centers/communities?

Section C: HIV/AIDS Education

23. What challenges do you face in your communities with respect to HIV/AIDS?
24. Do you participate in the fight against HIV/AIDS?
25. Do ABET practitioners tell you how HIV/AIDS can be prevented?
26. Do they tell you the causes of HIV/AIDS?
27. Have you been advised on how to care for people with HIV/AIDS?
28. Do ABET practitioners work together with local agencies (churches, community-based AIDS organizations etc) who have vested interest in bringing AIDS education to their area?
29. Do traditional and religious leaders participate in the HIV/AIDS education?
30. Do they help you to confront fears and biases towards PWAs and their families?
31. Are you satisfied with the HIV/AIDS educational programs provided in your centers?
32. What do you recommend should be done to improve on the HIV/AIDS educational programs/strategies in your centers?

Section D: Gender and HIV/AIDS

33. Does HIV/AIDS affect both men and women in your communities?
34. Do you think women are more vulnerable to HIV/AIDS than men?
35. If yes what in your opinion makes women in your community more vulnerable to HIV infection?
36. How does HIV/AIDS affect women in your communities or what is the impact of HIV/AIDS on women on your community?
37. What do you recommend ABET centers should do to address the challenges of HIV/AIDS prevention and support especially amongst women in your communities?

Section E: National Policy On HIV/AIDS for learners and educators.

38. Do you know about the National Policy on HIV/AIDS for learners and educators?
39. Is the National Policy on HIV/AIDS relevant and applicable to your rural ABET center and/or community?
40. Are the practices in the rural ABET centers in line with the National Policy on HIV/AIDS?

INTERVIEW SCHEDULE C FOR IKHWELO PROJECT CO-ORDINATOR (PROJECT LITERACY)

1. What are the Ikhwelo projects doing to address the challenges of HIV/AIDS prevention and support?
2. What do the ABET practitioners /educators in the Ikhwelo projects do to teach adult learners about preventing the spread of HIV/AIDS?
3. What role do the Ikhwelo projects play in supporting people living with HIV/AIDS?
4. What are the HIV/AIDS related educational needs of adult learners in the Ikhwelo centres?
5. What are the support needs of individuals living with HIV/AIDS in rural communities?
6. What are the existing resources to help people living with HIV/AIDS in the rural Northern Province?
7. What access do people have to these resources?
8. Are the ABET practitioners knowledgeable about HIV/AIDS prevention practices and care issues.
9. Did the ABET practitioners undergo any specific training pertaining to HIV/AIDS?
10. How would you describe the attitudes of ABET practitioners towards HIV/AIDS and people living with AIDS? What makes you say this?
11. What are the common beliefs among ABET practitioners and learners regarding HIV/AIDS? What makes you say this?
12. What are the strengths and limitations pertaining to the ways in which the Ikhwelo ABET centres address the challenges of HIV/AIDS prevention presently?
13. What are the strengths and limitations pertaining to the ways in which the Ikhwelo ABET practitioners address the challenges of supporting people living with HIV/AIDS?
14. What difficulties do ABET practitioners experience in attempts to address the challenge of HIV/AIDS prevention?
15. What difficulties are encountered by ABET practitioners in attempts to provide support to people living with HIV/AIDS?

16. In your opinion, what type of intervention strategies should be developed by the Ikhwelo projects to address the challenges of HIV/AIDS prevention and support in the rural ABET centres of the Northern Province?

APPENDIX TWO

INTERVIEW WITH IKHWELO NATIONAL PROJECT MANAGER

About Ikhwelo

Asked about what Ikhwelo was and what it does, the National Project Manager explained that, Ikhwelo Project was conceptualized as a 3 year pilot project which emanated from the dire need that exists in South Africa for a fully productive, literate and numerate rural and urban population. The project name was taken from the Xhosa word ikhwelo, which means a call or summons. The program was located in the two poorest of the nine provinces namely Limpopo and Eastern Cape. It was being implemented with the Limpopo and Eastern Cape Provincial Departments of Education, the Adult Education and Training (AET) directorate of the National Departmental Education and USAID.

He further mentioned that Ikhwelo focused on the development of skills by adult learners in two elective areas, Agriculture and Small, Medium and Micro-enterprises (SMME) The goal was to provide adults with the skills to become more self-sufficient, while earning recognized academic qualifications

Ikwelo was being piloted at twenty-eight public learning centers (PALC) in the Eastern Cape and thirty-six in the Limpopo Province (formerly called the Limpopo Province). However with the one-year non-costing extension these had been reduced to 25 with 12 in the Eastern Cape and 13 in the Limpopo Province.

Asked what the Ikhwelo projects were doing to address the challenges of HIV/AIDS prevention and support the Ikhwelo National Project Manager indicated that they were not directly involved in HIV/AIDS issues. They focused on SMMEs. However educators who taught life orientation in the centers incorporated HIV/AIDS issues in their programs. He further indicated that they made use of the Soul City Materials and training kits on HIV/AIDS. He indicated that educators were not formally trained to use these resources. However he said that the Soul City materials, compared of ‘Positive People’, were more learner friendly since they were written in simple

English and made use of cartoons and could easily be read and understood by the learners on their own without the assistance of the educators. Centre managers and educators were encouraged to visit Health Centers to get pamphlets on HIV/AIDS, which were written in local languages.

Indirectly the Ikhwelo National Project Manager mentioned that Ikhwelo Projects enhanced the skills of adult learners in SMME and agriculture. As such learners had established SMME and agricultural ventures. These income generating ventures such as planting and selling vegetables, making peanut butter for sale in the community, poultry farming to mention but a few, had led to the reduction in poverty. Many learners had an income and could now take care of their families. Furthermore, poor feeding leads to malnutrition that weakens the immune system Therefore, these agricultural ventures, for example, the vegetable gardens enabled people to feed their families well. This improved the nutritional status of families, and, in terms of people living with HIV, could reduce opportunistic infections.

HIV/AIDS related educational and support needs of adult learners in the Ikhwelo centers

Asked about the HIV/AIDS related educational and support needs of adult learners in the Ikhwelo centers. The Ikhwelo National Project Manager admitted that he was not in an informed position to address that issues since he did not have direct contacts with the learners. However he mentioned that learners might require basic information about HIV/AIDS prevention and how to support and take care of a person living with HIV/AIDS in their homes and/or communities.

When asked about the support needs of adult learners in the rural communities, he talked about the problem of poverty and lack of basic necessities such as clean water, food, shelter and clothing. He also mentioned the problem of the rural-urban migration, which took all the able-bodied men and women and only left the elderly to support their families on their measly grants.

Availability of resources

Asked about the resources available in the rural communities of the Limpopo Province and their accessibility for the people living with HIV/AIDS, the Ikhwelo National Project Manager mentioned the local clinics where local health practitioners advise community members on issues pertaining to HIV/AIDS prevention and support. He also talked about the community development structures, which addressed such issues. He indicated that the HIV/AIDS issue was no longer a taboo, people were not shy to discuss it amongst themselves in their local structures. Arrangements had been made for a team from Soul City to visit the ABET centre to speak to both the educators and learners.

In terms of accessibility, most rural centers were in the middle of nowhere. As such, they were left with limited or no access to adequate health and social services from where they could get information pertaining to HIV/AIDS. When it rained some villages became inaccessible and some centers were completely cut off. It was centers which were closer to towns that had greater access to information and other facilities.

Knowledge, attitude and beliefs of the ABET practitioners in relation to HIV/AIDS prevention practices and care issues.

The Ikhwelo National Project Manager mentioned that the educators did not undergo any specific training pertaining to HIV/AIDS. He indicated that whatever knowledge they had was got from books and magazines which they read on their own. In describing the attitude of the ABET practitioners towards HIV/AIDS and people living with AIDS, he said that people were starting to be open about it and they sympathized with people living with HIV/AIDS. When asked about the common beliefs among educators and learners regarding HIV/AIDS, he said that many people believed that HIV/AIDS was a death sentence, it was acquired through unprotected sex and that it was not something to be discussed openly. Some people looked at opportunistic infections such as TB and meningitis in isolation and they did not associate them with HIV/AIDS.

The Ikhwelo National Project Manager lamented that HIV/AIDS was not given the attention it deserved. It was looked at as a by-the-way thing. It was not looked at in an

integrated fashion. He, pointed out however, that, the SMME and agricultural ventures provided a possibility of economic viability and thus reduced the tension which could be caused by lack of money to support a family member suffering from HIV/AIDS and to take care of the children. The most positive impact of the centres' vegetable gardens was a reduction in poverty, and meeting the nutritional needs of the people.

Difficulties encountered

Asked about the difficulties experienced by ABET practitioners in attempt to address the HIV/AIDS prevention and support, the Ikhwelo National Project Manager mentioned the lack of resources both in terms of finance and human resources. People were scared of seeking support services in the rural areas for fear of public exposure, which might lead to stigmatization and discrimination. Lack of appropriate training in counseling skills was another difficulty mentioned. Educators did not have sufficient knowledge because they did not undergo any training. This made the educators somewhat insecure and uncomfortable in dealing with HIV/AIDS prevention issues and support.

Recommendations

In highlighting the intervention strategies which could be developed by the Ikhwelo projects to address the challenges of HIV/AIDS in the rural ABET centers of the Limpopo Province, the Ikhwelo National Project Manager explained that some mechanisms and strategies existed to address the HIV/AIDS problem and all its concomitant problems. However a band of multi-sectoral role players needed to be brought to the table. These included government departments and agencies, for example the Department of Health and Welfare, local government, civil society, national development finance institutions, the private sector, NGOs, CBOs and traditional leaders. Without the above on board, as a multi-sectoral stakeholder group working actively together and sharing strategies, programs, resources and expertise, no strategy to address the challenges of HIV/AIDS prevention and support, however impressive on paper, would work.

Furthermore people should be made to understand within the broader context the importance of agriculture as a means to improve their livelihoods. In addition to that,

the Ikhwelo projects should engage the Department of Education concerning what is in place so that they can work together.

In trying to address the challenges of HIV/AIDS prevention and support in the rural ABET centres, Ikhwelo ABET practitioners should apply prevention strategies and they should focus on people who are both affected and infected.
He further suggested that the Centre Governing Bodies (CGBs) and learners themselves should be capacitated. He mentioned that educators were always coming and going whereas the CGBs and the learners were always available in the centres. Therefore information pertaining to HIV/AIDS should be passed on to them and they should also undergo proper training.
Finally, he recommended that ABET centers should continuously network with organizations and individuals who could offer material, clinical services and counseling services to offer these services to the learners.

Conclusion

The interview with the Ikhwelo National project Manager provided an understanding of the activities of the Ikhwelo project in the rural ABET centers. It provided an insight into the HIV/AIDS related educational and support needs of the adult learners in the rural communities, and other challenges such as the lack of information and resources. The Ikhwelo National Project Manager suggested ways of overcoming obstacles and making a contribution towards addressing the HIVAIDS and all its concomitant problems. He suggested that all sectors should work together to create an enabling environment, learners should be capacitated through proper training and ABET centers should network with organizations which provide the relevant services. The information provided was not different from what was later discovered during the subsequent visits to the centers in Limpopo centers

APPENDIX THREE

AN EVALUATION OF LEARNER SUPPORT MATERIALS USED BY EDUCATORS IN THE ABET CENTERS

Title: Positive People Managing HIV/AIDS in the workplace and community

Project Literacy Production, Kagiso Education, Cape Town, 2001

ITEM QUESTION	COMMENT
Overview of the book	There are twelve units and 88 pages; The last chapter is dedicated to listing names and addresses of HIV/AIDS help and support organizations. The cover is glossy paper with a colourful picture. The font is 14 point Roman. The diagrams are well-drawn, explicit in character and give clear messages. Each unit begins with the objectives of the chapter, followed by information which is interspersed with instructions on how to go about it. The information is designed to inform people of the nature of HIV/AIDS, their position regarding the law surrounding people with HIV/AIDS, and suggestions of how to care for the sick. The text is geared to discussion and answering questions. It involves a lot of dialogue in groups of about six as well as between two people. The book would help to develop learners' vocabulary because of the HIV/AIDS specific terms used, for example, immune system', opportunistic infections' and legal terms such as 'employment equity act'. It would help learners to become more articulate when discussing HIV/AIDS and develop an understanding of the diseases.
Language	It is available in English. The book makes use of every day language. It assumes an adult learner who is able to read and write English.
Target group	The level of literacy is aimed at the general public-at ABET level 3, possibly ABET level 2 as a minimum level, where the manual would need to be mediated by the facilitator. The pictures indicate that young black women and men are the main target.
Learning and teaching methods	The book allows for participatory learning where the learner is required to do most of the work and the teacher should facilitate discussion. The book allows self-directed learning. At the end of some chapters there are actions or research to be carried out by the reader. For example chapter 2 encourages learners to list

	preventative measures and suggests the learner check them with a nurse or AIDS counsellor, or phone the AIDS line.
Content	The book addresses several critical issues regarding HIV/AIDS. Issues such as gender and power relations, stigma and denial, testing and counseling are addressed. For example, the figure on page 12 shows denial of the facts about HIV/AIDS. The story about women, their plight in attempting to manage a life where they are denied the right to choose, is shown in the setting of a small, semi-rural town on page 29. Chapter 5 discusses how the learner would like to be treated if other people found out about that s/he was HIV positive. The comic on page 35 gives an excellent example of how to and how not to behave. The story of Gugu Dlamini who was stoned to death for disclosing her HIV positive status (page 36) serves to help the learners to discuss a very contentious and painful issue of stigma and discrimination. The text continually seeks solutions, presents information for living with HIV/AIDS constructively and offers advice for unfair discrimination in work related situations. A discussion between man and wife (page 41) is hopeful if not realistic. The wife offers to accompany her husband for an HIV/AIDS test. The picture can be used for a discussion of what is possible.. Chapter 11 on living with HIV/AIDS' offers concrete, constructive, accepting advice of how to live with and treat people with HIV/AIDS.

In her analysis of the manual Positive people Managing HIV/AIDS in the workplace and community, Jones (2003:95) pointed out that the book was designed for a literacy class in a formal workplace which has learners who have a grasp of the English language. She indicates that it could be used for those who did not speak English by a facilitator who can translate from English to the language spoken by the learners. In this study most learners were not conversant with English. As such the facilitator would have to read and translate the text into Tshivenda. Furthermore copies were not available for learners, so they had to depend on the educators to read for them, write on the chalkboard When she had money she might make copies of worksheets for the learners

Title: George's story and Smanga's story

Published by Soul city, Houghton, and printed by printability (PTY) Ltd, 2002.

ITEM QUESTIONS	COMMENT
Overview of the book	The Soul City Comics form part of the 'Soul City HIV and AIDS Pack': comic stories, workbooks, information manual, posters and user guide for a teaching situation. They reflect the story of a popular South African hospital drama broadcast on radio and television. The comic has 34 pages and is divided into five chapters. They are in full colour, Roman style font with font size 14-16, and there are approximately nine pictures per page. The comics are reading matter and the books do not contain any formal assessment. The comics have a list of organisations that one can contact for help on the inside back cover. The stores are interesting and well written They are also emotionally engaging. The comic paper has a glossy finish and the pictures are brightly coloured.
Language	The text employs everyday language used by the general public. The story line and visuals draw the reader along with their honest simplicity and emotive message. It makes an easy read for many people. The books are available in Zulu Xhosa, Sotho and Afrikaans.
Literacy level/target group	The Soul City Comics assume a learner who is able to read, who is familiar with many words in English and with the format of the comic genre. ABET Level 2 is most likely the minimum level that one could use the comics with in a literacy class. The text targets the black population as the majority of pictures depict black people except for the clinic doctor who is white.
Learning and teaching methods	The information pages at the end of each chapter provide information that can be read and discussed in a class and used by the teacher to help the learner understand the issue thoroughly. The manual allows for self-directed learning. They are well written and the information is accurate. Anyone reading them on their own will learn from the story and the information. The information pages suggest things individuals can do themselves. Under 'things to do to stay healthy' they suggest exercise, rest and sleep, eating healthily, not smoking or drinking. There is much that a self-directed learner can absorb and implement from the comics
Content	A lot of the story takes place within the environs of the clinic or hospital. It is also situated in the homes of the characters. The book addresses several critical issues regarding HIV/AIDS. Issues such as the, stigma and denial, HIV support group, testing and counselling.

	Attitude change is encouraged. The positive attitude of friends and family is very evident. The emphasis in the comic is that people learn to talk to each other and to reflect and act. On the other hand the reality of rejection and stigma is not forgotten. Although the characters understand the terminal nature of HIV/AIDS, their intent is to support, love and care for their spouses and friends. In this respect it is a hopeful situation as the victims of HIV/AIDS are not being rejected and ostracized but treated with dignity.

In her evaluation of the Soul City Comics, Jones (2003:96) observed that the comics were ideally suited for a literacy class and they create a high awareness of HIV/AIDS. Jones further noted that the language was simple but probably too difficult for an illiterate or semi-illiterate person since it was presented in a comic format throughout the book. In my opinion the Soul City materials as compared to 'Positive People' are more learner friendly since they are written in simple English. The comic lay out makes it attractive and easy to read and understand by the learners on their own without the assistance of the educators. The Soul City materials are available in Zulu, Xhosa and Sotho but not Tshivenda, which is the local language.

Title: Stepping Stones

Published by ACTION AID, Hamlyn house, 1999

ITEM	COMMENT
Overview Of The Book	It is a training package on HIV/AIDS, communication and relationship skills. A video scenario set in Uganda accompanies the package, to be used to stimulate discussion during specific sessions. The guide contains instructions for organising an 18-session workshop within a community, in 3 to 4 hour sessions over a period of 9-18 weeks. A premise of the workshop is that individual behaviour is set in the context of the community and strongly affected by peer pressure, and that changes can be made by helping individuals understand themselves in relation to each other The exercises are experiential and interactive, and the outcome of the sessions is community exploration of ways to support behavioural change
PURPOSE	The training package grew out of a need to address the vulnerability of women and young people in decision-making. They are designed mainly for use in sub-Saharan Africa. The purpose is to provide a long-term, community-level intervention to promote behavioural change among all age groups. The manual is based on the assumption that community-wide change is best achieved through a personal commitment to change from each of its members.
TARGET AUDIENCE	It was originally developed for use in non-literate communities in Uganda for HIV prevention, but the program has been used throughout sub-Saharan Africa and in other continents of the South. It works well with people who are literate. The guide is written for skilled people who work with local groups in small-scale development settings.
CONTENT	The first sessions focus on exercises that develop group cooperation and help participants to recognize their own perspectives on life and needs in life. After two sessions on HIV and safe sex, the workshop moves on to several sessions that help participants to analyse why we behave in the ways we do. A variety of factors, such as alcohol, local tradition, the need for money, social expectation, and our own personalities are considered in some depth. The final sessions help participants to think about and practice ways in which they can change their behaviour in a manner that allows them both to be more assertive and take more personal, social and community-wide responsibility in their actions.

The HIV/AIDS coordinator at Rivoni center used the manual but it was not known by any of the educators in the other centres.

Title: Manage your life. Life Orientation ABET level 4

Published by Stimela, CSIR, Pretoria and printed and bound by Pine town Printers, 2003.

Item	Comment
Overview	There are five modules in 'Manage your Life'. Modules 1 and 5 have six units while module 2, 3 and 4 have four units. There are 190 pages. The font is 14 point Roman . Bold is used for headings. The cover is glossy paper with a colourful picture. Each unit begins with the objectives, followed by information, which is interspersed with directions to discuss in groups or individual activities. The information is designed to empower learners to manage different aspects of their lives, for example relations with others, time, safety and education.
Target group	It assumes an adult learner who is able to read and write English. The level of literacy is ABET level 4
Language	It is written in English. Only.
Teaching and learning methods	There is no accompanying teacher's guide and the book stands alone as a manual, resource, or textbook. It makes provision for assessment and testing at the end of each module. It allows for participatory learning where learners are required to do most of the work and the teacher facilitates the discussion. It provides scenarios that can be used for discussion but it does not have a comprehensive storyline developed through the book. It is not teacher centred even though it would be necessary for a teacher to facilitate reading and writing exercises.
Content	The content is placed in a context meaningful to the learner. It uses examples familiar to the learners. . Module 1 talks about harmony in diversity and issues such as religious beliefs, political ideologies, cultures, genders and race. Module 2 is about managing life, for example, setting goals, making the right decisions, managing time and tackling tasks. Module 3 helps learners to think their way around problems by thinking creatively, analytically, reflectively and assertively. Such thinking abilities could be applied in a situation brought about by HIV/AIDS, for instance living positively with HIV/AIDS, being faithful, use of condoms, etc. Module 4 deals with new approaches to education and training for adults and it emphasises learners' experiences and abilities. Module 5 talks about living safely in one's home, on the road, a safe community, the environment and fighting against abuse. The module does not specifically deal with HIV/AIDS however

	the themes in the module could be used to address HIV/AIDS related issues such as prevention, gender power relations, discrimination, protection against infection etc,
Availability	A copy was available for each learners at ABET level 4 at Mbaleni while at Mutangwa Manugu copies were shared among learners

APPENDIX FOUR
BASIC TECHNIQUES OF PARTICIPATORY METHODOLOGY OR LEARNING ACTIVITIES

Participatory learning activities facilitate a process whereby the learner identifies and analyses problems and looks for solutions. In this way, new knowledge and information is introduced in a way that is relevant and practically useful to the learner.

Participatory learning activities include Role play, poetry, song, picture code, Buzz sessions case studies letters to the editor, small group discussion, brainstorming, devils advocate, panel discussion, debate, small group work, projects and surveys
In this section examples of a role play, poem, song and picture code.

Role play

Objectives: To enable learners to negotiate the use of condoms with their spouses**.**
Time about 40 minutes.
What do educators do?

1. Outline the problem for the group, and the characters involved:

    Mashudu lives in Vhufuli a small village in the Limpopo Province. Her husband Humbulani, is a migrant worker in Johannesburg. He comes home once a month. Mashudu knows that Humbulani has a girlfriend in Johannesburg. Mashudu and Humbulani never used condoms. But now she wants to talk to Humbulani about condoms, but she is very unsure of it. Help Mashudu by planning a conversation between Humbulani and herself. Show her what she can say to convince Humbulani to start using condoms. Practice this conversation in a role-play with a partner.

2. Ask the group as a whole to divide into pairs.

    One must take the role of Mashudu and the other must take the role of Humbulani.

3. After the initial conversation the partners should exchange roles so that each partner has the turn to practice both roles
4. Allow about twenty minutes for both partners to play both roles
5. Ask the group to reconvene and ask how they felt during the role play:

- How did people feel playing the roles of Mashudu and Humbulani?
- Would it be harder to negotiate with somebody in real life situation?
- What are some of the things Mashudu and Humbulani might consider in making their decisions?

6. Encourage discussion to take place.

Having women take men's role and vice versa should encourage learners to give more thought to how their partners might be feeling when they experience such a situation at some stage.

Poetry and Song

By Jane Madiba (Adult educator)

Who are you HIV/AIDS

Who are you?
You human immune deficiency virus!
Who are you?
You acquired human-immune deficiency syndrome
Who are you?
You are a terrorist and a predator
You target the irresponsible and innocent

How could I forget Gugu Dlamini
Stoned for disclosing her status
She longed for others to know about you
She longed to reduce denial and ignorance
How cruel are you

I remember Nkosi Johnson
The young AIDS activist
Doomed from birth
Infected from the womb
But dedicated his cursed life span
Campaigning for treatment to cure you
How can anyone ignore you?
The smell of death that hangs over us

Let's stop the silence
Condomise if it will protect you
Abstain, you are protected
Take charge, not chance.

1. Ask one of the participants to readout the poem.

2. Divide participants into groups of three and ask them to appoint one group member to report back to the main group.

3. The groups discuss questions devised on the poem to bring home the pertinent issues. For example:

- What do you think Jane means when she says "you are a terrorist and a predator"?
- Who is Gugu Dlamini?
- Why should Nkosi Johnson be remembered?
- What according to Jane can be done to avoid HIV/AIDS?
- From the poem what do you think HIV/AIDS is?

4. Discuss the questions in a large group, making sure that each small group is given the opportunity to contribute.

5. The educator should let the participants identify the most important lessons for themselves in the experiences related in the poem.

6. The educator should ask the learners to compose a short poem on HIV/AIDS in either English or home language.

Picture Code

When asked how they deal with sensitive topics the educators, at Mbaleni and Mutangwa Manugu indicated that they usually make use of pictures at the beginning of a topic to focus the attention of the group on a particular problem, to facilitate an interesting discussion in order to relate the problem to real life.

What do you do?

1. Place a picture in a position where it can be clearly seen by the whole group. (*For example a picture of men and women in a shebeen drinking liquor and dancing*
2. Allow time to study the picture and take in the detail before discussion starts
3. Ask participants the following questions in the sequence provided
    - What is happening in the picture? (*Allow the group time to describe what they see in the picture)*
    - Why is this happening? (*Challenge the group to think up all possible reasons for the occurrence of the problem*.)
    - What problem does it cause?)

- Does it happen in your community? *(Once the group identifies the problem as one which is common in their own community, move the discussion away from the particular situation depicted in their own community*
- What can be done about it? (*Encourage the learners to plan some action toward solving the problem at least among themselves*.)

Buzz session

Ask learners to talk to the person next to them about

- What they know
- What they think they know
- Something they have heard people in their community say about HIV/AIDS

When they have finished, one person from the pair can tell the whole group what they spoke about. Buzz sessions help people to start talking about something. It is also a good way to get shy learners to talk, as it is easier for a shy person to talk to one person than to talk to a group.

Asking learners to contribute things they know, think and have head about HIV/AIDS in their own communities will ensure that the exercise is relevant to them. Lively debates should take place within the small groups, and having to defend their views will encourage the groups to distinguish facts from misinformation

The educator should be in position to deal with all issues as they are raised by the learners.

Small group Discussion

Discussion is a technique which is central to participatory education. It allows members of a group to openly express their opinions on a subject and listen to the opinions of others. Discussion can be conducted with a whole class, but reducing the number of participants in a discussion creates a more informal atmosphere and promotes participation by all. Small group discussion stimulates free exchange of ideas. The intimacy created when a small group of peers discuss an issue helps remove inhibition (Ministry of Education and Culture 1995). This would be very important when discussing issues related to HIV/AIDS.

APPENDIX FIVE

INFORMATION SHEET

This research is for a PhD in Education conducted by Mrs Edith Kiggundu under the Supervision of Prof Jane Castle in the School of Education, Faculty of Humanities, University of the Witwatersrand.

The research aims to investigate the ways in which rural ABET centres address the challenges of HIV/AIDS prevention and support.

The outcome of the research will be a set of strategies for HIV/AIDS education and support for use in rural ABET centres. These strategies, if implemented, will be of direct benefit to ABET practitioners and learners who participate in the activities of the centres, and will indirectly benefit others in the communities.

The procedures which will be used to collect information for the study are interviews, focus group discussions, critical incident review, and non-participant observation.

Edith Kiggundu

…….

Telephone number -082 509 6569

APPENDIX SIX

CONSENT FORM

I, the undersigned……(please print full name) hereby grant consent to Edith Kiggundu, a student in the school of Education, Faculty of Humanities, University if Witwatersrand. to interview me for her research. The aims, nature and procedures to be used in the research have been explained to me.

I agree to participate in the study voluntarily. I understand that not participating in the study will not hold any negative consequences for me. I understand that I may withdraw my agreement to participate in the study at any time. I give permission to Ms Kiggundu to take notes and make tape recordings of our discussions. I have been assured that there are no risks involved for me, since my real name will not be used in the study. It will not be possible to link any potentially damaging information to me. I understand that field notes and tape recordings will be kept in a locked filing cabinet for a period of four years.

The research findings will be reported in a thesis and in journal articles. An executive summary of the research findings will be sent to the participating ABET centres, Area offices and the District office.

…….. ……

Signature Date