EXPLORING AIDS EDUCATORS' LEARNING EXPERIENCES THAT HAVE HAD MEANING FOR THEIR PROFESSIONAL AND PERSONAL DEVELOPMENT

A research report submitted to the Adult Education Department, University of the Witwatersrand, Johannesburg, in partial fulfilment of the requirements of a Master of Education Degree

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I declare that this research is my own unaided work.

This report is being submitted in partial fulfilment of the requirements for the degree Master of Education, at the University of the Witwatersrand, Johannesburg

It has not been submitted before for any degree or examination to any other University.

Dedicated to my family and friends and people living with HIV/AIDS, and those not yet infected.

Persons in the Adult Educated department, University of the Witwatersrand, and dedicated and knowledgeable people in the AIDS field, as well as persons in my church, inspired this work.

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ABSTRACT

AIDS educators are confronted with many challenges regarding educating people about AIDS prevention, and fostering caring and supporting attitudes to those already infected. The field is rich in human learning and teaching activity. This study explored the learning of educators that has had meaning for their personal and professional lives. The interviews were interpreted within a qualitative paradigm with phenomenological and post-modern qualities.

The interviews revealed that the educators' subjective personal learning in the field relates to what they teach others about AIDS education, i. e. issues around sexuality, greater self-awareness and acceptance, appreciating and respecting others, valuing their life and relationships. Regarding their learning about AIDS education, all the educators have constructed some theory around it. They commented about the importance of relating to the lived worlds of learners, and stressed the importance of sharing personal learning experiences as a means to change attitudes. Adult education principles strengthen and enhance means of AIDS education and prevention.

Key-words; adult education, AIDS education, adult learning, phenomenology, post-modernism.

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CHAPTER ONE

INTRODUCTION

Introduction to the research

Adult education theory upholds the notion that all adults are learners, and emphatically promotes the notion that educators learn as much as the learners. This study explored this notion by probing the learning experiences of HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immune Deficiency Syndrome) educators.

This study is thus about what the educators have learned regarding AIDS education, in their experience of being an AIDS educator. It is also about their personal learning, as adults, involved in the AIDS field.

Study assumptions were that people learn and adapt their teaching methods and theory by what they have learned from their own involvement and experience in education; and that people's psychological selves are, to a large extent, shaped by the work that they do. This study thus comments about how educators have been shaped by the epidemic, as well as commenting about their learning of teaching about HIV/AIDS.

The assumption that educators learn as much as learners merits some substantiation. If they learn, what do they learn that has significance for them, and perhaps, what triggered such learning? Insights may emerge that can contribute to adult and AIDS education theory and practice, which can be shared with other people involved in the field.

An indication may also be obtained of dominant values and theories that guide AIDS education practice, and how these relate to adult education, and current perspectives on AIDS education.

AIDS educators are struggling with a range of debates, challenges and questions surrounding the education of adults, and what constitutes learning. The field is rich in human learning and teaching activity.

Some of the complex and difficult challenges faced by them, include, helping people explore and come to grips with human sexuality, encouraging frank communication within relationships, dealing with issues related to empowerment and enablement, of men, but mostly women, gender equality, value systems, language and culture, illness, death and dying and human rights issues. Educators are also involved in helping people understand their realities and the options open to them, working towards cultures of acceptance, tolerance and compassion, and, individual and community responsibility. They are also confronted by diverse moral and ethical stances regarding for instance, how and what is taught to the youth regarding AIDS.

A full Research design chapter is allocated to the design of the study. In brief, this is an interpretative study, with phenomenological qualities, and falls firmly within a qualitative research paradigm.

AN OVERVIEW of HIV AND AIDS

Introduction

We are now more than a decade and a half into the era that will certainly be noted in our history books as the time humanity was shaped and changed by among other things, a disease known as HIV/AIDS.

Presently and in years to come, it will be more so for sub-Saharan African countries, where 10% of the worlds population accounts for 70% of the occurrence and felt impact of the epidemic (Melnyk 1996)

The medical world remains baffled by HIV that causes AIDS. Amidst awesome technological advances in the medical world, no affordable, trustworthy and effective cure has been found for HIV/AIDS. Many claims have been made of break-through, and certainly many successful treatments to suppress the progression from HIV to AIDS have been welcomed, but unfortunately, the treatments remain affordable to very few at a cost for instance of, ± R3000 - R4000 per month for a combination drug therapy.

One of the reasons why treatments and drugs remain evasive is because the virus is constantly mutating. Prof. Montagnier (1997: 4) says this is one of the reasons why combination treatments are successful, because if the virus manages to defend itself against a drug it may remain weaker against another. The prospects of cures, treatments and vaccines remain a contentious issue and have raised many ethical questions and tensions.

Melnyk (1996) claims, that by 1996, over 13 billion US dollars will have been spent in the last ten years searching for a cure, and contributing towards care for those living with the virus. An interesting anecdote is that, as yet, only 2% of this budget has been spent on the sub-Saharan region.

AIDS was first recognised in the early 1980's amongst homosexual men in the United States. Since then the incidence of HIV/AIDS cases has increased dramatically, and has been spread heterosexually, all over the world.

With the first cases of AIDS being diagnosed amongst homosexual men, the governing perception in all continents was that it was a homosexual 'gay man' disease, and then later that it was spread by drug users' contaminated needles, and then later, to the regret of many, the perceptions persisted that AIDS was spread by the promiscuous, or sexually active people, other than 'us'.

The origin of the virus, or why it appeared, remains mere speculation, and a mystery to the frustration of many, who wish for various psychological reasons to 'know' where it comes from. Some felt that the need to know stems from a need to apportion blame somehow. Maybe then, it is believed, we could make better sense of the epidemic, if only we knew where it came from.

The spread and containment of AIDS is exacerbated by socio-economic conditions. Crewe (1992:56) observes that AIDS cannot be addressed merely in medical or sexual terms. She says (op cit: 46) AIDS flourishes in a complex interplay of social forces all overlapping and affecting one another. This emphasises the socio-economic determinants of the disease and the need for an intersectoral, holistic approach to dealing with the epidemic.

(1992: 54) ... *HIV flourishes most in areas that are burdened by unemployment, homelessness, welfare dependency, prostitution, crime, a high school dropout rate, and social unrest. These conditions are so intertwined that not one of them can be solved in the long term without providing the fundamental infrastructure (jobs, schools, housing) and enabling political participation needed by any community.*

As a consequence of the socio-economic impact, the disease has thus far affected marginalised people more disastrously, including poor and powerless people, homosexuals, as well as women and their dependent children. De Bruyn (et al) (1995: 21) observe that poverty increasingly has a female face, where the United Nations Development Programme estimates that 70% of the world's poor are women.

Galloway (1997: 1) observes that factors which tend to be associated with sudden increases in HIV infection rates include high migration rates, a concentration of industries such as mining where workers spend considerable amounts of time away from their spouses and partners, and the presence of major travel routes and borders with a population of truck drivers, travellers and sex workers.

AIDS is the final stage of the disease, caused by HIV. The HIV virus enters and slowly destroys important cells, the helper T cells, or CD4 cells, which control and support the immune system. Directly or indirectly CD4, or T4 cells protect the body from invasion by certain bacteria, viruses, fungi and parasites. Prof. Montagnier (1997: 5) says that by definition the virus has evolved a strategy to escape the immune response in a very clever and efficient way. After a period of time of HIV infection, the immune system becomes so weak that the person cannot fight off life-threatening infections and cancers - also called opportunistic diseases, because they take the opportunity provided by the lower immune state. The person can become so ill, that the person eventually dies.

The better the quality of living conditions and healthy living habits acquired by people infected with HIV, the better the chances of them living longer and healthier. Thus a person may test HIV seropositive (+), but be free of a diagnosis of AIDS for years, perhaps even decades. The HIV+ person can however pass the virus on to others, although the person remains free of illness. The HIV+ person can also be reinfected with HIV, if the person has unprotected sex with an infected person. A person thus quickens the advancement to AIDS by having unprotected sex with an infected person.

This characteristic of HIV, of having no telltale signs of illness, has been one of the greatest obstacles to effective education efforts. It is one of the most difficult concepts to grasp about the disease, because people remain healthy looking even though they carry this virus.

On the other hand, this is the hope the disease offers: that a diagnosis of HIV is not as initially perceived a death sentence. Many people live happy productive lives, even though they are infected with HIV.

Socio-economic factors also have a major impact on both the time between progression from HIV positive status to a diagnosis of AIDS, and how quickly a person dies after a diagnosis of AIDS.

Research conducted in Tanzania (1997: National AIDS Review) revealed that the effective management of persons with Sexually Transmitted Diseases (STD's), resulted in a 42% reduction in HIV sero-conversion. It is estimated that 11% of the sexually active population are infected annually with an STD. A person with a sexually transmitted disease has a greater risk of HIV infection, because the person may have open sores or ulcers that permit greater access for HIV to the blood stream. Also, people with STD's probably engage more often in risky, unprotected sexual activity, because of ignorance, or because of poor socio-economic reasons.

Tuberculosis (TB) also has a symbiotic relationship with HIV/AIDS. The National AIDS Review (1997) claims that TB is the most common opportunistic infection and causes most deaths of people living with HIV/AIDS in South Africa. An estimated 27% of the 160000 TB cases in 1996 were infected with HIV. HIV infection increased the risk of TB illness and TB accelerates the progression of HIV.

It is claimed that the HIV virus is fragile and is actually difficult to transmit. Even so, to date an estimated 1500 people are daily infected in South Africa. The virus lives in cell containing body fluids, and is most commonly transmitted heterosexually.

The HIV virus that causes AIDS is transmitted mainly in three ways.

First the virus is spread by heterosexual and homosexual activity. Evian (1998: 11) says the virus is found in high quantities in the sexual fluids (semen and vaginal fluid) of people with HIV infection. Infection by sexual contact is most common; where according to Gwede and McDermott (1992: 353), the spread is facilitated by the social, cultural, and sexual behaviour of the population.

The virus is also spread by blood to blood contact, by means of needles, razorblades, open wounds, sores etc, although rare, but possible. Evian (op cit: 13) says for infection to occur, the blood from an HIV infected person must bypass the barrier of the skin and enter directly into the body.

Most infections in children occur from mother to child transmission. An infected mother can transmit HIV to her child during pregnancy and giving birth, and through breastmilk. A baby has a 33% chance of being infected during pregnancy, if the mother is HIV+. Jenkins - Woelk (1998: 3) says in South Africa infection through breastfeeding is estimated at ±39%. She (op cit:) further states that intervention to reduce vertical transmission falls into five broad categories: pharmacological local (i.e. birth and canal cleansing), supplementation with vitamins and micronutrients, and, anti- retroviral treatment i.e. AZT, and alterations in obstetrical and breastfeeding practises, and immune therapy for mothers and the new born.

The occurrence scenario

Crewe (1992:22) observes that AIDS is a pandemic, which is spread all over the world, and therefore to project its course and changes in trends is as difficult as it is important.

The World Health Organisation (WHO) predicts that there will be between 30 and 40 million men, women and children infected with HIV by the year 2000 and 12 million cases of full blown AIDS. Further projections are that over 14 million women will be infected. (1995:11 Women's Health Project Newsletter), and 4 million will have died of AIDS. Moreover, de Bruyn et al (1995: 4) say that the WHO has estimated that 5 million children under 10 years of age will be orphaned, losing one or both parents.

The hardest hit group of HIV infections is the youth. The WHO estimates that half of all infections to date have been amongst 15 to 24 year olds. Galloway (1997:2) states that the pregnancy rate in women in South Africa under 20 years is also alarming at 12,7%. She observes that a slow down in the rate of infection in this group would be one of the first indicators that the incidence of new HIV infections is decreasing. Jenkins-Woelk (1998: 2) states that since the beginning of the AIDS epidemic, a staggering 2,8 million children have died of AIDS, and, in 1997 alone, more than half a million new cases of HIV disease developed in children. A further two million non-infected children have been orphaned as a result of AIDS, Schoub (1994:242).

The South African epidemic is estimated to be among the most severe in the world. Based on antenatal survey data, Kinghorn and Steinberg (1998:8,9) provide the following figures: presently, over 3.2 million South Africans are HIV infected, and between 12 – 14% of the population are HIV infected, - an estimated 17% of pregnant women nationwide, is estimated to be HIV positive, almost 1 in 5 adults in the country were HIV infected by late 1997. At existing levels of infection, around 1 in 5 South African women currently aged 20 – 24 will die of AIDS. It is further estimated that 1600 people a day get infected in South Africa.

Galloway (1997: 2) observes that the major impact of the epidemic on South Africa will only become visible as people progress from an a-symptomatic infected state to a symptomatic stage and eventually death.

As the figures indicate, women are more vulnerable to the disease than men. This is due to biological, social, and economic reasons. As infections in women rise, so do infections in the infants born to them and children orphaned and abandoned because of AIDS. More discussions about these issues will follow in the Literature Review chapter.

The effect and impact of AIDS ripples throughout society. Many grim pictures have been drawn about the anticipated devastation of society through population loss, especially in sub-Saharan Africa.

Jackson (1994:7) reminds us that a slowing of population growth or even decline in growth is not in itself what we should be worried about. Rather she argues, changing age structures, dependency ratios and sex ratios and the loss of skilled and professional labour are much more critical to development than crude population numbers. Jackson (1998: 13) says AIDS is systematically cutting down life expectancy in the countries where the disease is most common. Jackson (op cit) gave an example that life expectancy in Botswana rose from 43 years in 1965 to 61 years in 1990. Now, with between 25% and 30% of adults infected with HIV, life expectancy is expected to drop back to levels last seen in the 1960's. Jenkins-Woelk (1998: 2) states that previous gains in reducing infant and child mortality in Southern Africa are being eroded by the AIDS epidemic.

HIV/AIDS is also going to have an impact and make demands on all kinds of relationships; whether it be between loved ones, in the family, between friends, at work, or in the community. It is known that many family members, friends and partners have to care and provide for those who are ill.

Already hospitals are not able to provide appropriately for AIDS patients. Many adults will experience personal trauma and a turning point in their life when they discover they are infected; many sick people will endure pain and discomfort. The general feeling too is that home-based care is more preferable for AIDS patients, because it is more comforting for the patients, than hospitals, and lowers economic burdens on the government.

The National AIDS Review Team for the Gauteng Province (July 1997), however reports that care for people with AIDS is largely unavailable, and the few existing sources of care are extremely overburdened. "*Home and community - based care is virtually non-existent.*"

De Bruyn et al (1995: 19) observe that stigmatisation and discrimination may prevent families and community members from providing support.

Kinghorn and Steinberg (1998: 16) estimate that hospitalisation related needs of people with AIDS will increase up to 600% over the next 10 years, unless more efficient ways of caring for people with HIV are implemented.

People with HIV/AIDS have in the past and will probably in the future encounter discrimination and prejudice at places of work, in the medical community, and at personal levels. Heywood (1997: 34) of the AIDS Law Project says discrimination against people with HIV/AIDS has become a major source of human rights abuse in South Africa. Heywood (op cit) says practices such as pre-employment testing for HIV and HIV related dismissals of people in employment are still common. Fear and stigma still accounts for a major motivation for such behaviours.

Doyle (1992:7) says that organisations and managers at places of work will have to learn to manage the demands of the AIDS epidemic and cope with HIV infected employees who may experience deteriorating health prior to becoming sick with AIDS.

The National AIDS Commission of South Africa (NACOSA 1992:9) also warns that the epidemic will have a significant impact on the provision and cost of health care and other social services, and will reduce the productivity of the labour force unless significant education campaigns make a difference to people's attitudes and behaviour.

Education

AIDS educators are at the forefront of the struggle for AIDS prevention care and support, and acceptance of the disease. They help construct, deconstruct, and reconstruct social meanings and understandings of the issues involved with AIDS.

Since the discovery of the first AIDS cases, the illness has been treated with great suspicion, blame, denial and misrepresentation. Most societies experienced this from their health, government, community, religious and/or workplace sector. The reasons are manifold and multilayered and will be discussed further in the literature review. Aggleton (1996: 15) contends that relatively little is known about the determinants of these negative responses and the interventions that have been successful in challenging them. One cause though, that is generally accepted, was the sensational way AIDS was portrayed and talked about in society and discussed in the media. Another reason for the initial response was the sensitive and uncomfortable issues that AIDS exposes, that provoke uncertain and diverse responses.

This phenomenon has had an enormous negative impact on educational and management efforts, largely because, the reality and existence of AIDS were denied. Crewe (1992: 58) says that it is very difficult to persuade most South Africans to take AIDS seriously. She says the initial stages of the disease in South Africa allowed for it to be classified as a gay disease, followed by the idea that it was a black disease.

Outcries of frustration and discouragement came from all over the world as AIDS workers battled to find successful and acceptable ways to confront and overcome these obstacles, and to have AIDS feature on the agenda of other role players in health, politics, housing, education, welfare, law and labour.

Crewe observes (1992: 56) *"This has been the mistake of policy makers, to treat AIDS as if it had no location in the wider socio- political conditions in the country, to treat it as if everyone had equal resources and opportunities to make equal choices about health care and lifestyle"*

This statement captures some of the complexities of AIDS education. This epidemic is real proof that information does not necessarily lead to behaviour change. Health education should take into account a number of issues affecting people's health. Gwede and McDermot (1992) remind health educators that they are dealing with sexual behaviour that is driven by social political and economic forces, not to mention, I believe, the sexual driven aspect of it, with all its physical and psycho-social components.

Awareness of how AIDS is transmitted and how it can be prevented, is, quite high. Simbayi (1996: 9) confirmed this. He says the studies rendered show high levels of awareness about AIDS, generally positive attitudes towards AIDS and PWA's (people with AIDS), but, engagement in high risk sexual behaviour remains high. Peter Piot, Executive Director of United Nations AIDS programme, (in Jackson 1998: 2) raised similar concerns at the Geneva 1998 conference: " *Why is it, despite our efforts, that 16 000 people a day are still getting HIV when the infection is preventable?"*

Countries like Uganda and Thailand have managed to decrease the incidence of HIV/AIDS significantly. The reasons given were that it was because of high levels of commitment, will, and awareness of the issues by politicians, governments and religious leaders. Also, in Thailand, non-penetrative sex was widely promoted as means of safer sex.

Aggleton (1996: 13 - 16) suggests that prevention efforts in the past have neglected the cultural and social significance of determining behaviour. Health education efforts need to have an understanding of the meanings associated with, for instance, sexuality, condoms, causes of illnesses, issues pertaining to relationships and, gender roles and expectations.

Government responses

It is clear that the AIDS crisis erupted in Africa at a time when African leadership, like much of the rest of the world, was not ready to address such a threat.
Gwede & McDermott (1992: 356).

The previous South African Government's AIDS awareness campaign received criticism from different perspectives. Ms Stockton(1992), previous Director of the AIDS unit admits that some of the criticism levelled at the then government was justified.

- yes, government was slow to react;
- government originally saw this as a disease affecting homosexuals;
- yes, under the previous minister regulations were implemented to prevent people who were HIV + from entering the country;
- yes, we have been slow to communicate with the community

One of the things the government did right she says was the creation of AIDS Training Information and Support centres. She says it brought services closer to the communities. The acceptance of a primary health care approach to health was another positive step.

Mokhoba (1992:2) regards the then government as a major obstacle for AIDS education in the black community. Mokhoba says programmes, which were perceived to be government sponsored were likely to be regarded with suspicion and mistrust.

It was felt that the government had no credibility.

It was hoped that the new government would change things for AIDS prevention and care, would be more vigorous, accountable and credible. However, the new government came under the same suspicion and spotlight, as the previous government.

The way the government went about the dèbacles of, - the Sarafina 2!, 14 million Rand Government sponsored AIDS play (1996), the claim of a cure – virodene, in 1997, and the refusal of government to sponsor AZT treatment to prevent HIV transmission from an infected mother to her child (1998), - caused great concern among AIDS workers and the public. The complaints were that the government transgressed promises made and perpetuated mistakes made by the previous government. Positive relationships and co-operation between different sectors, and government, based on trust, were seriously eroded, which in turn had a damaging effect on prevention and care efforts.

During the past two years, the government has embarked on three major campaigns. The one is the 'Beyond Awareness' campaign, the other the National AIDS review of July 1997, and the most recent, Partnership Against AIDS campaign.

The rationale for the National AIDS Review was to review the progress made by the National AIDS Programme, and based on the results, to develop and implement the appropriate recommendations (1997: 4). The main findings were that a South African AIDS campaign desperately needs public and political leadership and will, since it had been glaringly lacking up to then.

The Beyond Awareness AIDS communications campaign aims to motivate South Africans beyond a level of awareness toward taking positive preventative action against AIDS. The plan is to reach people through radio and television messages, to encourage dialogue and action, and, to build capacity for HIV/AIDS communications by training, condom support material, and, advocacy related efforts.

The Partnership Against AIDS campaign is also linked to the October 9th speech of the Deputy President, Thabo Mbeki, and the findings of the AIDS Review 1997, urging the government to take leadership, and encouraging all South Africans to take the AIDS epidemic seriously, to practise safer sex, and for all sectors of society to commit themselves to do something about prevention and care. It is speculated that South Africa has the fastest growing epidemic in the world.

Regarding mass communication through media, Tom Boya (1992) feels it is not very effective because large numbers of underprivileged do not have access to radio, TV and newspapers. Even when they have, they still experience difficulties, partly because of inadequate education, and in making sense of complex concepts such as the idea that people can carry a disease for many years, not actually suffer from it and yet continue to infect all their sexual partners.

The media, however, has played other negative roles by misrepresenting the situation. One wonders whether the population might be better off being informed by the media or protected from it. Gevisser (1995: 6) provides the following disillusioned comment after spending a Saturday afternoon in The Star library, going through a decade of press clippings on AIDS.

I read about gay plagues and black deaths, about innocent victims and malicious infectors, more than anything, these photos, of AIDS victims struck me.

This last comment does not reflect necessarily the reality of the situation. Most people with HIV/AIDS do not wish to be depicted as helpless victims, many live long meaningful lives. Crewe (1995:17) observes that the media is a powerful source of ideas regarding AIDS. It is also a source where these ideas are articulated, worked upon, transformed and elaborated - sometimes in a distorted way.

CHAPTER TWO
LITERATURE REVIEW

Introduction

The HIV and AIDS education field presents many challenges to society and people working in the field. Much has been written and researched about the phenomenon. The literature reviewed touches on themes that help provide insight into the theoretical debates and issues surrounding AIDS education.

Reference is made to what learning is, and how adults learn, emphasising the idea of interpreting learning from the perspective of the learner. The role that culture, language and community play in AIDS prevention is highlighted, as well as, women's predicament in the epidemic. The contribution adult education can make to AIDS education is explored, as well as promoting adult education from a critical point of view. The post-modernist nature of society is acknowledged, and what constitutes moral education and its relevance to AIDS prevention and care. A post-modernist and moral perspective also helped to develop a framework wherein this study can be interpreted.

Adult Learning

An essay by Dominicè (1991: 198) about his biographical studies illuminates aspects of how adults learn. His view is that participants have to be taken as the authors of their interpretations. The aim of this study is that the educators' own voices about learning and their interpretation thereof are heard and interpreted.

Dominicè (1991: 201) says that to become acquainted with adult learning it is important to understand the processes through which adults have constructed what they know. *Learning thus has to be taken as the amalgamation of life's experiences as a whole.*

Dominicè (op cit) says that the formation and transformation of people's knowledge, culture or value systems is, for adults, the result of the different processes that characterise their life story. Different aspects of a person's life, whether social, family, work, economic, spiritual, recreational and political can all at different disjunctures simultaneously influence a person's learning and growth. He says (1991: 202) "adult learning takes place in the global context of learners' lives." For Dominicè, understanding learning as a social construct is thus important. An assumption of this study is that people learn about themselves and the world through their work.

In the formal context of teaching, Dominicè says (1991: 210) adult education should also be an opportunity for adult learners to become more aware of what they already know. He emphasises this point interestingly by referring to the health care profession, where he believes this biographical approach can be helpful with patient education. In turn this may be helpful for patients with HIV/AIDS. This approach for instance can help chronic patients identify what they need to learn, by making them aware of what they already know, and revealing how such patients have taken care of themselves in the course of their lives. In the HIV/AIDS context I think it is particularly relevant in counselling, and sharing information, for instance, in support groups. For that matter, in all education settings - where learners are helped to become aware of what they already know, so that their learning can be further advanced.

He does not, however, mention to what degree people are often forced to change and learn, sometimes as a result of their socio-economic, cultural circumstances, or for survival purposes in society, or when they experience a disjunction in their lives. He warns (1991: 200) that the biographical approach challenges the normative, organised world of education, and leads to a dialectic between the real world and the disorder of subjective human experience.

Pratt (1992) found significantly in a phenomenological study that the teacher's conceptions and values were important to learners. It seems self evident that the AIDS educator's attitudes and values are congruent with those they wish to foster in others. Hendry (1992: 14), an experienced Christian AIDS educator, feels that it is essential that AIDS educators are comfortable with their own sexuality and feelings surrounding their own death and dying. These are important issues that they confront in their daily working lives, and their own feelings and opinions about it will impact on other people.

Values, judgements and decisions are quite often manifestations of political ideologies, social norms and cultural ways of knowing. We will later discover how this rings true in AIDS and moral education. Especially how these manifestations can have a negative impact on educational efforts.

Mezirow (1991: 1) a prominent adult educator, says "*to make meaning is to make sense of an experience, to make an interpretation of it.. When we subsequently use this interpretation to guide decision making or action, then making meaning becomes learning.*" This study will explore the meaning perspectives of AIDS educators as indicators of valued learning experiences and what they regard as important in the educational setting.

Reflection is a term often used in adult education. Fostering critical reflection will be discussed later. For Mezirow (1991: 5) reflection is important in learning. For him it includes making inferences, generalisations, analogies, discriminations, and evaluations, as well as feeling, remembering, and solving problems. It also seems to refer to using beliefs to make an interpretation, to analyse, to perform, discuss or judge - however unaware one may be of doing so. This study is concerned with the reflections of the educators about their perceived learning experiences.

HIV and AIDS Education

There are many challenges for effective HIV/AIDS education. Sabatier (1995: 2) observes that the battle against HIV/AIDS and STD's must be fought simultaneously on two fronts, the first against the virus and the second against psychological distancing and social backlash.

Boshier, an adult educator, particularly linked AIDS and adult education directly. He recognises that AIDS educators must confront a bewildering set of variables and ways of thinking about AIDS. He warns (1995: 125) that it is dangerous for educators to think of AIDS as a monolithic whole because 'knowledge' about AIDS stems from different ways of construing it. *"Conceptualisations concerning AIDS, and advice given about preventing it always occur in the context of deeply rooted socio-culturally determined ways of construing the world. There is an ideological dimension to the way in which society is dealing with it."* This principle applies to almost anything in life! The writer says it is therefore important that educators become aware of the various discourses, so as to lessen or alter the unconscious or unintended reproduction of ways of thinking that may hinder education.

Boshier (1995: 128) identifies themes that appear to lie at the centre of the discourse, one is the gay plague discourse. This has led to people adopting the attitude of 'us' against 'them'. The 'them' being the afflicted. The 'us' being the unaffected, characterised by the attitude that HIV/AIDS doesn't concern 'us', it will not happen to 'us'. This theme emerged very strongly from the literature. People have difficulty accepting the reality of AIDS and the possibility that they can be infected and affected by HIV/AIDS.

People's reactions could also be related to the relatively unknown nature of the disease, the sensitive and morally laden issues that the subject of AIDS deals with, which are not traditionally discussed easily, frankly and courageously in society. The issues under discussion are sex and sexuality, safer sex, sexual preferences, promiscuity, drugging, illness, death and dying, gender issues, human rights and responsibilities.

Related to this, Sontag (1989: 60) observes that many people want to view AIDS metaphorically as, plague- like, a moral judgement on society. This kind of view has strengthened the denial, the notion that only certain people can get AIDS - mostly sinners.

Brouard (1992: 11) observes that the groups in society who were initially most affected by AIDS, e.g. homosexuals, drug users and sex workers, were marginalised already. This added to the politicisation of the disease, - and marginalisation of the disease, with a further slur added to HIV carriers that they were probably morally doubtful people.

Brouard (op cit:13) further adds that this perception people had of who was at risk, allowed people who were not for instance necessarily "promiscuous", to regard themselves as safe from HIV.

Simbayi (1996: 12) illustrates the point.

> *Many heterosexuals who are sexually active with a variety of partners foolishly down play their risk for HIV, namely assuring that they are safe as long as they avoid drug use and sexual relations with gay or bisexual men.* (Friedman & Goodman, 1992: Michela, Walter &Vaughan)

Simbayi (op cit) adds,

> *They greatly under estimate the probability that their sexual partners previously may have (a) used iv drugs, b) had relations with gay or bisexual men, c) patronised prostitutes, or d) had sex with another partner who had sex with someone in a high-risk group.*

Boshier (1992: 133) says ways of construing AIDS have much to do with patterns of power and privilege, fear and scapegoating. He says, "most importantly, there is a need to maintain an exceedingly broad view of what constitutes education because many marginalised people cannot be reached through conventional means". Many ordinary people cannot be reached in this way either!

Crewe (1995: 16/17) an AIDS educator acknowledges the need for analysis of how AIDS ideologies become popular and how to combat such ideologies. She says there is a lack of will to engage theoretically with the social issues of AIDS.

HIV/AIDS, Culture, Community, and Health Education

It is widely held that causes and solutions of the HIV/AIDS epidemic are to be found in societal roots.

Aggleton (1997: 113) observes that characteristic of many of the settings into which health communication messages enter, are distinctive cultures: ways of living that are meaningful to the individuals and groups concerned and that structure people's lives, beliefs, and expectations. He believes that to change these cultures - which both enable and constrain individuals in their actions, through laws, norms, expectations and habitual practices - are far from simple.

The author (1997: 115) says that social and cultural pressures for instance determine the roles that women and men are expected to adopt and the opportunities open to them. *"They often encourage acceptance of a double standard in sexual relations whereby men are allowed (perhaps even encouraged), to have several sexual partners and women are expected to remain monogamous".*

Aggleton (op cit: 113) believes thus that interventions for developing safer sex messages need to take into account the everyday beliefs about health, disease, sex and HIV/AIDS, and the local cultures within which they circulate.

"Too often in the past, they have been ignored or marginalised at the expense of interventions that speak not to people and communities as they really are but instead to people and communities as we might wish them to be."

The World Health Organisation (1995: 5) suggests that in the context of HIV/AIDS, denial of risk behaviour may become part of community identity and strength as a way to safe guard community honour and sanctity. To overcome this problem they suggest HIV/AIDS should be addressed within the framework of sexual health and community health, as part of a broader strategy for community development.

A research study by Meursing and Sibindi (1993) about the psychological coping mechanisms of communities living with HIV made some recommendations for education strategies. They linked HIV prevention with adequate care and support for people living with HIV/AIDS. *"A community which avoids and stigmatises people with HIV does not create the conditions which are essential for coping actively with HIV."*

The implication for education is to change to giving messages of skills-orientated, survival-orientated teaching, aiming to teach effective 'Living with HIV' instead of dying of AIDS. In the past AIDS education contained many doom and gloom messages. What this study emphasised is that HIV must be promoted as something we can live with positively, something that we can manage, and deal with.

Aubil and Sia (1995: 11) argue in favour of developing participatory learning experiences for community groups to promote critical thinking in the HIV/AIDS context. The need is to analyse with the community or group the problems related to AIDS and to identify strategies for prevention. The belief is that behaviour change is more likely when learning activities require people to analyse actively and critically their own values and behaviours. This relates to adult education theory as proposed by Brookfield and others and will be discussed later. This will also help bring the reality of AIDS closer to home, also, to help communities take ownership of the epidemic.

Reid (1994: 3) highlights the role home-based care programmes play in breaking the silence around the epidemic. She says they lessen fear and stigma in communities, and simultaneously help men and boys learn how to care for the sick and dying.

Many people believe that people are able to make the right choices when armed with the right information. Women's predicament in the HIV/AIDS context in general is proof that mere information about the disease is not enough to change behaviour or help people make sensible choices.

McDermot and Gwede (1992: 356) note that individuals have to be motivated to change their action and must have the skills needed to do so. In addition, attitudes like denial, apathy and judgmentalism obstruct constructive responses to AIDS and behaviour change. These harmful attitudes need to be addressed in education.

Attitude change is a complex process and is dependent on many factors, including the sensitivity and insight of the facilitator in the educational setting. It also involves ensuring that significant other's behaviour and attitudes be taken into consideration and that misconceptions be cleared.

Hughes (1993: 52) observes that because people are most likely to change when those around them are changing, it becomes important to encourage sustained inter-personal communication and 'peer' pressure. Learners and opinion formers in communities thus become important contact points for education programmes. The National AIDS review of 1997 also revealed that political and public leadership has been absent in the South African AIDS struggle and as a result has had detrimental impact on education, resource allocation, and leadership issues.

Women's predicament in the epidemic

The social and cultural determinants of HIV infection in women are very different from those of men because they relate to the role of women within relationships, families and communities which, in turn, determines the nature and patterns of sexual activity and other factors that place women at risk of HIV infection. (Reid, 1994:2)

Reid (1995: 3) says that even though women's position and vulnerability to HIV/AIDS has been acknowledged time and again, they still bear the brunt of the epidemic and are highly vulnerable to infection

Aggleton (1998: 116) says a combination of factors render women particularly vulnerable to HIV infection. These include biological factors, such as a symptomatic and untreated STD's. Hlatswayo and Stein (1997) add that women are more vulnerable physiologically, 1) because there is a greater mucosal surface exposed in women than in men, 2) there is a greater quantity of the virus present in semen than in vaginal secretion, and, 3) young women who have undeveloped genital tracts are at higher risk than older women. It is also a well-known phenomenon that men are choosing female children as sexual partners in order to avoid infection. In which case, young girls are also vulnerable, because of pressure on economic and social dependency related factors.

Aggleton (op cit) says other factors contributing towards women's vulnerability include gender related cultural factors, such as differential expectations concerning sexual roles, fidelity and marriage, and harmful traditional practices such as genital mutilation.

De Bruyn, et al (1995: 2), in a chapter about ' why a gender based approach is necessary', say that many ideas and expectations regarding male and female (sexual) behaviour neither encourage men to act responsibly and protect themselves and their partners from infection, nor stimulate women to challenge notions of female inferiority and social structure. HIV/AIDS prevention strategies and theories seriously acknowledge the need to challenge these kinds of perceptions and attitudes, and encourage societies to revisit and change these perceptions and attitudes that render especially women vulnerable to infection.

Concerning women in Africa, Hlatswayo and Stein (op cit) say that because women are financially dependent on their partners, they may find themselves unwillingly participating

in sexual acts. "*Fulfilling immediate needs for food and shelter for themselves and their children may be a greater priority than the potential long-term consequences of unsafe sex*".

Gwede and McDermot (1992: 359) add that with the growing rates of unemployment in most sub-Saharan Africa, young women will be at greater risk as they turn to prostitution for economic sustenance. Hlatswayo and Stein (op cit) add that some women become involved in relationships to ensure community acceptance. Concerning shouldering the 'double burden' of the AIDS epidemic, women more often than men, interface with the epidemic at a caregiver level.

Important educational issues then for women in the HIV/AIDS context are that poor women sometimes lack the most basic knowledge about their own bodies, pregnancy and reproductive rights. Women further lack the skills and self-confidence to raise these concerns and needs in sexual matters. This is an educational issue and plays an important role in the empowerment of women.

Richter and Kruger-Swart (1995: 11 - 12) say that for many poor women the sexual norm is not of an activity that takes place between two equal consenting adults. Sexual encounters are determined by, and are an expression of complex dynamics concentrated around various forms of power - physical, social, economic and political.

Doyle (1995: 102) illustrates this point to a certain degree in a study conducted in Zaire. Sixty women in a church group attempted to persuade their husbands to use condoms. One-third refused without discussion and many of these were angry and hostile, one refusing his wife's housekeeping and suggesting she go out and 'hustle'. One-third convinced their wives that there was no risk, and only one-third agreed to use a condom. Another very real concern Doyle (1995) raises, reported from many countries, is women's fears of family conflict and violence and economic loss if they try to enforce condom use. Another real fear for both men and women is that they may be accused of mistrust or not loving enough!

De Bruyn et al (1995: 12) observe that it is within marriage or with regular partners that women may have the most difficulty negotiating safer sex such as condom use, as this implies lack of confidence or because of economic dependency, or acceptance of double standards – the man may have extra marital affairs. Though as the authors note, it is essential that women be able to negotiate safer sex, as most HIV infected women have been infected by their husband / regular partner.

Negotiating skills for safer sex are important educational issues, as well as helping women understand and come to grips with their reality, and taking necessary steps to protect themselves. *"To curb HIV transmission, both partners should be able to express their worries about infection and use protective measures such as condoms out of respect and affection rather than mistrust." De Bruyn et al (1995: 12)*

Moreno and Lopez (page 3) say that the other factors that impinge on women's health are their lack of education, illiteracy, cultural taboos and practices, inaccessibility to vaccines, and health services, their role in decision making in the household, particularly in terms of food and resource allocation and their general lower status in their communities.

Women who are exposed to sexual violence may also be at greater risk of HIV infection. De Bruyn et al (1995: 15) observe that indeed any coerced sex increases the likelihood of micro-lesions in the vaginal mucous, which may be entry points for HIV.

Intervention strategies should thus take into account the full spectrum of factors that influence women's ability to control their health. Aggleton (1998: 117) concludes that a package of interventions is needed, for lessening women's risk of infection and the unequal burden of responsibility of care that may fall on them. Effective communication is part, but also included should be skills training, community mobilisation and broader efforts to restructure gender relations.

Concerning changing the culture of oppression in women's health, the Women's Charter (in Goosen and Klugman 1996: 41) states the need for health care that treats all women with dignity and respect.

"A society which provides the type of health care which allows women to flourish is one which upholds the most basic principle of gender equality in all areas of life" (op cit, 1996:42).

Women need to feel supported and re-affirmed by health workers. Harris (1990: 232) also emphasises this by saying that education must become supportive, by providing an environment where people can admit their ignorance, learn and move on. The educational environment thus becomes important and so too the role of the educator.

Hart (1990: 58 - 70) provides the enabling conditions for consciousness raising, as a process of involving a transformation of meaning perspectives, and frames of reference. She considers consciousness raising as part-and-parcel of feminist education. In the educational setting women are encouraged to raise issues from their personal lives to the group, and discover how these experiences are shared. She believes it can illuminate the nature of female oppression. The enabling conditions include members recognising that they are part of an oppressed or marginalised group, 'speaking bitterness', denouncing injustice and violence done to the body and soul, either directly by individual members or, by the importance of using personal experience, as the original source to be critically reflected upon by the group. The author believes this leads to the unveiling of women's reality, their authentic voice being expressed. The epistemological premise is located in their subjective experience. Hart (1990) is of the opinion that by thoroughly re-evaluating and reinterpreting their existence, they are able to confront their oppression.

De Bruyn et al (1995: 3) say intervention efforts to reduce women's and men's risk of infection thus demand gender-based responses that focus on how the different social expectations, roles, status and economic power of men and women affect and are affected by the epidemic.

Crewe (1992: 54) feels that if a primary risk factor for becoming infected with HIV is being poor and unemployed, with low self-esteem and low status in society, then our proposed intervention must address the causes of these conditions

In Richter and Kruger-Swart's study with street children, regarding their attitudes and behaviour towards AIDS, they found, concerning decision making regarding sexual practises, that lack of personal control, self esteem and adopting a short-term perspective on life provide little motivation to change behaviour, and practise safer sex. As has been discussed, this is also applicable to the lives of many people who do not have decision making power and whose lives are burdened with other pressing issues like the threat of violence, poverty, shelter and proper nutrition.

Crewe (1995: 17) says AIDS provides us with another set of social representations through which we can challenge the construction of our society and the world view that still informs AIDS research programmes, interventions and solutions.

Little (1992: 238) is in favour of adult education research adopting a critical social science paradigm. For him, this paradigm offers a challenge to societal members to reproduce society along transformative lines, a collaborative process, which entails an explicit normative dimension. The latter has to do with the notion that the root of social crisis is inequitable power relationships. This paradigm thus wishes to address specifically, inequities in social structure, conscientising members of society about these inequities and their role within it, and pushing for transformative change. Inequitable power relationships abound in the HIV and AIDS field. The case of women has been pointed out, as well as the discrimination and stigmatisation that people with HIV/AIDS suffer.

The philosophy that underpins this paradigm is the notion that language influences reality and reality influences language. "Knowledge about language is knowledge about reality and especially about social reality". We could say 'perceived' social reality, because it does not necessarily reflect the truth.

The language used to describe AIDS has had a detrimental effect on AIDS. The 'gay plague disease', 'God's wrath on humankind', 'the Twentieth Century scourge'. It all reflects an almost supernatural intervention, implying judgement with an overwhelming effect of hopelessness and helplessness and fear. Post-structuralists' theory sees language as constructing rather than reflecting reality. If the construction has to do with available meanings, then education efforts could be concerned with the language of AIDS, to alter old meanings and create new ones that are acceptable, and are in touch with people's lives, and make it easier for society to live with the virus.

Adult Education

Brookfield (1992) a prominent adult educator regards the promotion of critical thinking as an important aim of adult education. In response to the purposefulness of adult education, he urges adult educators to develop a philosophical rationale to ground their practice order and purpose. He believes that in the adult education field, this rationale has to do with people's values, assumptions and frames of references.

Brookfield feels that adult educators can help learners become aware of the socially constructed nature of their assumptions. He believes this is important in helping people liberate themselves from self and other imposed oppression, and can also lead to a greater sense of empowerment and control for the person concerned. Brookfield envisions that where need be, people are able to envision a different way of thinking, living and/or being.

For obvious reasons, this is important in the AIDS education field. Discussions have highlighted the predicament of women. The undesirable socially constructed meanings, roles and expectations of men and women, that put them and others at risk of HIV infection, have also been highlighted.

Simbayi (1996: 14) for instance discussed the impact the nurturance of the perception that masculinity means sexual prowess and the number of sexual conquests has, for the South African public. Simbayi (op cit) also says "*Men are generally perceived as superior to women and often have their way instead of practising safer sex.*"

Brookfield acknowledges the difficulty that exists with these kind of learning experiences, and how discomforting challenging these assumptions and beliefs may be for the learner.

AIDS educational settings are characterised by informality, and the educators are not always formally qualified in the adult education field. Brookfield (1992) however grants that the 'adult educatedness' can be realised differently, to a greater or lesser extent at different times, depending on the settings, the group of learners involved, and will vary according to the nature of the activities pursued, and the educators conduct.

Critical theory as proposed by Brookfield and Mezirow in adult education is relevant to AIDS education and can make a contribution in the field. People working in the HIV/AIDS field and people living with HIV and AIDS often encounter hostile attitudes towards accepting and sharing equal rights with people with HIV/AIDS. Unfair discrimination and prejudice against people with HIV and AIDS and women in general abound. Critical adult education can make a contribution in this arena. At its foundation lies the obligation to question assumptions that are problematic to people, especially where oppression and dominance of one group over another is present, also in general for all people to be critical of their assumptions, roles, identities and positions in society. Mezirow observes (1994: 226) that education for communicative competence involves cultivating the learners' ability to negotiate meanings and purposes instead of passively accepting the social realities defined by others. For AIDS education this is important especially for people with HIV/AIDS because of the discrimination they often encounter, and for women to negotiate for safer sex. He says that transformative learning is central to what adult education is all about. Do AIDS educators attempt to help people become aware of assumptions and do they feel they succeed?

Brookfield encourages teachers to develop their own personal theories of teaching, grounded in their own experience and that of their learners. He further stresses understanding the process of learning from the perspective of learners.

Post-modernism

There are themes in post-modernism that are relevant to education and to the context of this study. Many theories of post-modernism exist but no definite distinct explanation concludes what post-modernism is. Its meaning can be elusive, and even incoherent and fragmented. The idea that there exists no universal truths or rules which social science can draw upon are important in this study. This study is also comfortable in a paradigm that is tolerant of ambiguities, and uncertainties, and welcomes diversity, which characterises post-modernism. Here follow some themes of post-modernism that are relevant to the study.

One is, for instance, that authors write their own history of their life through how they have experienced it, which is a focus in this study. (Also refer to Dominicè).

According to Venter (1996: 4) it is difficult to signify post-modernism as a certain paradigm or philosophy. It is easier to describe it as a 'Zeitgeist', an epoch in the intellectual and cultural history of humankind. Blake (1996: 42) urges educators to acquaint themselves with post-modernism. He believes post-modernism offers a radical challenge to a wide variety of settled assumptions concerning society, culture, and the nature of the individual and questions concerning knowledge and truth. Blake (1996: 6) observes that the cultural milieu in which we are all challenged to operate is dominated by post-modernism. He further warns though that post modernism regularly tends to blur borders, mix discourses and impugn distinctions.

Rosenau (1992: 111) writes that post-modernism is interested in a contextualist theory of reality and epistemology. Rosenau (op cit) says Fish (1989) argues that all knowledge

claims (facts, truth and validity) are intelligible and debatable only within their context, paradigm, or community. Reality is thus the result of the social processes accepted as normal in a specific context.

This 'accepted' reality can at times be harmful. In the case of the AIDS phenomenon for instance, what in some communities or groups are accepted, as reality is, in fact, myth. For instance who gets infected, how it is spread, what the person is like that has HIV/AIDS. Adult education also tries to emphasise this point by emphasising the need for educators to be in touch with the beliefs, values and the needs of learners. From a critical point of view, their insistence is that adults need to come to realise the contextual nature of supposed truths and assumptions about society and how norms, values and behaviour are socially constructed and can be changed or challenged.

These ideas are very important in HIV/AIDS education context. It emphasises the need for AIDS education to be in touch with people where they are, that there are not universal truths of how to deal with epidemics, and that communities construe their own meanings and understandings of the virus. Education must thus address intervention in the learner's context of reality.

Rosenau (1992: 111) says that post-modernist social science further requires a theory of reality that is enabling, that permits content, even though it is "soft", provisional and emotional. 'Some would say philosophically idealist, relative and subjective, rather than positivist or philosophically materialist or objective'. I believe such a notion will be able to bring people much closer to reality, especially in the HIV/AIDS context. The idea that objective truth and morality exists, has been a great obstacle for education and awareness campaigns, and people coming to accept the reality of HIV/AIDS. Another important theme in the HIV/AIDS context is post-modernism's notion that language transforms truth and theory. Crewe (1992: 30) observes that the difficulty we have talking about sex and AIDS has resulted in sex, being associated with for instance promiscuity and deviance. HIV/AIDS is consequently associated with these meanings. We have to transform these

meanings and associate AIDS and its metaphors to compassionate understandings and acceptance of the disease.

Venter (1991: 1) observes that in the technological world there is a relentless deconstruction of meaning. She interprets Lyotard and argues that the loss of meaning should not be mourned, as it points to a replacement of narrative knowledge by a plurality of language games, and universalism by localism. "In the post-modernist society there exist no final answers but everybody needs to constitute a meaningful world for themselves."

Post-modernism accepts pluralism, in contrast to the positivistic elements. Post-modernism denies a world held together by absolute universal truth and reason.

Post-modernism is also at one with critical adult education in that it emphasises that which is at the periphery of society, that which is ignored or neglected.

Venter (1996: 8) identifies from Kanpol (1992:224), the notion that a collective and intersubjective identity - characteristic of post-modernism - can override personal and professional antagonism or structural limitations and allow room for deconstruction, multiple meanings, further critique and dialogue. I detect many healing qualities in this notion. This is what adult education promotes, shared responsibilities, interaction, sharing, meaning and listening. A post-modernist perspective further believes that there does not exist a tradition or story that can speak with authority and certainty for all humanity. Traditions are valued for the ways they serve to liberate and enlarge human possibilities. For some post-modernists, reality is that there exist many languages. For instance Rosenau (1992: 119) says that post-modernists recognise an infinite number of interpretations (meanings) for any text.

Moral Education

I have included moral education primarily because it touches on and informs us about creating caring communities, which is central in the HIV/AIDS education context. It also points to some models of understanding that I think are applicable in the HIV/AIDS context.

Haste (1995: 50) promotes communitarianism. It emphasises the primacy of language and social interaction in the generation of meaning. This has meaning for values in communities and as a desirable goal promoting engagement with communities. "*Social order depends on people's interdependence, and society only functions if people recognise and act upon their community responsibility.*" In the HIV/AIDS field these notions are very necessary to combat the spread of HIV but also to care and support individuals and children with HIV/AIDS.

Haste believes (1996: 47) a growing response to the 'crises' society is facing is the conviction that one has to restore the communitarian values of responsibility to others and to foster motives that connect people as a community. According to this view we have to recognise explicitly that we are social beings and that our moral and political concepts arise from shared meanings. "*We need to experience our lives as bound up with the good of the communities out of which our identities have been constituted.*" We can expand this community to also include our family, work, and friendship, living and general community.

In her argument against ideals of autonomy, Haste says (1996: 51) morality cannot be understood unless we take a full account of the social, cultural and historical context. Sexuality education has been loaded with diverse moral notions of what is best and right. In the process it lost contact with people's lived reality, and thus failed to bring across effective prevention messages and acceptance of people living with HIV and AIDS and accepting the reality of HIV/AIDS.

Haste's observation is that for moral education to succeed, we must not start with a telos of values, but with how we conceptualise the processes into which we intervene, and this is also relevant in the HIV/AIDS context. I suspect this is what Boshier (1992) meant by suggesting that interventions must start by understanding the ways AIDS has been construed, and Crewe's (1995) observation that we need to come to grips with how AIDS ideologies become popular, and what forces sustain them.

Niemczynski (1996: 111) favours education to have as its goal the creation of moral individuals - people who are willing and able to treat each other as equals, and who are willing and able to feel compassion towards one another.

The means of moral education for Niemczynski is a compassionate balancing of all the perspectives of all participating parties - students, teachers, parents, society - each party being responsible for the good of each other. I think this is especially true in the HIV/AIDS context, you cannot exclude one group of people, such as women and youth from education campaigns, without simultaneously giving equal attention to the significant people in people's lives, like parents, teachers, men and broader society.

In its commitment to compassion, Haste (1995) says moral education opposes claims to ultimate moral authority by any formal procedure in a spiritless method of decision making.

In Niemcynski's response to how we deal with what he calls problematic forms of human life, he resorts to lessons learned from psychotherapy. In this study's context I feel it reflects people and positions that obstruct meaningful sensible and compassionate ways of dealing with the disease. He (1996: 114) draws on Kepenski's work for identifying conditions to be met in building better forms of human life. The conditions have to do with becoming familiar with it, understanding the problematic form, not in terms of our risk but in terms of those who live it, having sympathy with them, treating them as individuals of equal worth and respect, and gaining access to their inner world. This help opens up the possibility of entertaining a mutual influence through an exchange of feelings, thoughts, desires and attitudes, if we make our inner world accessible to them. I think these ideals

are worthy of upholding in all kinds of human relationships, given that people do hold different meanings and values. Boshier (1992) and Crewe (1995) have also taken this stance in their conceptualisation of ideologies and how we need to "understand how such ideologies are formed, and the challenge is to influence and talk, not against and between, but within such ideology." 'Morality develops in an ethos of solidarity with others'.

Niemczynski advances new ideas in western moral philosophy, which promote the notion of responsiveness, in particular to the reality of other people. This may be relevant for AIDS education helping people in society to be more mindful of the needs and realities of other people, so that they can be more compassionate.

Tappan and Brown (1996: 102) argue that from a critical post-modern perspective, moral education has failed for the past 25 years in schools, families, prisons and other settings because it ignored pressing social political and economic concerns. He draws on Freire and highlights the vast differences between the haves and have nots in the world, and how this cycle can be broken by seeking a kind of critical consciousness, for both the oppressed and oppressor, by an understanding of the ways in which words, language and forms of discourse that emerge from a particular socio-cultural-historical context mediate and shape the development of people living in that context. My question here would be how does this knowledge, inform and direct AIDS education, since we do know that the association of AIDS with promiscuity, drug-abuse, homosexuality, victims, plague and death formed the underlying value laden assumptions, meanings and attitudes people have which has had a detrimental effect on education efforts?

CHAPTER THREE
RESEARCH DESIGN

Introduction

My research explores the learning experiences of people working in the HIV and AIDS education field. This chapter explains how the study was conceptualised, conducted and interpreted. It discusses the research paradigm adopted, the research methodology selected and how the findings were interpreted.

The chapter begins with a short overview of the study's assumptions, aims and questions. The next section discusses the research paradigm, with reference to the conceptualisation of the study, the assumptions and the philosophy underpinning the work. Key concepts of the paradigm, like qualitative, phenomenology, post-modernism and in-depth interviewing are described in the way they impacted on the study.

The section about the methodology of the study deals with how the study was conducted, validity of the study, and, issues pertaining to interpreting the findings. Background information about the participants is provided, and a brief commentary about the process of the interview follows.

Overview of study

The learning experiences explored in the study are those related to what AIDS educators have learned which guide or give meaning to their professional and personal lives.

Study assumptions were: that people learn and adapt their teaching methods and theory by what they have learned from their own involvement and experience in education; and that people's psychological selves are, to a large extent, shaped by the work that they do, and, that on the whole, teachers are also learners.
In this way this study aimed to explore how AIDS educators have been shaped by their involvement in HIV/AIDS work. How their attitudes, mindsets, values, beliefs and assumptions have been influenced by the nature of their work?

Further aims of the study were to reflect on AIDS education, by means of the experiences of AIDS educators, through the lens of adult education theory, with the hope of reflecting, building on and strengthening adult and AIDS education theory and practice. A sub-question here involved searching for theories of AIDS education that educators have arrived at, through their experiences as educators.

The study also sought to shed some light on how educators experience and deal with difficult issues in AIDS education such as changing people's attitudes towards a compassionate understanding of the disease, accepting and caring for people with HIV/AIDS, encouraging safer sex practises and promoting tolerant and just societies and gender equality in the HIV/AIDS context.

Research Focus

Three main issues were explored in the research. These were in brief -

How have AIDS educators been personally affected, touched and changed by working in the HIV/AIDS field?

What have AIDS educators learned that has had significance for them as educators? What have they learned regarding AIDS education theory and practice?

What can the reported experiences of AIDS educators contribute to our understanding of learning and change in adulthood?

The Paradigm

A paradigm in this research refers to the researcher orientations and assumptions about understanding human nature and social phenomena.

There exist basically two research paradigms - qualitative and quantitative. This research is located in a qualitative paradigm, with a phenomenological and interpretative orientation. The terminology qualitative and interpretive will be used interchangeably. The purpose of this section is to tell more about the salient features of this paradigm and to show its relevance to the research. The following two interpretations of the essential features of qualitative research reflect almost exactly this study's aims.

Cohen and Manion (1995:36) observe that the main aim of the interpretative paradigm is to understand the subjective nature of human experience. The underlying assumption

here stresses the importance of the subjective experience of individuals in the creation of the social world. Further Macmillan and Schumacher (1993: 14) observe that the purpose of qualitative research is concerned about understanding social phenomena, from the perspective of the participant. These notions tie in with phenomenological postpositivist and post-modernist approaches, and will be further elaborated in relevant sections.

Clues to the interpretative paradigm, as proposed by Cohen & Manion (1995: 6-8) can be found in three assumptions. The ontological kind - assumptions which concern the very nature or essence of social phenomena being investigated. For instance, are they given "out there" in the world, or are they created by one's own mind. It is the researcher's belief that the AIDS phenomenon is a given reality, but it is up to the individual, in this case the educators, to make a meaningful interpretation thereof. The meaning is not an explicit given, but must be discovered and interpreted by the individual, as a result of how they experience the phenomena. The second set of assumptions identified by Burrel and Morgan (in Cohen and Manion: op cit) is concerned with the basis of knowledge. They say that the view that knowledge is hard, objective and tangible will demand of researchers an observer role, together with an allegiance to the methods of natural science.

To experience knowledge as personal, subjective and unique, however, imposes on researchers involvement with their subjects and a rejection of the ways of the natural scientists. To subscribe to the former is to be positivist quantitative, the latter, anti positivist or qualitative.

The third set of assumptions concerns human nature and, in particular the relationship between human beings and their environment. In a later section I will return to approaches of social science, and clarify this paradigm further.

In the following section I explore phenomenology as the philosophy underpinning the study, its aims and objectives, and how it relates to my research. Inherent to this section are issues pertaining to how my study will be interpreted, and the validity thereof.

Phenomenology

Phenomenology is that kind of human science research that must seize this life and give reflective expression to it. (Van Manen, 1990: 38).

The philosophy underpinning the research is phenomenology. The salient features and eventual aims of phenomenology were well suited to developing my study's aims and to explore the issues.

The most important feature of phenomenological research is its aim of making meaningful interpretations of a person's lived experience, as expressed and perceived by the person. Phenomenology thus concerns itself with "lived experience" as a source of knowledge. A further important feature of a phenomenological paradigm, as summed up by Foster (1976:6), is an orientation towards the processes of learning, thus supporting the subjectivity of knowledge and fits in with a qualitative paradigm. This stands in contrast with stressing the products of learning, as found in the objective nature of knowledge - characteristic of quantitative research.

The most fundamental concept in phenomenological psychology as observed by Van Vuuren (1986:216) is being-in-the-world: how the person-is-in-the-world and how the-world-appears-to-the-person. According to Van Vuuren (op cit) concepts like consciousness, intentionality, meaning and experience are fundamental for phenomenologists in the understanding of human beings.

Van Manen (1990: 40) says the starting point of phenomenological research, is largely a matter of identifying what it is that deeply interests you or me, and of identifying this interest as a true phenomenon. Phenomenology asserts that this phenomenon is able to communicate the essence of its meaning to us, if we allow it to speak to us, let itself be known, as suggested by Husserl, (in Van Vuuren) the father of phenomenology's famous quote "... back to the things themselves".

The essence of the phenomenon for me would be - how does being involved in the HIV/AIDS field affect a person? What does AIDS teach adult educators about education?

The interpretations, guided by the phenomenological findings of the research, involved describing how educators experience being involved in the field, and attempts were made to explain why they experience the phenomenon the way they do? What are the essential features of the phenomena? For me, it meant making contact with the person's experience world of being an educator and learner in the AIDS field, and interpreting their learning.

Van Manen (1990:11) says phenomenology attempts to describe and interpret these meanings to a certain degree of depth and richness. I think it is about interpreting and understanding that which lies behind our feelings, our assumptions and beliefs, the why questions. I am of the opinion that I have not succeeded in interpreting all the educators' learning, as fully, as described by Van Manen. I was hesitant to play the lay psychologist and at times I felt I did not want to simplify explanations that might be more complicated.

Foster (1976:3) observes that the phenomenological method involves suspension or 'bracketing', of preconceptions about the social world, while attempting to understand the processes. Having pre-conceived ideas about the subjects or leading them could have influenced my ability to have direct contact with their world.

Related to the notion that the aim of phenomenology is to enhance a direct and primitive contact with the phenomenon (Merleau Ponty:1962), van Manen (1982: 294) believes that to be original, is to be true to the meaning that originates from our relationship with the phenomenon.

I feel that it would be appropriate for me to disclose more about why I am doing this research, and to expand on my own relationship with the phenomenon. I chose this topic because I believe that being involved in the HIV/AIDS field really confronts a person's

phenomenological world and can change or deepen one's understanding of it. I have been working in the health education and promotion field for more than ten years, with increasing involvement, interest and commitment to HIV/AIDS education. My interest in HIV/AIDS has deepened since doing research for the Higher Diploma for Educators of Adults, about the role of the church amidst the AIDS epidemic (Nieuwoudt 1993). The research awakened in me the realisation of the significance of the disease, and the potential HIV/AIDS has to help us understand ourselves, our relationship with others, God and life better. I have become interested in the meaning of AIDS.

The essence of the question, van Manen (1990: 43) maintains, is the opening up, and keeping open, of possibilities. I think the notions of 'holding open possibilities' and 'bracketing of presuppositions' could also refer to what these essential qualities of the phenomenon could be, or, am I now closing possibilities and imposing my own presuppositions?

Regarding the findings Vandenberg (1992) observes, "one knows the rewriting is through when and only when the essential features of the phenomenon are articulated and it is set into place within the whole domain of education."

Limitations of Phenomenology

Although Reason and Rowan (1981: XX1) acknowledge at best that phenomenology offers us the possibility of "radical empiricism", returning to the phenomenon as it emerges and moving beyond the presuppositions of the researcher, it does not fall within their ideas of "new paradigm" research.

My own feelings too are that it does not account fully for the paradigm I wish to locate this study in. Although I agree with Rowan (1981: 88) that we have to learn to know the world by setting aside our knowledge of it, I wonder how possible it is to forget entirely our own understanding of things when making meaningful interpretations of our studies. Further, I

agree with post-modernist notions that researchers brings their subjective experiences to the phenomenon, which influences the interpretation.

Reason and Rowan (1981: 132-133) argue that in modern hermeneutics, which has been developed as a general philosophy for human understanding and interpretation, historical processes determine our understanding and we cannot totally transcend our historical position. I agree with Reason when he says "understanding can be seen as a fusion of two perspectives, that of the phenomenon itself and that of the interpreter located in his or her own life in a larger culture, and in a historical point in time."

In post-modernist and hermeneutic understanding, it is also assumed that the interpreter "knows" to some degree the phenomena she/he seeks to understand and has a relationship with it. The interpreter will therefore bring to the phenomenon her understanding of things and her relation to the phenomenon and historical context, without consciously trying to project it on the phenomenon.

My main aim is to understand how AIDS educators have been shaped by their learning experiences as educators and learners in the AIDS field. Phenomenology is thus a means for understanding their (world) and psychological selves rather than an end in itself.

Assumptions and interpretations of post-positivist research and post-modernism will further help to clarify the paradigm, and also influence the methodology and interpretation of the research.

A Post-modern and Post-positive Awareness

A brief discussion of Post-Modernism and Post Positivism and their antecedents will help clarify which assumptions this study would like to associate itself with and which not. Both these "movements" grew out of protest and dissatisfaction with their antecedent's modernism and positivism. Many scientists of the humanities felt discontented and uncomfortable with what modernism and positivism had to offer us in understanding and

researching human nature and society, and hence created models of understanding that were more in touch with the issues.

Post-positivist and post-modern share many of the same points of departure. Post-positivism is an acceptable paradigm wherein social science is conducted. Phenomenology is one of the approaches. Post-modernism has more cultural overtones and says something about the "obscure" nature of society, and social science for that matter.

In the post-positivist school of thought, Cohen and Manion (1995: 26) say social science is regarded as a subjective rather than an objective undertaking. The positivists believe people are more like objects and similar to the natural world, are subjected to laws and necessarily causal relationships. The post-positivist believes in the relative autonomy of people, and that humans have a subjective and co creative relationship with the world.

Another characteristic identified by Cohen & Manion (1995: 39) of the interpretative (post-positivist) paradigm is understanding actions and meanings rather than causes.

Post-modernism

I feel I will justify my orientations and method in my research also in a post-modern methodology, which is also post-positivist. Rosenau (1992: 112-117) says that post-modern critique against modern science, which influenced modern social inquiry, is premised on a predictable determined world, that can be understood as a system of causal relationships.

In the extreme, post-modernists conceive of the world as fragmented, disrupted, disordered, interrupted, and in search of instabilities. I interpret this to mean that social science cannot be neatly understood and compartmentalised as can the natural sciences. In a way, social science needs to reflect the complexity, diversity and intertextual nature of people and society. Intertextuality is a common post-modern substitute for modern social

science's causal explanation. The post-modern world is said to be "intertextual" and this means that everything is (relationally) interconnected.

Post-Modernists thus seek out approaches such as systems analysis or structural analysis, where intertextuality is the rule and predictive models are secondary. They also encourage interpretation and deconstruction.

This study made its attempt at interpretation. Rosenau (1992:118) observes that intuitive interpretation is intertextual rather than causal, and suspects reason and truth. I think the post-modernist disillusionment with reason and truth came about with their doubts about the existence of one objective theory of reality, independent of subjective perception and experience, which is also influenced by emotion, intuition, the unconscious and conscience. Also, reason or the rational mind has failed to account for, and illuminate truth.

Rosenau (1992: 97) says post-modernists seek a subjective, non-representational conception of reality. This means attempting not to represent the object of study "as it really is", independent of the process of inquiry. This may sound contradictory with the aims of phenomenology, as presented in this chapter in the sense of letting the phenomenon stand out as it is. But I think the important thing is that the reality of a phenomenon does not exist objectively (out there), but is dependent on and is to a large extent determined by the person's understanding and perception thereof.

As a substitute for the 'scientific method', Rosenau (1992: 117) observes that affirmative post-modernists look to feelings, personal experience, empathy, emotion, intuition, subjective judgement, imagination, as well as diverse forms of creativity and play. Post-modernists may prefer this because traditionally modern social science wished to ignore the significance of these human experiences in understanding human and social phenomena.

Regarding epistemology, Rosenau (1992:135) says post-modern intellectual activity must be understood to be "risk taking" and no further claim can be made beyond that.

I believe that such an approach and emphasis helped me be more in touch with the actual experiences of the educators, and what they meant to them. Rosenau (1992: 117) warns though that the actual content of these terms and their methodological significance are relatively vague and difficult to communicate to others.

The Interview

The interview was the most appropriate way to gather information for this research. Taylor and Bogdan (1984: 77 - 88) say that qualitative interviewing has been referred to as non-directive, unstructured, non-standardised, and open-ended interviewing. According to them the hall mark of in-depth qualitative interviewing is learning about what is important in the minds of informants: their meaning perspectives and definitions, how they view, categorise and experience the world. This relates to the phenomenological emphasis in the study.

The method offers one the opportunity to discuss the topics in depth when required, and a wide variety of topics can be dealt with. In this way it caters for unanticipated responses and misconceptions can be cleared. The interviewees were encouraged to focus on topics of importance to them. The interview emphasis and conduct thus differed accordingly, though the main questions of the study were central to the interview.

Leading questions were avoided. Marton (1988: 154) observes that the questions should be as open-ended as possible in order to let the subjects choose the dimensions of the questions they want to answer. The dimensions they choose are an important source of data because they reveal an aspect of the individual's relevance structure.

Massarik (1981:203) says the interview is characterised by an intensive process on the part of the interviewer to explore thoroughly the views and dynamics of the interviewee. In the phenomenological style, Massarik (1981: 204) believes interviewer and interviewee aspire to enter, with shared commitment and mutual caring of each other's experienced "worlds". This interview style recognises the inherent humanness of both participants, and indeed the genuine relevance of the total interpersonal (as well as non-human) environment within which the process occurs. He further observes that this style records the process and content - that attempts to explore the ups-and-downs, detours, interruptions, apparent irrelevance, etc. with substantial fidelity. "Extending beyond the bounds of the usual 'content analysis' or 'theme analysis', improved technologies need to be divised that can reflect both richness and order, process and content as revealed in the phenomenal interviewer's expanded protocol."

Validity and Findings

Reason (1991: 241) advises researchers to move away from notions of objectivity and subjectivity, by developing the notion of perspective. This can, he believes, help with validity in the research. I do not object to expressing it this way but I fail to understand the difference clearly between subjectivity and the notion of a personal perspective? "This defines a personal view from some distance and suggests neither the universality of objectivity nor the personal bias of subjectivity." Does this solve the problem though of bias and subjectivity as arguments for weaknesses in the interview methods?

Reason (1991: 242) says that the primary strength of new paradigm research's fundamental claim to being a valid process lies in its emphasis on personal encounter with experience and encounter with persons. Reason (1991: 243) says 'When considering the validity of an interpretation we are not solely concerned about being "right", (the interpretation), but also is it useful? And is it illuminating? My questions here are useful and illuminating for whom, from whose perspective?

The participants

There were altogether ten participants. They are all intermittently involved with education, and consequently have had varied experiences in education. It was thus anticipated that some participants, especially those who have been in education for a longer time, would be more articulate about their experiences and give a more in-depth response.

Participants work in the following settings: formal and nonformal AIDS education, counselling training, solely AIDS education, consultants, managers and project co-ordinators.

Male Participants

Participant A psychologist

Participant B psychologist

Participant C psychologist and HIV +

Participant D Consultant and HIV +

Participant E Education and Awareness campaigns

Three of them work in Gauteng (Johannesburg - Soweto) and the other one in Kwa-Zulu Natal (Pietermaritzburg) and the other mainly in the Western Cape Province.

Female Participants

Participant F Project Co-ordinator

Participant G Project Co-ordinator

Participant H Education Awareness Campaigns

Participant I Manager

Participant J Educator

Two educators work at Community Based Organisations. One has considerable experience working with HIV+ persons. The other is especially involved, with implementing and training life skills. Another works for a religious AIDS Programme, a

national non-governmental organisation, as an educator. One is the wife of the other participant, who is a consultant in the 'I have hope' campaign, giving talks, working with school children and others. The other female participant works from a care centre for prostitutes and the street girl child.

Some comments

I am happy that it turned out that I interviewed equal numbers of men and women. In some ways the men were much more articulate about their educational learning experiences. Their formal qualifications and the nature thereof, for instance being psychologists, could have played an important role. In other ways the women seem to speak much more powerfully, from their hearts. However I do not want to be accused of making generalisations and perpetuating classification where men and women are concerned.

It was a privilege for me to share in their stories, I am grateful that they agreed to participate in the research and share their worlds with me.

There were times during the interviews that I felt like an intruder in their lives, especially when the stories became more personal. Amidst these interviews I made a decision not to focus so much on what they have learned on a personal level. I had a feeling that some educators have not thought about it, and some that have, were on guard. I thought to myself that I had been very rational about the aims of the research, thinking that it is easy to access those experiences from people. Consequently the more interviews I had, the more on guard I became not to impose, not to force, and to stay only with that which the educators were willing to divulge spontaneously.

One male participant was very tired, being inundated with paper work. I do not think anyone disliked doing the interviews. Another female interviewer had laryngitis, but she insisted on doing the interview, even though her voice was almost gone. Most of the participants said they enjoyed the interview. " It gave them a chance to reflect "

"They have never thought of their work in this way", "It was refreshing", "They enjoyed talking about themselves and their work in this way", "An opportunity to ventilate".

Regarding the Topic

I soon realised that I should have stayed with one focus point, either the education, or, the personal learning experiences. My experience was that some of the participants could not give equal attention and energy to both themes of the research. Many of the educators invested much more in the one, namely learning experiences related to education, than in the other. In a way, coming to the second part was too much; they were quite exhausted by then.

I did not change the focus because I felt I had invested too much interest already in personal meaning gained from AIDS work. Also, some eagerly shared their personal stories, and subsequently put more effort in that part of the interview.

A further initial awakening was that I felt that people tended to be vague about their learning experiences. As if I had been naively optimistic about people being aware and articulate of their learning experiences.

During these 'disillusionments' I became more understanding of my research design, and grateful for phenomenology's emphasis on bracketing expectations and letting the subject reveal itself. Later on during the research process I felt that the learning experiences were actually rich, and varied, and good material to work with.

CHAPTER FOUR
DISCUSSIONS

Introduction

This discussion chapter is divided into two sections. The sections answer the two main questions of the research.

How have the educators been shaped as adults since being involved with AIDS work?

What have the educators learned about AIDS education?

The interpretations that I made were based on what the educators have shared with me, and my own experience and knowledge of AIDS education, against the backdrop of the issues raised in the literature review, guided by the theoretical assumptions found in my research design, and adult education theory.

Written summaries of the individual interviews are presented in the appendix.

How have the educators been shaped as adults since being involved with AIDS work?

Introduction

The following section discusses and interprets these subjective personal learning experiences of the educators - guided by the assumptions of phenomenology and an interpretative perspective.

General comments

It was not my intention to delve into participants' personal learning in a deep psychological way. It was rather to have a spontaneous account of how they say they have been personally affected by being involved in AIDS work. This, I assumed, would lead me into having an understanding of what AIDS as a phenomenon can teach us as humans, and an understanding of how we are shaped by the work that we do.

All the educators felt that they had been affected, touched and changed by AIDS work. I anticipated that the educators would dramatically describe how they were shaped and changed as adults. To my surprise I found some restraint. My interpretation thereof was that the educators were perhaps uncomfortable to share on this level because these experiences are intimate and personal, and /or, some may not have articulated their deeper experiences yet. Consequently, I had to let go of my preconceived ideas of how I

thought they would have been changed and shaped. However, what they did share was extremely significant.

The educators' personal learning experiences reflect a gradual and logical growth and development. Nearly all the educators commented on how being involved in the field gave them a sense of who they are - of their own identity, of how they have been nurtured and formed as people.

Many shared similar personal meaning gained from AIDS work. There are common psychological characteristics and traits of them as persons that suggest perhaps what kind of people are attracted to the AIDS field.

I found their personal learning experiences to be more bound up with the emotional than the spiritual, and to their own growth as persons and their relationships, than to abstract notions of life, the meaning and philosophy thereof, and their relatedness to it. Though I have attempted relating their learning and meaning to the philosophy and meaning of life skills, which has become part- and -parcel of HIV/AIDS education to youths in the country.

Empathy and humility

I have found the most impressive common feature to be the empathy and compassion the educators have developed for others. Simultaneously, all these educators have an incredible sense of humility regarding who they are, their influence on others, and what they have achieved in life.

It is especially in relation to this personal characteristic that I came to the realisation that my research question could also have been: how has the work that they do been shaped by the persons that they are? The educators' main orientation has become, aptly put by Pierre, "to have empathy for who they (learners) are, to understand human frailty." He believes through empathy and compassion, change in behaviour can occur.

The educators expressed their empathy in different ways. Peter for instance respects people's points of views to such an extent, that he feels he cannot impose his views and opinions on others, or be angry about the way learners may feel about certain subjects. This was for me one of the most vivid recalls of the interview I had with him. Given the fact that AIDS conjures up so many controversial and mixed emotional responses, his response is surprising and challenging. This could be an explanation of why he so easily takes on a neutral stance. Peter feels that behaviour change occurs through understanding and mutual respect and not through force and confrontation.

Pierre goes almost to the extreme. Very seriously he says that his particular mission in life, is to have compassion for human frailty; to understand the mistakes people make and to have empathy for who his clients are, the decisions they make, and the complexities of their lives. He believes we will never fully know what influences people's behaviour. He illustrated this by the example that people may have practised unsafe sex, to stay in the relationship, or, to go with the moment. Because of that, he feels, it is better to try and gain an understanding of people's behaviour, rather than to judge.

Enea too believes her compassion is not faked. She is very aware of how her compassion has influenced her life. She says her compassion extends and is prompted by those who are not yet infected. I have felt that Glen and David in particular have natural inclinations to relate to people and to imagine how others may experience something. In Glen's case, on an emotional, intuitive basis she knows how to approach education in a caring way. She is for instance concerned with making people feel welcome in educational sessions, and for learners to voice their opinions, so that especially illiterate people, or, people with HIV/AIDS feel included and participate in the educational sessions, and experience them as meaningful.

David identifies to such a degree with the prisoners that they experienced him as their friend and, 'one of them.' The way HIV/AIDS has also affected the lives of prisoners with HIV/AIDS has made an impact on David's life. He does not cut himself off from their

suffering and pain, but lets it affect him in a very direct and real manner. He has become angry and bitter at times for the situation prisoners find themselves in, and objects to injustices.

Jackui too has tremendous capacity to feel for especially people with HIV/AIDS. To a certain degree, she had let her empathy for others direct her life by becoming involved in AIDS work. She commented about her concern for especially the youth as reasons for becoming involved in HIV/AIDS work.

Greg has expressed his compassion for women who dislike men, by being an activist for people with AIDS (PWA's), and is moved by the strength of PWA's. Christo feels that he needs to connect with people on an emotional basis to be real and 'there' for learners. Christo really believes that a person cannot teach anybody something without them experiencing something of the educator's heart. Adèle's whole involvement in working with prostitutes was prompted by her compassionate concern for women on the street, and young girls and children who might and do get involved with prostitution.

The role that empathy plays in (AIDS) education as expressed by the educators became an important theme in this study. We will later see how it relates to and enhances the educational process, for instance the capacity to relate to the learner.

The educators' dedication towards empathetic understanding could be linked to their counselling backgrounds. It seems as though AIDS education can benefit from a counselling approach to education, that also enhances a personalised and connected approach to education. This will be discussed in further sections.

The educators' capacity for empathy ties in with the sense of humility they portray. It is as if the educators have experienced and come to realise their limited influence over the decision-making of others.

Christo and Greg commented on how they consider what they do as 'planting seeds'. Pierre expressed his involvement from AIDS work explicitly as becoming aware of his own sense of humility, about his impact on people, and "to put aside my sense of my own power." Pierre says, like Christo and Greg, he feels he cannot influence any other person to change, "I think that is what I have really learned." Jackui also commented how she reprimands herself sometimes for being arrogant and judgmental in her attitudes towards others.

I think David displays a great sense of humility too by the way he connects with and feels for the prisoners. It is not an "I - them" kind of situation, but an 'us.'

In the second section of this chapter we will see how the educators' sense of humility influences how they perceive the role of the educator.

Valuing

Almost all the educators have had many encounters with people dying of AIDS. Not surprisingly then, valuing life has been on the forefront for the educators in their personal meaning gained from AIDS work.

David has witnessed many deaths in the AIDS field. For him it has been difficult to come to terms with it and accept it. David said he has come to value his own life, as he has seen many families and relationships broken-up because of AIDS, he has also learned to value his relationship with others. "Because others close to me have not been spared...and it has made me even closer to people with the virus than I have ever been before .." He says he has learned to care for people, and to be closer to people.

Greg says the most powerful thing for him is to witness the strength, power and 'liveliness' of people with HIV/AIDS. Pierre expressed his valuing life in living in the present, and also from the perspective of understanding human nature, to have

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compassion for people, which is manifested in his unconditional acceptance of people. He also expressed it in the high moments of his life, when he feels he is really connecting with people. This learning came about because of his involvement in AIDS work.

Christo says that though he has hope for life in the hereafter, he has learnt that life here on earth is a gift, he appreciates being alive, living in the present.

Sexuality

Pierre, Glen, Enea and Jackui felt that as sexual beings they have been affected by AIDS work. They have become more self-aware and have discovered their own sexual identities, feelings and thoughts around the subject.

Pierre acknowledges that AIDS work literally forces a person to deal with human sexuality, "because an educator and learner is confronted with it all the time". Pierre observes, "so that is to look at human sexuality over and over again, and to talk about sexual practises over and over again "

Pierre says AIDS work has helped him come to terms with his own gayness and identity as a sexual being. He also believes that "by hearing his clients' stories and the richness thereof", learning from others, hearing other's stories, he has come to understand and accept where he fits in sexually, and, "to like and understand and come to terms with who he is, as a sexual being". Also, because he is in touch with his own sexual feelings, desires and identity, he says he can help his clients deal with their sexuality in an open manner.

Glen, Enea and Jackui think along similar lines. AIDS involvement has also been an opportunity for them to come to terms with their own sexuality. Glen says AIDS work has taught her that sex is a fundamental subject that should be handled with much care and sensitivity. It has been an opportunity for her to let go of conventional ways of perceiving

sex, for instance, that sex is necessarily penetrative and, emotionality for her is central to the sexual act.

Glen has also learned how to talk about sex, especially educationally. To approach talks by for instance exploring how learners define it. She says, "to put the gender perspective in, and, relationships are not about sex". She is adamant that we have to transcend stereotypes, especially where our sexuality is concerned. She says because of AIDS work she can talk about sex and sexuality at community gatherings. The work has also helped her to speak more easily about sex to her daughter and her daughter's friends.

Enea says AIDS work has helped her reassess and confront her marital relationship. She says because of that, of having to address her own protection from HIV in her marital relationship, her whole family has gained from it. They have changed their behaviour and attitudes and as a family they have become aware of the (sexual) issues and learned to deal with them.

Jackui's involvement in AIDS work made her reflect on the meaning of sexuality and the causes of irresponsible and careless sex.

Greg commented that what is fairly unique to HIV/AIDS education is that it leads to openness when talking about sex and sexuality. He illustrated with an incident where he and a colleague were talking in passing about a sexual issue that was quite normal for them, but the person overhearing the conversation was quite shocked that they could talk so openly about sexual matters.

Psychological selves and life skills

All the educators desribed how in one way or the other their psychological selves were affected and shaped by being involved in the AIDS field. I understand their psychological

selves to refer to their personhood, their values, how they handle situations, and what they know about themselves.

I would like to explore the notion of life skills, and how that relates to what the educators have learned regarding their psychological selves. I thought it would be interesting since life skills education has a significant impact on HIV/AIDS education in our country, and vice versa. In the struggle for AIDS prevention in South Africa, life skills education aimed for youth has become a strong initiative.

I think that what the educators have learned on a personal level relates in some ways to the outcomes of life skills education. Enea has been involved with the implementation of life skills. She is enthusiastic about the hope that life skills offer people. People learn to handle conflict, learn to be assertive, and to accept, affirm, and clarify their own values, and deal with the stresses in their lives.

Worldwide it is taken for granted that just giving people information about HIV is not enough to help people prevent themselves from becoming infected with HIV. It is generally understood that people's psychological make-up, how we make decisions, and what influences our decision making, are important determinants in our ability to practise safer sex, and need to be addressed in AIDS education campaigns, as articulated by Pierre.

Protection from HIV involves issues pertaining to (relative) individual power, the individual's psychological strength to honestly and realistically assess their risk of infection, and the ability to translate convictions, knowledge, insights and attitudes into actions. For these reasons a life skills approach for AIDS education, especially aimed at the youth, is preferred, because it approaches AIDS education holistically, and addresses those behaviours, attitudes, knowledge and skills necessary to protect ourselves from HIV infection.

A sense of control

All the educators appeared to be extremely self-confident, and relatively content with their lives. As persons, they all said positive things about themselves, and as teachers, they all felt competent. It also seemed as though everyone is more or less happy where they are in life, as individuals at work, and what they have achieved. They all commented in indirect ways how they have learned to have some sense of control over their lives.

The educators expressed it differently. Pierre acknowledged to having an internal locus of control, therefore accepting himself and feeling in control and like who he is. Peter said that he had grown, from an essentially shy to confident person, who has gained a lot of skills, knowledge and friendships. David said he values himself as a person and his life. Enea feels she can cope with any difficult life situation, because of life skills. Christo and Liesel feel they can face reality, even though uncertain and sad at times. Jackui and Glen learned to be assertive, especially sexually assertive, and generally outspoken on many issues related to AIDS and themselves. Glen does not feel tied down to conventional stereotypical forms of thinking and being, which she says is a direct result from her being involved in AIDS work. She has transcended "stereotypical ways of being and thinking", and feels free and liberated to live and think creatively about issues. All of these learning experiences entail some form of personal growth, to be in control of themselves and situations, to be stronger, resilient, more confident, and live creatively.

Generally, there is awareness that a person cannot escape difficult everyday realities.

The educator's role also becomes that of helping and encouraging the learners to deal with and face difficult issues, constructively and creatively. AIDS education involves touching on complex subjects like decision-making, practising safer sex (lifestyle

changes), dealing with conflict, accepting the reality of HIV/AIDS and the possibility of living with an incurable disease, and, accepting difficulty, uncertainty and complexity.

People in the field are generally also witness to all the wrongs of society: the impact of unfair and unequal power relations between the sexes and sectors of society, struggles for ideological powers and resources, the effect that neglect, abandonment, crime, family disintegration, violence, poverty and substance abuse have on society.

According to Christo educators very often function as role models and set examples for learners. One would therefore assume that the educators themselves need to be strong mentally, i.e. emotionally and in strength of character, to deal with the stresses and issues raised by AIDS, so that there can be congruence with them being educators.

One gets the feeling that the educators have learned to cope with the challenges and difficulties AIDS poses to people and society, they have emotional resilience. Greg said that he has learnt for instance to draw boundaries of work, play and home. He adds that a good sense of humour is helpful. Glen said that she has become more spiritual, and exercises to rid herself of stress.

Enea said that life skills to her means hope for the individual because they need not be overwhelmed by difficult life situations. Christo echos Enea's beliefs about the hope life skills have to offer, and describes the work they do as 'planting seeds of hope.' He says that people with similar hopeless situations find solace and comfort with them, because they (Christo and Liesel) have overcome difficult tidings themselves.

In spite of the hardship and difficulty, the educators still feel there is hope.

Pierre's reflection of "accepting the cards that a person is dealt with", and, "to understand whatever you have in your life is your reality," is to make peace with that reality, and for Pierre it ties in with notions of being contented and accepting life; the good and the bad.

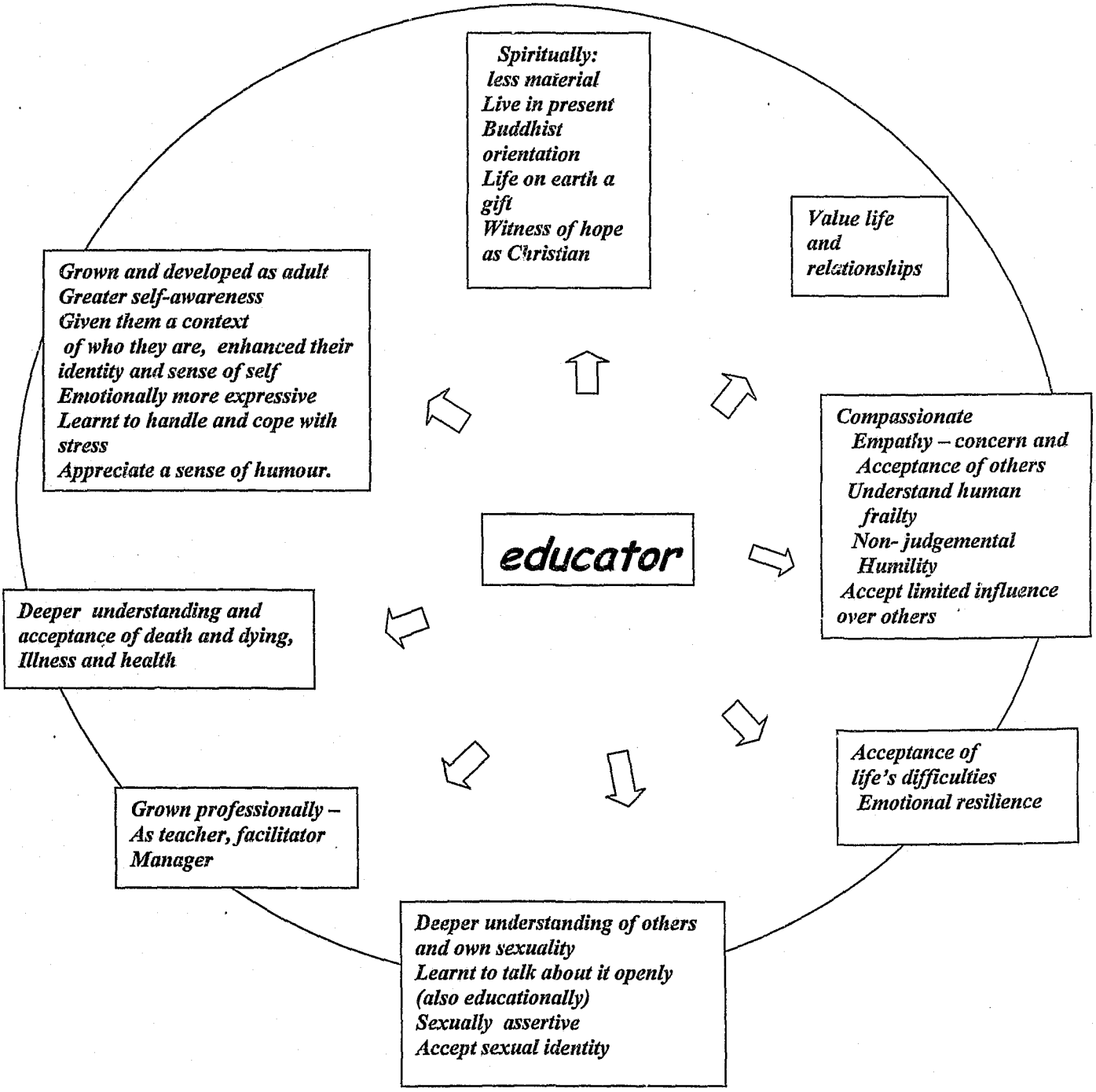
He says the meaning these two notions hold, are, that "you are not always grasping and searching, you are more just happy with the now."

The educators' self-confidence and assertiveness could also stem from experiencing unfair discrimination, prejudices, and violence, for instance against women, and against those who are already infected. The educators have a strongly developed sense that all human beings are of equal value and human rights are of value and are important. Their respect for people and human dignity is paramount. They acknowledge that there is a need for people to be assertive and protective of their own opinions, rights and desires. They exhibit these traits themselves, and they probably instill it in others, consciously or unconsciously.

Because of their work they are agents of, or advocates for, people with AIDS. Like Glen and Peter, they represent people with AIDS.

I do not believe that I have in any way exhausted the personal learning experiences of the educators. What I have discussed is what I could understand from them as persons, and what they were willing to share with me, and what had meaning for me, in the context of the study. The diagram on the next page presents a summary of this chapter.

Diagram (SUMMARY) OF EDUCATORS' PERSONAL LEARNING IN THE AIDS FIELD



What have the educators learned regarding AIDS education?

Introduction

The participants learning experiences in the AIDS field are varied and interesting. This reflects the different backgrounds and experiences of the educators and the different levels of involvement in AIDS education, as well as reflecting their own unique personality traits and distinct characters. There are amazing common threads. Some obvious ones relate to adult education principles, but also some quite unexpected ones that I suspect relate to AIDS education specifically, for instance, the importance of sharing learners' and educators' experiences and exposures regarding AIDS, as a means of changing attitudes. There are the gaps of learning experiences as well; that I feel had not spontaneously arisen in the interviews. I had expected a greater emphasis and understanding of issues around education and empowerment of women, but that was missing. These issues will be further dealt with in the concluding chapter.

What they know about education

Most of what the educators know of AIDS education is what they have learned from their own experiences of being AIDS educators. None have had any formal training in education. Very few practice what they know from learned theory, yet the educators in this study candidly shared their self styled theories of AIDS education. Many (almost all) commented that they learn by watching what others are doing, learning from others, picking up educational tips, as well as learning by doing.

Many commented on how their backgrounds, professional and educational, helped them with approaching their work from a theoretical / experiential perspective. Cases in point are those with psychology backgrounds where they have adapted counselling theory and skills in their educational endeavors. One educator had taught extra-mural tutorial classes

for matriculants where she had learned to relate to learners. One used her medical background of nursing to teach complicated concepts like the immune system. Another is a theologian and that has helped him to be a resource to the public, and deal with his own infection.

My criteria for deciding upon educators' outstanding learning experiences were where the greatest number of educators agreed about the issue. The themes of the learning experiences are not separate wholes, but are essentially intimately interlinked. The one enhances, supports, and is dependent on the other. Examples are, relating to the life worlds of the learners, a participatory approach to education, working with attitudes, sharing own, learners' and educators' experiences, and teacher and learner role.

Understanding their (educators') own risk.

Participants commented about the important learning experience of acknowledging their own vulnerability (risk), of becoming infected with HIV. Not only did they have to understand that risk, but they also needed to act on that risk of becoming infected and practice what they preached.

Three women were especially vocal about this issue. Two were unmarried and the other married. For the unmarried women, it has been a case of identifying what they want out of a sexual relationship, and what they are prepared to give the relationship, sexually and otherwise. Defining for themselves the meaning of a relationship, love and sexual intimacy, and discovering that it is not only about the sexual act. Being involved in the AIDS field, Glen said she learned to "...value myself as a woman, what I give is sacred... whether in expression or giving it...sex is not about penetration." She said it was a question of becoming empowered as a woman; in general, for the educators being able to give expression to their needs and values in their relationships.

No one elaborated on how they achieved this. My guess would be it is in the nature of their work, promoting to others, especially women the importance of expressing their needs and wants in relationships. It could also be that the nature of AIDS education goals are related to other fields, like women's health and empowerment issues, which have been powerfully promoted through the media and other sources, like workshops through government departments; welfare, justice, health and labour, and constitutionally, the promotion of equal rights and responsibilities.

Jackui has very strong convictions of sexual matters; "God created it to be a very beautiful thing, something that makes one fulfilled, it is something that is a way of expressing your innermost feelings." She asks why we are experiencing so many problems with it? She relates it to moral overtones and suggests people should be educated about the consequences of careless and free sex.

In her involvement from a religious background, she feels strongly in favour of simultaneously with sexuality education, people should be made aware of all the wrongs, careless and promiscuous sex has done on society. She feels this is an educator's responsibility. It could also be because she works so much with young people. She feels this part of education has been neglected, up to now.

Enea said that one of the learning experiences that stand out for her in her involvement with AIDS work is, " going through the motions of being neurotic with her husband." She was fearing that she might be infected herself. She was so afraid; she did not want her husband to touch her. She said in the past when somebody asked her about her own sexual behaviour, she would shy away from it... but not anymore. For her the most important thing in such a relationship is to communicate to the partner; to make a decision to talk to your partner about the issues. She believes it does not matter if you are not going to get him to use a condom immediately. She would measure the success of the education if the women talk to their husbands about sex and sexuality. She says, "even if just saying 'I have a condom' or, 'somebody was talking about a condom today.' " She believes you are going to open the communication to that person. "...and that is the real

challenge, to talk to your husband about sexual issues." For Enea this has been a challenge to talk to her husband. She is convinced of this aim in education, to get women to talk to their husbands about sex, because of her own experience of it. Perhaps she slowly opened the communication to him in this way. She also challenges women to confront their men if they (men), for instance laugh off the matter. She encourages them to tell their partners that what they just did; ignore the women's plea; is nonsense. She did this in a very passionate way.

One of the most important issues then for the educators was to be able to take steps to prevent themselves from becoming HIV infected. They needed to be able to either, abstain from sex, or, negotiate and practise safer sex (including non-penetrative), or, more complicated, address an educator's anxieties in a long time marriage, where the educator had no guarantee of her partner's fidelity. It also meant that they had to become more in tune with their own sexuality and what they wanted to have from a sexual relationship, and being able to be assertive about it.

Only then, did these educators feel they could convincingly talk about safer sex, and be credible. It contributed to openness and intimacy in the educational setting, making it easier to talk about sexual matters. The educators could include their own experiences of negotiating safer sex, as well as, using condoms, living with fear when the condom tore, and discovering other ways of expressing and satisfying sexual needs and desires. The married couple also commented on how they give credibility to safer sex talks, by including their safer sex practises in the talks.

This could also lead discussions into paths of, what is the meaning of sexuality, how do we communicate, and how can we be assertive about expressing our own sexual needs and desires in a relationship, what are our views and values. It could also lead to discussions of disclosing homosexuality, which could lead to discussions about homosexuality and accepting that people have different sexual preferences, and addressing questions of how to have sex when one partner is infected, how to face up to going for HIV tests in a longstanding marriage?

Pierre's Story

Pierre said that after experiencing his own vulnerability of being infected, he started to think about how we hear information about AIDS; how we internalise that and how we translate that into actions or no actions. That was one of the main reasons why he got involved with AIDS work.

He says one of the many things he learned about AIDS over the years, is that learning information is one thing. Pierre says,

Intellectually you hear information, you may know it, you may understand it, it may be very clear to the person, very comprehensible, it's put in words that make sense to you, but what makes you decide you are at risk is a different set of categories or information. It is not the information, it's not the facts about AIDS that make you decide you are at risk

Thinking back to his own situation he says he thought he was in a stable relationship. Pierre's own experience of vulnerability came about when his partner told him he went for an HIV test. Also, he admits to being judgmental in his early twenties of having an attitude of "being holier than thou", and people who get HIV are promiscuous and not morally where he was then. He says, " I think I had to some degree internalised the notion that it's a promiscuous kind of morally doubtful kind of person who got HIV."

Pierre's Theory

Pierre's theory of AIDS education is that, what makes an individual practise safer sex, is a multi-factorial process. Pierre says it is a combination of a whole lot of information.

A person has to have a minimum amount of information. So if people have no information, then they don't know that sex gives them HIV. So it's a combination of what kind of information they've got, and how that information has been given to them. Whether it has been given in a clear manner, carried back to whether it has been given in an experiential way (they have learnt that information in a kind of a process which has made them think about themselves).

In their programme (at the centre), they include experiential exercises in getting people to examine their own values, their own lifestyles, their own risks.

Secondly, his own theory about people accepting and acting upon their own risk has to do with as he puts it, " the psychological make-up of a person", and their " psychological vulnerability." This insight probably has a lot to do with his clinical psychology qualification. Psychologically he believes people can be at risk. This risk is also associated with whether people have an internal or external locus of control.

My understanding of his interpretation is that people with an internal locus of control are better able to prevent themselves from HIV infection. He believes they have a sense of control over their lives, they feel responsible for their sexuality, and are able to avoid HIV. People with an external locus of control on the other hand do not feel in control, they feel society or their culture or their community or somebody else governs their life. Locus of control thus also has to do with self-esteem.

This theory of locus of control may be a bit oversimplified and I think many people do not fall in an either or category. I think in certain situations at different times, in different contexts, people tend to overlap a lot. Many of us are influenced by the doings of our government, society, family and friends, willingly and knowingly or not.

I think the idea that he brings home though is important. It helps counter judgementalism in the educational settings. People become aware that not all people have the privilege and ability to be the captains of their own ships. Many people in his educational courses have the kind of judgementalism of, "I can control my sexual life, why can't the client"

Pierre says that if people are going to have this kind of attitude it is going to result in the person blaming, victimising and labelling others. It contributes to awareness that making choices for our own health and wellbeing is not as simple as only having to have the right information. Decisions that affect us are influenced by many factors, and significant other people in our lives very often influence the choices that we make. Also, that a person's psychological self which includes, self esteem, emotional state, intellectual understanding, the family factor and self- awareness, influences a person's vulnerability to HIV.

A third factor in this theory, that influences people's risk of infection, which he addresses in the education, is, as he puts it, the various ladders or rungs of society. The socio-economic factors that impact on AIDS on a macro and micro level and the influence at the family level and the community level. At the community level he will talk about issues pertaining to culture and more macro issues, like social inequalities and how they contribute to a person being more vulnerable to HIV infection.

Concerning the family factor that may make you vulnerable, he gives the example of a dysfunctional family. "Where you might find out somebody is vulnerable and may become HIV+ because, while they might hear the information and feel psychologically able, they may come from a family that is psychologically very dysfunctional in some ways". They may have received messages of men and women or sexuality as something bad or dirty. To talk about it is not good, therefore their capacity to negotiate for safer sex for example may be diminished, because their family culture is one of anti-sex or is about embarrassment about sex.

Pierre also makes people aware of the cultural and social issues around gender roles given to men and women. Also the relative powers some women have to make decisions about their own sexuality, and the vulnerability of young girls. At a structural level he will talk about the effects of apartheid, the poor access to education, health care, general infra structure issues, or the fact that families have suffered because of migrant labour, the homeland system and poverty. And ".. because of the rural urban drift, family cohesion is less, and the social cement, social glue, is disintegrated somewhat."

So in the educational courses that Pierre runs he also focuses on helping people critically explore and examine their own values, lifestyles, risks and psychological make-up, inner worlds, culture, society, prejudices, self-awareness, and preconceptions. It helps the learners understand their own risk of infection and other people's vulnerability to infection. By helping learners understand these issues, they in turn are also able to better understand other people's issues. Hopefully it will become clearer to them that the individual is vulnerable to HIV on a number of understandings, and of why they do not act upon the simple formula of information equals behaviour change models.

This theory of a person's psychological make-up and what puts people at risk and exploring the broader issues of why people are able to stay HIV negative, Pierre believes mirrors his own journey. Becoming reflective for instance, of being a middle class white male, having access to information, examining reasons for his own robustness and health, self awareness, his role in apartheid, and looking at his own culture is similar to the journey he takes his learners on.

A summary of Pierre's theory about AIDS education can be found in the appendix.

Relating to the life world's of learners.

The most important aspect of AIDS education for all the educators, is having some understanding of and feel for the learners life worlds and how they relate to HIV/AIDS. Getting in touch with their feelings, fears, superstitions, myths, and their knowledge and understandings about AIDS.

Glen explained that she does not explain AIDS in medical or academic terms. In that way people will not understand. It becomes too abstract and something they can not relate to their life-worlds. She begins by letting her group define for instance what does illness and wellness mean for them. From their she builds up the relationship and as she puts it, "ties

her knowledge with their knowledge. " Enea agrees. She believes the educator must use experiences in their lives that will help them understand, rather than saying something abstract. To talk in a lay language that is appropriate and understandable. Glen says for instance not to talk of an STD, but rather 'Drop', that way people can understand and relate the relevance immediately to their life-world. I think that Glen's compassionate understanding of and advocacy for communicating in a way that is comprehensible to learners, and giving them space to communicate their own understanding, originates not from theory but practice. I believe it stems from a real involvement, concern and empathetic understanding of people. During the interview she was very passionate about this position. I think she has felt the injustices in the past, of ignoring people as feeling, thinking, believing and wishful beings, teachers not accepting that learners have feelings of concerns, fears, joys, delights, and overlooking the dignity, value and experiences that each learner brings to the learning.

Glen also reacts to the way family planning education was done in the past. She believes "it was imposed, not explained". It is important for her to put people in the context of the teaching, and relate how it affects them.

Also she says, by sharing each other's life worlds, you can find commonalities and differences. A very important theme for her is reaching out to other people, and the way to do it is, "understanding and learning each others' worlds".

Greg too commented that one of his most important learning experiences was the realisation that "you cannot teach a subject to somebody without investigating their concerns and how they relate to the subject". He says very often educators only have the goal of wanting to teach people information about AIDS, forgetting that people bring to the education setting their own experiences and needs as well. I think his aim in education is to relate to these needs and experiences people have of AIDS, because it is in them that people hold their attitudes, understandings, and feelings regarding AIDS, that is going to determine their intentions and actions. A greater self-awareness for the learner can be generated from such an education. The learner can also become more confident.

Interactive activities also help with, greater skills building, which Greg believes is more important than just giving information.

Understanding learners' construction of AIDS is another way of relating to their life worlds. Peter said that you use their experiences and constructions of AIDS as building blocks for the education. ".. to work with what they already have.." and ".. using them in a way that they are the topic.." This way he believes they start thinking about their own risks, their own situation, their own choices and decisions. This is a very personalised approach, which is critical for him in the education.

This ties in with Pierre's notion of helping people understand their psychological selves and how their own personality can put them at risk of HIV. So that a secondary aim for him would be to help people on the courses explore their own life worlds, so that they become more self-aware. By doing that they are also able to understand their learners' worlds and how that relates to infection.

This aspect of AIDS education, relating to their worlds also serves other secondary objectives of AIDS education as articulated by AIDS educators. It contributes to sharing of ideas and feelings during discussion, thus enhancing a participatory approach. It helps learners appreciate different opinions and views about issues. It highlights for educators potential problem areas like harmful attitudes.

A secondary reason for Greg to have understanding of their worldviews has to do with the nature of AIDS work, displaying certain characteristics like non-judgementalism, and "progressiveness". He says that because people show interest in and attend their courses, does not necessarily mean that they are progressive and possess desirable attitudes. Very often he says they do not, and it is a problem if that person in turn is expected to be a counsellor or an educator. So they have an orientation on an individual basis with the learners to assess and prepare them for the course, and also to build a relationship of sharing.

Relating to learners' life worlds also has the potential to create trust, understanding and openness amongst the group. The learners feel the relevance of the topic to their own lives. The educational course becomes more lively and interesting for the participants. This was especially true in the case of David who works in the prisoner outreach program. According to him it is difficult to persuade prisoners of the relevance of HIV to their lives. He says the most important aspect to relating to the learners' life worlds is to gain and maintain their trust.

By creating a rapport between the educator and learners the barrier of the old concept of teacher and student relationship gets broken down. Many educators commented on people's prevailing perception that the educator brings down knowledge to the learner.

Almost all the educators found this as a major barrier that must be overcome. As one educator put it "people expect a great lump of information and they get quite peed off if you as teacher don't provide this knowledge." So at their centre one of the ways to overcome this barrier is by orientating learners to their courses, and, "..to form an integrated relationship from the beginning.."

One of the major obstacles of AIDS education then is having people accept the reality of AIDS and that it really affects them; many people have internalised the notion that they are in a way immune to AIDS.

The significance of relating HIV and AIDS to the learners' world, and them experiencing and acknowledging that HIV can affect them in the educational setting, is thus of utmost importance to all the educators.

The educators have articulated the importance of relating to the life world of the learners in various contexts and purposes, as I have highlighted in the forgoing sections. They are to: - build a relationship and rapport with the learners, understanding their construction of AIDS, using it as themes or topics during the education, and bringing out prejudices.

The educators also stressed the importance of stimulating discussion, and providing opportunities for learners to explore their own views and beliefs. It helps the educator to understand the learner, and, by exploring their feelings around for instance troublesome attitudes, you (educator), have a understanding of why they hold the views that they do. Relating to another in the educational setting also builds trust, by giving each space to air their views and where they are coming from, as well as creating greater self-awareness for the learner.

Participation

All the educators, except the educator who does education to prostitutes cited participation as the most important aspect of education. Even in that context, participation and their (prostitutes') co-operation are essential in their recovery from, for instance, drug addictions.

The educators who were most enthusiastic about the participatory aspect of education, I suspect are those that were exposed to too much of the traditional education system, where people (students), were treated as passive recipients of knowledge. Participatory education has really made an impact on them in a big way. As if they perceived education in a new way than previously experienced. Education has become something to celebrate, and not to be dreaded.

One of the most important reasons educators cited for a participatory approach in education is that by participating and airing their views, educators have access to their learners' inner and life worlds. As one educator puts it "..that becomes your (educator's) subject material in the education..." Another said, "...they are the topic...use what is already there and what people think and feel and believe.."

Another important reason for a participatory approach for the educators is that educators are able to capture the learners' attention; it becomes lively and interesting. It also builds

cohesion amongst the group. "...like a game they are active, their minds are busy and they work together and discuss things and say "...no you are wrong... you're wrong..."

By stimulating the discussion, the learners are encouraged to think more critically and become independent thinkers.

Glen believes in the power participation has to empower people with AIDS(PWA'S), in letting them own AIDS and deal with HIV in a positive way. PWA's are thus encouraged to talk openly about their status, to attend workshops and seminars where they can participate, voice their feelings and opinions, and contribute to understandings of AIDS, and influence decisions and actions taken.

More than one educator commented on how their education sessions are never the same. This is attributable to the participatory approach. "...I'm throwing the ball to the participants...I'm getting their gut reaction, their inner most reaction and feelings, and I find that enables me to relate and also to see things in a different perspective all the time..."

The educator in the prison outreach project says that by participating "...you (learner) feel part of it...you want to come back (to the education session).." He also believes it is difficult to forget something that you have experienced, by being involved in it through looking and relating it to life situations, as in the case of drama and stories.

AIDS can also be a very dry and abstract subject. For this reason more than one commented that "..you have got to make that information come alive for that person..."

For the married couple who works with young people, a participatory approach creates an opportunity for young people of different races and backgrounds to build each other and influence one another's opinion beliefs and attitudes.

Working with attitudes

One of the many problems AIDS educators have to deal with is the prejudices, stigma and discrimination towards the disease itself and towards people who get infected. Consequently one of the main aims in education is to counter these prejudices and discrimination, which are manifested in negative attitudes towards the disease itself and PWA's.

An aim of my study was to discover how the educators deal with negative attitudes, and whether they promote tolerant societies and gender equality in the HIV and AIDS context.

All the educators responded spontaneously to the question about attitudes. They all had some theory of their own about attitudes, with similar lines of thought and points of agreement. The issues related to how does a person work with attitudes, the conditions under which change can take place, and, the approach, role, and function of the educator.

Most of the educators understand that a person's past experiences and exposures form attitudes. Society, the family, school and religious history, play a determining role in the formation of our attitudes. Their role amongst other things would be to help people come to understand this and reflect on the why's, the right and wrongs thereof, and the truth and validity thereof.

Generally, all educators felt that they could not themselves be judgmental about the attitudes people have. "It is not my place to pass judgement on that person...I mean that is quite engrained where that comes from " Instead, the educators are more compassionate and neutral, attempting to understand why people hold the views that they do. They agreed that to have any success with changing a person's attitude, the educator must be neutral, they themselves should not have a heavy kind of attitude. As one educator who believes AIDS is about politics said, ".. you as educator have to be impartial, it is about being fair and non-judgmental...respectful, not to argue, explore the feelings, otherwise it

becomes confrontation, and you find that it is based on not having enough information or there is fear around the subject, ..working through it in an open manner and being respectful of what that person believes - then you often shift attitudes".

Most educators agreed that they have come to accept the fact that they cannot change behaviours and attitudes overnight. An educator involved in training the trainers courses said that they bring across to trainers that you, as educator, can never change a lifetime's worth of attitude in one workshop. This was also the response when dealing with women and women's issues in the education setting: that further specialised courses in this area could be developed, like assertiveness training.

Often people's views and beliefs cause harmful attitudes. They believe that what they think is right and is true and should be accepted by all people. Greg said what they do is "plant a seed...help people recognise what they bring into the relationship (their prejudices etc), and, learn to leave that out of the education process. Their role as educators is rather to let the learners recognise that their world view is not perhaps the best for the next person, and that they (learners) cannot presume that what they are teaching (worldview) is right for the next person. "...We raise the issue of choice, and do we really know what is best for other people?" Hopefully people will be more tolerant of different beliefs and life styles.

Greg says they use exercises in the educational setting that reveal people's assumptions and at the same time challenge their assumptions. Greg says you can challenge people's assumptions with information, with different views, with experience, case studies and using people on the courses. People with different views get the opportunity to debate things, and he believes that works.

At their (Greg's) centre they will use role-plays for instance. They will choose roles for people that he knows someone is going to find difficult to do. "So we take a lot of different people's beliefs and we pull people's beliefs apart to find out where they came from." He

says that when you pull them apart you actually see that beliefs are social constructs, "...because all have different societies and religions".

Jackui has a very interesting theory about changing attitudes. She believes people's ways of constructing AIDS are based on their belief systems, that are not based on their experiences, but based on hear say and what they hear about AIDS from other people. So a lot of people's beliefs are myths and misinformation and distortions of reality and truth. The way she believes you can challenge the attitudes, formed by the beliefs, is by letting them "experience" the truth, reality, for instance by engaging in deconstructing and analysing their belief systems, finding out, why they believe what they say and leading them to have insight into where their beliefs come from, how they (learners) construct what they know.

As she herself has been changed by the experience of hearing a person with AIDS talk, she believes in the power people with AIDS have in challenging negative attitudes, letting people experience that people with HIV/AIDS are ordinary people who are sensitive, moral and caring people, that feel, are in need of love, and contribute to the wellbeing of society. People with HIV/AIDS are thus great resources in the educational setting.

Peter said that by exploring with people their attitudes and constructions of AIDS, the persons in turn are given the ability to explore their own feelings and ideas. "Which by exploring is changing because you are adding new things from different angles and perspectives, so it becomes fluid for that person."

Pierre also feels this is a very important aim of education that people examine their attitudes and so on so that they become more self-aware, with the secondary aim of getting to the understanding of "if they (learners/clients) saw people with AIDS as X, Y and Z, so will their clients".

In the final chapter attitudes will be further elaborated on in relation to adult education.

Women and AIDS education

Concerning highlighting the plight of women and addressing their vulnerability to AIDS, I was surprised that educators were not more vocal about women's needs (educational and other), in the interviews. I had these preconceived ideas that the plight of women's educational needs, and the need to address gender inequality in the AIDS context, would be more up front and feature more prominently in the interviews. But it did not.

The educators addressed the gender issues more in an integrated way with other issues related to AIDS rather than in a direct way.

Greg acknowledged how difficult it is in general to have courses that are empowering for women, in three days. At their centre Greg says they do look into the gender issues, like male and female roles, attitudes in society, interaction between people on the course and assertiveness issues. He does not know how successful they are. Though he believes there is a need for more specialised courses, like assertiveness training.

Skills building is an important emphasis for Greg in HIV/AIDS and gender work, as well as emphasizing the role PWA's play, rather than just working at a theoretical level. He did not elaborate what kind of skills building. I assume that because he says generally there is no concept of sharing, that would be part of the skills building. That is to help people interact. Especially for women to for instance role-play negotiating for safer sex.

Greg is generally very sympathetic to women's causes. He says that being a psychologist is very helpful to him in understanding the dynamics of for instance a woman, who is bitter and thinks, "all men are bastards". He says he can delve into the dynamics of why she may feel that way.

Even though he is respectful of other people's opinions and beliefs, he feels he can for instance challenge a Zulu man who believes it is his right to have sex prolifically with other

people. Even though it is not his place to pass judgement, he says he can challenge it from a women's right and an HIV/AIDS point view.

Pierre made reference to how he addresses gender issues within the socio-cultural factors affecting the HIV/AIDS epidemic. He helps people realise how society and the stereotypical roles given to people, whom he acknowledges as a huge issue, make them more vulnerable to HIV/AIDS. Women's issues and their plight are woven into that. He will bring in his understanding of who is at risk, i.e. person's psychological make-up, family history, macro and micro issues, so that women's vulnerability becomes integrated into all the other messages he brings across to people. He says some training he does is about the relative powers of women to make decisions about their own sexuality and the vulnerability of young girls. Pierre uses the gender issue to show the wider implications and questions raised by AIDS. He does not address it specifically, as I understood it, as a section or module / exercise on its own.

Pierre is generally pessimistic about his own and their courses' ability to make a difference to women's plights. "They are vulnerable and it's hard for a woman to change her behaviour when the factors that are militating against her are much broader than just working at that individual level." He believes the cultural and social factors are more powerful than she is. What he is saying is that maybe it cannot depend on the educator only to make a difference to women's lives, but that broader sectors of society should also be involved in addressing those factors that are debilitating women's positions in society. Adèle has mentioned the case of women (sex workers), where according to her a team approach is essential for recovery and healing of disempowered and battered women.

He gave an example of how he would approach issues in the education group if there is a woman on the course that might be experiencing a problem related to HIV/AIDS. He says he will raise her as a topic, bring her issues to the group. Pierre says in that way the whole group experiences the relevance of the women's issue and the whole group experiences it as an opportunity to wise-up, and learn from it. This approach he says is characteristic of counselling training.

Glen spoke very powerfully but at the same time very loosely about her experiences of women's issues pertaining to HIV/AIDS. Glen believes that women who share knowledge that pertains to themselves and health can be very empowering.

She believes there should be more workshops and platforms, for professional and lay people, about women and AIDS, where women are given opportunities to share their knowledge and experiences. She believes empowerment comes along with knowledge.

It is important for Glen to relate education to the learners' lives, and to slowly help them understand the relevance to their own situation, especially the gender relevance picture. I think she experiences it as a very sensitive issue, that must be handled sensibly. She probably believes that understanding of these issues comes slowly. Maybe people also need an experiential kind of learning experience to grasp these matters more fully, and that just information about these issues is not enough.

She is worried about and warns of women's rights issue that can become, according to her, 'overbearing'. "As care must be taken that women do not become arrogant instead of assertive." Maybe it is something that she is encountering that is happening, because she is very concerned about the matter. Maybe she feels that women must maintain their characteristics that make them likeable.

Enea is the oldest of the educators, and is married. She is involved with the life skills training. She believes that the most important issue for educators is to be convincing and credible. The learners must feel and know that they can really learn from this educator because she practises what she preaches. "It does not matter if I teach my domestic worker, she will say what about you..." The learners must feel she has gone through negotiation of safer sex, she knows from her own experience, she has triumphed, she has crossed the difficult barriers heself.

Teacher Role

Much has come out of how the educators have been shaped as teachers by being involved in education. I have therefore decided to give prominence to the role of the educator as expressed and experienced by the educators. What has surfaced in indirect and subtle ways were their assumptions and perceived ideas of their role and characteristics as an educator, their intentions, their relationship with the learners and what they do in the education sessions.

It struck me that the main strands of the educator role and function tie in and sustain all the forgoing themes that have been dealt with so far. I think their roles and functions are so important to them - even if none realised this in any direct way - because the person being the educator is central to all the educational processes working together.

Some of the main obstacles that the educator must overcome is to, as Greg puts it, "cross that barrier of I am the teacher and you are the learner and I am going to give something to you." All the educators commented about the prevailing perception that the educator is superior to the learner and knows all that needs to be "disseminated."

David, who is still very young, perceives an educator in general to be as, "somebody is going to tell me how to run my life". That is how he could have experienced the educator role before - himself and his learners - who are moralistic and because of who they are, they can judge and tell you what is best for your life. I have earlier referred to his enthusiasm for a participatory nature of education. For him it is positive when learners feel part of the educational process and experience it as empowering and life affirming. As if learners can take control of their own learning, are given an opportunity to be who they are, and are accepted for who they are. The role of the educator is then to assist learners to experience this kind of education as meaningful and satisfying to their life. Maybe it is more of an issue in the prison context where he has experience. He says it is important to give to the learners a sense that you as educator are there for them. You are not going to "drop" them; you are not there for your own purposes. For David trust is the

key to achieve these objectives and to form a good working relationship between the educator and learner. I have sensed that for David the role of the educator becomes almost that of a friend and ally.

To counter the perceived ideas that the learners are at the receiver end of knowledge, the priority for the educators, and succinctly put by Greg is to form an integrated relationship with the learners right from the beginning. Belenky et al (1996) refer to this role of the educator as something of a collaborator. Students and teachers share in the responsibility, and collaborate, to construct and share knowledge, understandings and meanings.

For Glen it is important that it becomes an equal power relationship between the learners and educators. She emphatically said that the teacher must not take on an authoritarian attitude. Glen often works with illiterate people and PWA's. I think she is even more sensitive of the issues because of her experiences. That they (learners), probably even more so, need to feel that they are in possession of worthwhile knowledge and experience, and that they experience in the learning relationship the encouragement and freedom to share this. If the learners in any way experience the educator to be authoritarian and the "bringer" of knowledge, the learners may not experience the learning to be meaningful, relevant and empowering and as a sharing experience. As with David, creating an atmosphere of trust is thus an important role of the educator for Glen. As well as the qualities of the teacher according to Glen, as being cordial, friendly, and not imposing. I think this is the way for Glen to create a caring and equal footing relationship.

Jackui believes the quality of a good teacher is to connect in a personal manner with the learners. She believes the educator must be integrated with the information, it must be part of their make-up, they must own it. She perceives two levels of educators. "Those delivering the message and not believing in it, and then there is this education that you are convinced, no matter what, it comes from within". I think for Jackui the educator must be emotionally involved, and they must have made peace with the issues, like for instance their own sexuality, death and dying and issues pertaining to communication.

I think she is also convinced of this because of the example set by her previous mentor / colleague, who herself was very involved in education in a personal manner. Jackui has probably witnessed the powerful impact such a sharing has on the learners.

Peter believes that because he is HIV positive, and because he can share of his experience with the learners, the education becomes real and believable for the learners. He himself becomes a topic for the learning experience. Christo who is also HIV positive says when you share of yourself people realise this is not just a story. He believes that if you as educator want to be a role model, learners must experience something of you as a person. He says "To swing someone's head around you must let them see something of your heart". For him it also adds up to being honest and authentic, admitting to mistakes or not knowing something. I suspect that this for him creates trust and credibility of the educator. In general, for the educators to really connect with people, the educator cannot be aloof and objective, but the educator needs to be involved, emotional and subjective. It is about the educator as person connecting with the learner, and that the information part becomes secondary.

Pierre puts it this way. "The successfulness of the counselling, or of the education for that matter, is the connection you can make with that person, the reality of their lives, to have empathy for who they are."

Christo and Peter also felt the need for them as HIV positive persons involved with education to portray a positive and healthy image of an HIV person.

The educators commented in one way or the other about the need for educators to facilitate and stimulate discussions. The reasons would be so that they are given space to test what they (learners) already know. Glen feels this is especially important in the case of illiterate people and PWA's. They may get a sense that what they think and feel is worthy, that the educator is enthusiastic about what they have to say, that they feel respected and that they matter.

People who are shy, or lack self-confidence may feel embarrassed or awkward to share their views. So building trust and giving them a sense that you are really there for them is very important, David commented. Creating an environment of openness and where they feel they can share is an important role of the educators. It also contributes to enhancing the learner's self-confidence. Related to this issue is the role of the educator according to David, to keep the learners active and interested: to make sure that everyone is on board on an intellectual and an emotional level.

Related to the point about educators stimulating discussions, Peter feels that educators also learn about the learners' constructions of AIDS, which is important and nice for Peter to work with. For Glen too the role becomes that of building on and strengthening what the learner already knows. Enea also agrees that the educator's role is to enhance what the learners know. As Peter points out, the educator must never assume the learners know nothing and you as educators are going to teach them.

The educators learning experiences regarding AIDS education will be further elaborated on in the next chapter, which is the final and integrating chapter.

CHAPTER FIVE

CONCLUDING CHAPTER

What can the reported experiences of AIDS educators contribute to our understanding of learning and change in adulthood?

Introduction

This section of the research will integrate all the preceding sections so far. This section also addresses the question: What meaning do these reported learning experiences have for adult and AIDS education?

Since writing up this research I have learned to neither write too critically, rationally, logically or emotionally. But I write from that place that I believe is filled with what the educators have shared with me, and where my own experience, knowledge and intuition of AIDS education reside. It is a place that I have learned to trust. It is in this context that I have approached writing up this section.

The objectives of the research were to explore learning in the AIDS field. To have some kind of understanding of what the educators say are their learning experiences, and in a phenomenological sense then to interpret that which stands out as learning. In this section it means interpreting their subjective learning experiences, and relating it to AIDS and adult education.

For this section, emphasis has been placed on the educational meaning gained rather than the personal learning experiences of the AIDS educators.

summary of chapter five

WHAT CAN THE REPORTED EXPERIENCES OF AIDS EDUCATORS CONTRIBUTE TO OUR UNDERSTANDING OF LEARNING AND CHANGE IN ADULTHOOD WITH SPECIFIC REFERENCE TO HIV/AIDS ?

→ HEADINGS ARE NUMBERED IN SEQUENCE
→ THE MAIN MESSAGES OF HEADINGS RELATE TO AND ARE INTERDEPENDENT OF ONE ANOTHER
→ THE NUMBERED HEADINGS HAVE BEEN GLEANED FROM WHAT THE EDUCATORS SAY STRENGTHENS AND ENHANCES AIDS EDUCATION.
→ THE HEADINGS REPRESENT THE AIMS OF HIV/AIDS EDUCATION

1) change and the educator

to facilitate change in others, to be credible role models, educator should self have changed attitudes and behaviour, regarding for instance, non-judgementalism and safer sexual practises

sincerity and genuineness are important characteristics of educators for the learners

own self-awareness important for value clarification/self assertiveness/assessment of risk

2) relating to learners

learners' issues around HIV/AIDS become the building blocks for successful education.

contributes to a relevant and personalised approach

3) role of

EMPATHY
WHY?
- Able to relate to

Counselling
- Enhances Communication
- is enabling

Education
- Learner centred

compassion

- contributes to genuineness /care
- sharing more personal experiences
- contributes to learning about self and others

education

Contributes to

4) **Women's education**

AND EMPOWERMENT ARE MAJOR AIMS IN HIV/AIDS

EDUCATION AND AWARENESS

skills building/personalised / gender equality

participation and communication

6) **participation and communication** ***(Tree diagram)***

important for meaningfulness/ themes in education/fosters ownership/ interest /constructive

7-8) **ADULT AND AIDS EDUCATION**

- language

- exploratary/ reflective/ challenging/acceptance, non -judgementalism/empowering/ - growth, self-acceptance / sharing

communication

5) **education in context**

- holistic approach
- more than just facts are important in education
- psycho-social understanding of the disease important

challenging and open environment

Change and the Educator

This study revealed that the educators themselves facilitate change to a large extent. Change starts with the self; the self here being the educator. Maybe it has to do with the educators' own congruence as individuals, their self-awareness, what they model as persons, and them being educators, practising what they are preaching, for instance, regarding safer sex, and making peace with related issues like their own sexuality, assertiveness, decision making, attitudes, death and dying, and their personhood. They speak from their own experiences, they have integrated into their being the knowledge and insights necessary for AIDS education. The learners perceive the education as genuine, it is therefore obvious that the educators connect in a real manner with the learners.

Peter, Enea, Pierre, David, and Jackui were quite vocal about this issue. As Pierre stated, it is all about the connection the educator makes with the learners that determines the success of the education: the trust that the educator fosters amongst the group, their realness and empathy shining through. Dominicè (1990: 201) emphasizes this role of the teacher by saying that the students' motivation to learn is primarily related to the quality of the relationship they had with a teacher.

I think such an approach could help create openness in the learning group, and because there is a sincerity, the learners can bring to the fore their prejudices, fears, and concerns, which can help break the denial and silence around the AIDS issue. People could be encouraged to think about their own risks, roles and responsibilities, openly and honestly.

Since the educators, like Pierre, feel it is important to instill a greater self-awareness in people during their education courses, one would assume that the educators themselves have achieved a greater sense of self-awareness. They know themselves, their own values, they can assert themselves. Also, since they wish to instill in others characteristics like communicativeness, non-judgementalism, acceptance of others, a

willingness to take risks and share of themselves and their personal experiences, listening to others, and, openness to change, they model such behaviour themselves. The reasoning being that the learners will integrate behavioural patterns, which the educators portray.

Relating to the learners and adult education

It is only as we approach education in terms of what it means to the unique world of each person - the child, adult, anyone - that it can have any real significance - Tenenbaum

The educators agreed that they need to have some sense of the learners' frames of reference, their psychological worlds and what their understanding, feelings and attitudes are regarding AIDS, for the education to make an impact. The learners' subjective experiences and understanding of HIV/AIDS becomes the education material. Only then do the educators feel, that the education becomes relevant and successful.

This was the general feeling of all the educators, especially Pierre, Peter, David, Glen, Greg and Enea.

The idea of approaching adult education from the learners' needs and experiences is not new. In fact it is one of the foundations of adult education. There is an assumption that all people have experiences, knowledge and needs that they bring to the education process. The task of the adult educator is to help learners expose these experiences, and help learners further refine, expand, develop and reflect on this knowledge and insights.

Discussions, games, dramas, role-play, questions and experiential learning opportunities are reminiscent of reflective adult learning, and are sensitive to the adult learning environment.

This study revealed essentially that all the educators interviewed know this and employ these kinds of learning methodologies in their classrooms. The learners' experiences, opinions and attitudes become the topics and themes for education to be reflected on. The educators said that this personalised approach is the most likely way for learners to understand and acknowledge how they are affected and can be infected by HIV/AIDS. The HIV/AIDS information becomes real and significant to their lives because it is woven in their frame of reference and their emotional reactions and ideas.

Also, by having consciously attempted to understand the learners' ways of relating to and constructing AIDS, and exposing the prejudices and misinformation, opportunities are created whereby educators can address and clarify these.

In adult education this kind of learning is referred to as helping adults become critically reflective of their views, assumptions and attitudes. We will return to this aim in education when dealing with attitudes.

Empathy, Counselling and Education

The pivotal forces in men and women, what stirs and moves him/her, what drives him/her to involvement or apathy, to high achievement or inertia, to avowal or escape are essentially emotional in nature. The emotional commitments are the key to the profoundest drives, forces, and learning in people. And all these forces are tied up with their phenomenological field, their private world - Tenenbaum (1993:151)

Counselling and education

It is clear that being able to relate to another's world requires some inclination and ability to enter another's frame of reference. None of the educators raised this as a major problem for themselves. The educators' counselling backgrounds and their capacity for empathetic understanding could have assisted them in connecting with learners.

This study revealed that aspects of counselling are valuable to AIDS education as described by the educators. The educators - Peter, Jackui, Greg, Pierre, Christo, Glen and David all to some degree had a counselling approach to their education. It provides the educator with the necessary skills and theoretical framework to approach his/her group as well as individuals in the group, and provides effective means of dealing with sensitive issues, and attitudes.

A counselling approach can also be emotionally empowering and enabling for the learners, and is therefore especially relevant for the education of women. This approach can also contribute to the learners experiencing the seriousness of AIDS education and the relevance thereof. It also promotes values like non-judgmentalism and compassion for others, ways of dealing with strong emotions, genuineness and congruency, and enhances self-awareness, all these are important goals in AIDS education as expressed by the educators.

Empathy and education

I would briefly like to bring in thoughts on empathy from Belenky et al (1997). These thoughts relate to the authors' concept of connected knowing. I believe all the educators interviewed intuitively approached education in this way. I think educational efforts in general can gain from some of the insights this book offers.

Belenky et al (1997) believe that women know and learn through what they term, 'connected knowing', as opposed to men's knowing which is characteristic of separate (individualistic) knowing. The authors (op cit: 113) say that at the heart of connected knowing is the capacity for empathy. The authors (op cit: 122) refer to empathy as, "*opening up to receive another's experience into their own minds.*" They quote Noddings as saying empathy means, "*I receive the other into myself, and see and feel with the other.*" Rather than projection, it involves reception. They say connected knowers learn through

empathy. *"Since knowledge comes from experience, the only way they (women) can hope to understand another's ideas is to try to share the experience that has led the person to form the idea."*

I am of the opinion that many South African men and women have a capacity to understand and espouse Belenky et als' ways of knowing. For me, it conjures up images of the African concept of Ubuntu, which means brotherly / sisterly love and respect. It also implies that a person is a person because of another.

I will integrate these ideas into the rest of this chapter, but especially in the section about understanding women's preference for learning. Also the significant role empathy can play in education, specifically as this study revealed in AIDS education.

Women and education

It seems appropriate to focus on the needs of women in the educational settings, and the way they learn, since they are undoubtedly more vulnerable in a number of ways to HIV as discussed in the literature review.

None of the educators referred specifically to how they approach women in education, or how women learn. They claimed though, that in general a connected and personalised approach is more successful and preferred in the educational process. Glen, Jackui, Enea, Peter, David and Christo were in agreement about this. I have therefore explored what Belenky and co-authors found in their research relating to the ways in which women learn.

The authors assert (1997: 200) that for the education process to be meaningful, women need to be able to relate to it. Further, that connected knowing builds on the subjectivist conviction that the trustworthiest knowledge comes from personal experiences rather than

the pronouncements of authorities. Many of the educators espoused this kind of learning as the most desired way for AIDS education in general.

It is another way of saying that education needs to relate to the life world of the learner. Glen referred to it more specifically in the gender context.

Health and especially issues related to HIV/AIDS are very personal because they touch on one of the most intimate experiences of any person, their sexual experience. Education and empowerment become trying with AIDS, because of the sensitive and personal issues it raises, that is usually difficult to address openly, frankly, and courageously educationally. Though the importance of relating to and addressing the learners' personal (intimate) worlds is essential for successful AIDS education.

Adult education in general upholds the notion that people learn through sharing personal experience, or learn that which affects and has meaning for their lives. Even though this is not an earth shattering revelation, it just re-emphasises the notion that education is alive and meaningful when people can interact and participate educationally concerning issues relating to their lives.

The educators also indicated that women and men have a better chance of learning and change, when they can understand what they are learning, and when it relates to their personal lives and is in that context. Glen used the example of the old family planning interventions being imposed on people, without explanations of why, or how, individual (learners) can make their own decisions regarding family planning methods.

Belenky et al (op cit: 139) also believe that it is important that women are trusted to be capable of intelligent thought and learning. Belenky et al (op cit: 54) *"...our observations have lead us to conclude that as a woman becomes aware of the existence of inner resource for knowing and valuing...she finds inner strength.."*

The importance of this statement is obvious for AIDS education. Trust and affirmation can strengthen their self-confidence and self-esteem, and it fosters the belief in them that they can protect themselves from HIV.

Belenky et al (op cit: 217) also found that the kind of teacher women appreciated, is the one that helps the learner expand and articulate her latent knowledge. This brings in the role of the teacher as articulated by the educators, the ability of the educator to connect with the learners, and helping the learners find words and a voice to express themselves, which also ties in with a counselling approach to education.

David and the other educators felt that it is essential for learners to participate and feel included in the education processes. Belenky et al (op cit: 140) observe that when truth is seen as a process of construction in which the knower participates, a passion for learning is unleashed. (see tree diagram)

Added to this issue is the authors' (op cit: 194) conviction that for women, confirmation and community are prerequisites rather than consequences of development. The authors (op cit: 55) say connected knowing is an orientation toward understanding and truth that emphasises not autonomy and independence of judgement, but a joining of minds. I think this aspect also has significance for the AIDS phenomenon and relates to moral education, as discussed in the literature review. The emergence of AIDS begs society to promote these values, where people have empathetic understanding for one another. It promotes the need for interdependence amongst people, and a morality based not on value judgements made on the side, but a morality that has empathy and respect at its core. It also relates to the concept of Ubuntu. Acceptable meanings can be established, and these values enhance tolerance, cohesion and care amongst people, which is much needed in the AIDS epidemic. These ideas also relate to Boshier's (1995) ideas of the need to understand how ideological conceptions around AIDS are construed.

In context and a holistic approach.

The educators confirmed that effective HIV/AIDS education requires a multi-faceted response, that includes addressing the individual risk issue at micro level but also the 'what- makes-people-vulnerable' issue at macro level. The educators generally felt that people attending their courses needed to be put more or less in the whole picture of what puts people at risk and also how human development impacts on AIDS or vice versa. The idea is that if people are sensitised to for instance how AIDS affects development, the more understanding and serious people will become towards HIV/AIDS issues.

The educators further agreed that attending to the whole person; psychologically, socially, spiritually, emotionally, and the person in society and community, contributes to the success of AIDS education. Because it is not knowing about the facts that are important educationally, but a grasp of why you are at risk (all the influences; psycho-social), and an ability (psycho-social) to alter or challenge those influences.

What I would like to bring across to the reader is the educators' emphasis, that the learners should have a deeper understanding of the relational side of HIV/AIDS, and that the educator should approach the learner in his/her context. Pierre for example educationally addressed the psychological dimension of vulnerability of people. People also learn and understand better if they understand the why's and how comes, but in context.

This kind of education seemed especially relevant to women, as expressed by the educators, and espoused by Belenky et al. It is a general health education principal that health education should be concerned about helping people understand the reasons for their (ill) health, it fosters a critical awareness and can be enabling and empowering for the learner.

Participation and communication

The important issue that emerged from this theme is the need for people to be willing and able to participate in the education process for various reasons. However, there exist many barriers that prevent people from freely participating in education. The educators gave examples of barriers as people expecting a lump of information, and that people perceiving the educator as the 'bringer' of knowledge. People may also not participate as people generally tend to be cynical and a bit stunned by the AIDS phenomenon, as is evident from society's construction of AIDS, as discussed in literature review.

The manner in which educators claimed to have overcome this is by, "forming integrated relationships with the learners right from the beginning" and, "throwing the ball back to the learners (group), all the time", and by "exploring the learners' constructions of AIDS".

I would briefly like to reflect philosophically on education, and how that relates to AIDS education. For many educators the person emerging' and maturing, is what education is essentially concerned about: (Higgs 1990: 293, and Conti 1995: 221, Venter 1990: 3, Vandenberg 1987: 174). The AIDS educators indicated that this is an important emphasis for them. They accepted that they are dealing with the whole person, that person's inner being, the person's values, beliefs and personhood. An aim for the educators, especially for Pierre, would be to instill a greater self-awareness in people. This kind of learning is important to AIDS and adult education. (see page 103)

The point I wish to make refers to the general assumption of people that they are to be given information. The essential concern AIDS educators have is to help people realise that AIDS can affect them personally. The way to help people realise this is by helping them become more self-aware, which touches on their inner being, their life world, them as an ever emerging person. Vandenberg (1993: 174) observes that this inner awareness of one's own existence is the essence of human reality. It is something that a person has to realise him/herself. A person cannot be a recipient, it must be self-realised.

Vandenberg (op cit) says self-conscious awareness is not given but achieved. This, for me, relates to the participatory approach to education, because a person develops and grows when you engage yourself, open, relate, challenge and question.

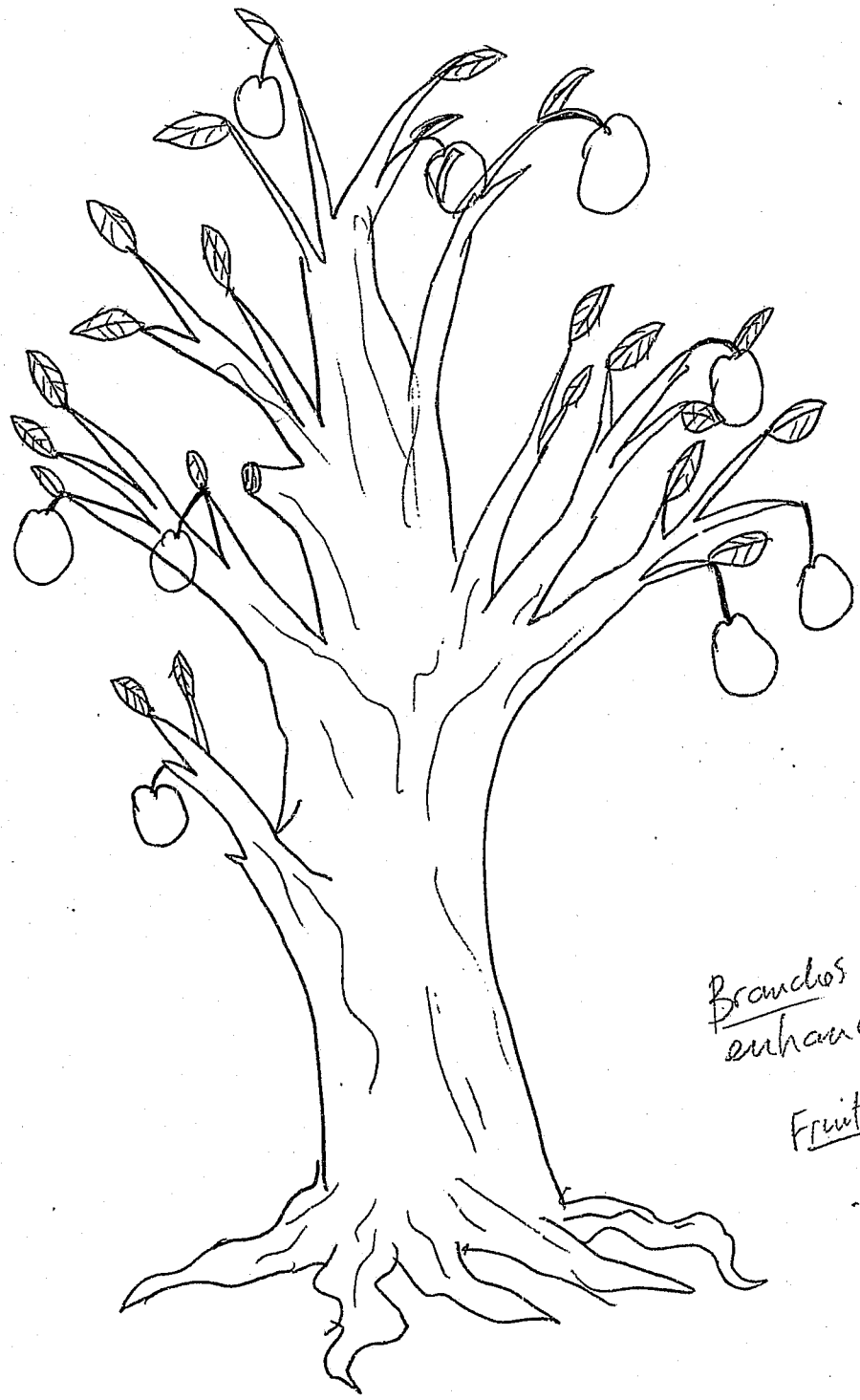
Why is it important to share and communicate in the educational sessions?

The educators said that they themselves are enthusiastic about it, it makes education lively, interesting and relevant; they can access the learners lived reality, which becomes the building blocks for education. Through sharing views and beliefs, all get to understand that everybody has a different view. Through communicating their thoughts, the learners realise that they can influence and enhance each other's beliefs, values and opinions. It helps learners to become critical thinkers, it is empowering because it builds self-confidence and esteem, it is democratic - everyone gets a chance to construct meanings, decisions and knowledge, people feel part of the process, it contributes to the "aliveness" of education.

What enhances communicativeness and participation? Trust and support, seeing educators themselves engaging, exploring, taking risks, and sharing; an equal relationship between teacher and learner, encouragement, connecting with learners in a personal manner, and credibility of the teacher.

The diagram on the next page illustrates the point of communication and participation by means of a tree.

Participation and Communication TREE



Branches: That which enhances communication

Fruits: The successes of communication
- construct new knowledge
- influence each other
- new insights
- learn new skills
- can relate to another
- builds self-confidence
- Democratic
- Critical thinking
- Fun

Communication and adult and AIDS education

Two important questions have arisen since writing up the research.

- What kind of communication is needed in AIDS education as articulated by the educators?
- How can adult education contribute?

Mezirow (1990: 7 & 8), an adult educator, distinguishes between communicative learning and instrumental learning. Communicative learning involves understanding the meaning of what others communicate to us, concerning values, ideals, feelings, moral decisions, and such concepts as freedom, justice, love, labour, autonomy, commitment, and democracy. Instrumental learning involves learning how to do things, or how to perform.

I suspect that my study has essentially been concerned more with communicative learning than instrumental learning. I also think that most objectives of AIDS education concern communicative learning: that some of the troublesome and sensitive issues in AIDS education arise from the meanings people communicate in regard to their values, feelings and attitudes towards the disease itself and those that it affects. It has been manifested in the language used to describe AIDS, and associated meanings conveyed, as has been highlighted in the literature review. Further, I think it is those meanings communicated that need to be addressed in AIDS education.

There is however a place and need for instrumental learning in AIDS education, for instance in counselling training. A counselling approach in general seemed to be valuable in AIDS education, as revealed in this study. Counselling promotes for instance, listening skills, non-judgementalism, reflection and means to deal with the emotions.

I think empowerment issues can also be addressed in this context. People learn to be assertive, learn about themselves and how to communicate, by communicating.

Most of the educators said they learned about education mostly by doing, by applying counselling skills, which is all about communication, and by modelling what others are doing.

I think women should be encouraged to communicate in the AIDS education groups, as well as PWA's, and illiterate people, because that is how they learn and become self-confident and get to know themselves better, and learn to communicate. People on the educational courses should also be encouraged to reveal the meanings behind their feelings, actions and attitudes.

Adult Education and Attitudes

I would like to elaborate the idea of communicative learning with special reference to working with attitudes. I will tie in what the educators have learned regarding attitudes, with contributions I believe the adult education field can make. This section also promotes the idea that AIDS education can provide learners with an opportunity to experience (adult) education.

I could not help but detect that the educators, to some extent, feel a sense of helplessness when it comes to making a significant impact on the learners' attitudes of condemnation, denial and so forth.

My reflections on adult education made me believe that a critical characteristic of adult education is the purpose of assisting people to review their attitudes and opinions and to help them become more reflective and thoughtful of their behaviours and assumptions.

Critical reflection for Mezirow (op cit: 13) is not concerned with the how or how to of action, but with the why, the reasons for and consequences of what we do. I think this relates to the kind of learning Belenky et al (1997) espouse. This train of thought relates to the need to relate to another's world, and the need for women to understand the why's of things.

Venter (1994: 4) believes adult education should help people make psychological adjustments to their social conditions and natural world, by equipping them with the necessary knowledge, understanding, skills, and attitudes.

On a philosophical note, education can also contribute to Vandenberg's (1993: 174) observation on existentialism, that "the conditions of one's own existence can be reflected on, clarified, and integrated in a gradual deepening of one's inner being." Vandenberg says the goal is to overcome alienation from oneself, and to become oneself, or achieve authentic existence. AIDS education can help people have a taste of this kind of learning experience, because it touches the person's whole being. Dominicè (1990: 205) says that education in its formal settings provides the opportunity to experience learning.

In AIDS education on the whole there is a need and opportunity for this kind of reflective learning: to prompt people to explore and reconsider their views and attitudes, that either put them at risk of becoming HIV infected or causes harm to others. This kind of learning can also help members of society to have a deeper grasp, and even wonder, of our relationship with one another, and issues affecting our society. Venter (1995) believes that through educational programmes adults should be able to gain some knowledge and understanding of issues in society.

Dominicè (1990: 206) says the opportunity to be challenged and to reconsider one's knowledge, values, and beliefs gives meaning to adult education. He says it is not the content of the training that counts but the opportunity to examine one's attitudes and behaviours. "It is what we do with our education that gives learning its meaning." I think the AIDS epidemic presents us with opportunities to probe and open the debate about

gender and development related issues. There exist opportunities within the AIDS education field to contribute, influence and change society's prevailing attitudes and meanings ascribed to discrimination, gender roles and powers, sexuality, inclusion and exclusion, and quality of life.

Sontag (1994) for instance feels that the metaphors we have created for AIDS cannot be distanced just by abstaining from them, "they have to be civilised and belaboured upon". Deshter (1991 in Mezirow) explains how metaphor recognition, identification and creation can be an occasion for critical reflection and transformation. The process involves unpacking meanings associated with issues and uncovering frames of references or assumptions.

Peter, Jackui and Glen referred to the way the learners feelings and opinions become the building blocks. Not one educator explicitly said that they are concerned about changing the meanings of AIDS, for instance from a death and fear invoking understanding to a realistic and challenging perception. (What can the issues brought up by AIDS teach us as society?) Though Christo and Liesel had said that they explicitly want to break down the stereotype of thinking concerning who a person with HIV/ AIDS is, and what they feel and look like, and promote AIDS as a disease that we can live with hopefully. I have imagined that the education courses provide great opportunities for learners and educators to create understandings and constructions of AIDS that are acceptable, and that contribute to making it easier and more meaningful to live with the virus, instead of shying away from it and denying it because of the overwhelming negative and hopeless scenarios it has been associated with.

Dominicè (1990: 203) believes people learn to respect other norms and to change their attitudes as they explore a variety of new beliefs. I think the AIDS epidemic makes an appeal to our appreciation of the plurality of our values. Venter (1995: 6/7) says people need to learn to live with different possibilities. Also that people need to know that as human beings they are similar yet different. This could be part of the educational goal. She quotes Klapwijk (1994: 161) who contends that recognition of the plurality in values

and norms is important because it implies an appeal to stand up for human dignity, freedom of choice, private opinion, toleration towards those of different mind, and responsibility based on openness and respect. Openness and tolerance is vital in a diverse society, and crucial in AIDS prevention.

Greg said an aim would be that people could share their ideas and grasp that people have different views and feelings about subjects, so that people will become more tolerant of each other. He for instance let people partake in role-plays where they are given roles to play out that are particularly different from their own character. In this way people feel for the other's views and actions, and are less likely to judge.

There is so much uncertainty surrounding the AIDS epidemic. For instance the progression from HIV to AIDS, the constant mutation of the virus self, and grappling with vaccines, treatments and cures. I think the AIDS epidemic teaches us to accept and live with uncertainty. Venter (1996: 6) observes that we have to accept that we do not have specific answers to life's problems, as we would like to have. She says that the more possible answers there are, the more insecure people become. This is one of the difficult issues AIDS confronts us with in society: that we have to accept diversity, a plurality of values, and tolerance thereof, and living with uncertainty and tentativeness.

A post-modernist approach can be helpful with these issues as discussed in the literature review. For instance, the notion that knowledge claims are intelligible and debatable (also) within their context, paradigm or community.

Mezirow (1990: 5) suggests that even more central to adult learning than elaborating established meaning schemes is the process of reflecting back on prior learning to determine whether what we have learned is justified under present circumstances.

Conti (1985: 221) says adult education can assist adults to become aware of their significant experiences and to relate these to other events of their lives. I believe that persons attending AIDS education courses are given the opportunity to have a clearer

understanding of their lives, and that they will find something significant and relevant to their own lives. This relates to the critical reflection aspect of adult education. Dominicè (1990) believes adult education should also be concerned with helping people to understand what they already know. This could also prove to be encouraging for learners to further their learning experiences.

Tenenbaum (1967:154) believes each person has to organise knowledge, wisdom, meaning, whatever is important for him or herself, and this is each individual's unique lifelong task. I think this is one of the roles of education, and especially what AIDS education can offer people a taste of: to make some meaning of the epidemic for themselves, which will relate to something significant in their lives, perhaps it may concern a relationship, or an inappropriate belief or attitude.

Jarvis (1987: 198) asserts that learning begins when there is some disjuncture between biography and experience. He says disjuncture lies at the heart of learning and the closer it is to the person's system of meaning the greater the imperative to respond to it. Hence, the significance of relating meaning or relevance, to lived lives. *"If situations are not meaningful or relevant then they may not prove to be learning situations*". Especially in the AIDS field, persons are on the education courses because they need the information for their ongoing work (life), maybe they need to educate others, and/or get workplace policies into place, and/or because the information is relevant to their personal lives, the person needs to practise safer sex , or needs to care for someone with HIV/AIDS, or is challenged with an inappropriate belief or attitude, and /or needs to take leadership in their particular community.

Jarvis (op cit: 198) *"What we do and do not perceive, comprehend, and remember is profoundly influenced by our meaning schemes and perspectives."* The educators were all too aware of this reality, to help learners experience the relevance to their own lives.

They also understood that the attitudes people have are ingrained from how they have been brought up, by their socialisation and significant people in their lives. The task of the

educator is to be neutral in their judgements about these attitudes that determine behaviour. But also to probe and help people understand how their assumptions and attitudes were construed, and encourage them to be more critical thereof.

This study revealed that sharing personal experiences and giving a context of yourself in the educational endeavours by PWA's, and educators, are powerful ways of reaching people. It promotes positive attitudes towards accepting PWA's, and enhances people experiencing the 'reality' of AIDS and their own vulnerability to infection.

Jackui believes that people have the opportunity to change their attitudes, formed by their beliefs, if they experience truth. For instance, if PWA's are involved educationally and share their experience of being HIV positive to people, what it means to them, and how it has affected their lives, individuals will have a more realistic understanding of HIV/AIDS, and (hopefully) alter their beliefs that form their attitudes.

Mezirow (1990: 4) says experience strengthens, extends, and refines our structures of meaning by reinforcing our expectations about how things are supposed to be, or as Jackui believed, experience can alter our meaning scheme when we are challenged with the appropriateness or truthfulness of our beliefs.

Mezirow (op cit: 10) says we engage in reflective learning when we bracket our prior judgements, attempt to hold our biases at bay, and, through critical reflection, make an assessment of the credibility of the idea. He (1990: 9) also believes that communicative learning is less a matter of testing hypothesis than of searching, often intuitively, for themes and metaphors by which to fit the unfamiliar into a meaning perspective, so that an interpretation in context becomes possible. For Mezirow (op cit: 8) communicative learning focuses on achieving coherence. He further believes (op cit: 11) that no need is more fundamentally human than our need to understand the meaning of our experience.

So it is not just the facts (content) that are important and a determining factor, but the opportunity for people to become more self-aware and review their lifestyles, attitudes etc.

This issue of communicative learning re-emphasises the notion that educators need to relate to the life world of learners, or meaning schemes, so that the learner can relate new knowledge or meanings to their own frames of reference.

The literature emphasises the environment in which the education takes place as crucial for supporting this kind of learning that is commonly known in adult education, and loosely referred to in this paper, as critical reflection. Jarvis (1987: 199) asserts that it is the environment within which the experience is provided that helps determine the type of learning that occurs. All the educators were very aware of this truth. They expressed it for instance by their emphasis on trust, the importance of connecting with the learners, the deflation of authority, and making people feel welcome on the courses.

Venter (199:.8) says in the absence of threat, people gain new perceptions, begin to review their personal attitudes, values, needs, and beliefs, and thus begin to form new and different behaviours. The educators, especially Peter, Jackui, Pierre, Enea and Glen, emphasised the importance of a relaxed, non- judgmental and empathetic environment as crucial for successful AIDS education.

These ideas and approaches to adult and AIDS education have been gleaned from the educators' own learning experiences.

Last words

This study has revealed that people learn that which is necessary for ongoing life and about that which is close to them. The educators have come to grips and have a deeper understanding of their own and others' sexuality, their own and others', personhood. They have developed a deeper awareness and appreciation of matters relating to human rights, care and compassion, respect, decision making, life, death, illness and health. They have

learned about educating others, and developed a greater understanding of issues affecting society, and people's behaviours.

Many people are going to be exposed to HIV/AIDS related education, and be given the opportunity to grapple with some of the issues brought to the surface by the epidemic. I think it is an excellent opportunity to challenge and change those issues that AIDS is showing us are cause of concern for our communities, in the way that we conduct ourselves. The AIDS educators are in excellent positions to facilitate such learning and change, and adult education can provide some of the rational and theoretical backing.

I have come to understand that the educators almost have a phenomenological approach to the educational process. They do not have preconceived ideas or agendas of what the learners must know or think about AIDS, and how the learners may experience the epidemic.

Aspects of phenomenology proved to be useful in education, as presented in this research; for instance, addressing education in the context of the learners' lived worlds, for the education to be successful, and letting the subject reveal itself, and work with that as education material.

Another important issue for me is the way we influence and shape each other's lives. Almost all the educators mentioned how others (colleagues, clients, learners, and friends) and their work, have given them a context of who they are. Although they doubted their influence over others, they all acknowledged how others have genuinely influenced them, and how they owe a lot of who they are, to the role others have played in their lives. Maybe others influence us, much more than we think. If it is true, then not all is lost with AIDS prevention efforts, because we do influence and shape each other's lives.

For me this study has revealed that a caring response to AIDS, manifested in the educators' compassion and respect, is the most important aspect of an appropriate and effective response to combat further infection of HIV/AIDS, and also to care for those already infected.

Further Research

Given the severity and dynamics of the AIDS epidemic in South Africa, one should encourage all kinds of research that will illuminate aspects of how people can prevent themselves from HIV infection. But also, how to combat discrimination, and enhance tolerance and care amongst people, which is necessary for AIDS prevention and care. More research will be useful on how and why people have the beliefs, superstitions, myths, and hostile attitudes towards those already infected and the disease.

More research could be invested in the empowerment of women: how can education programmes contribute towards strengthening women's ability to have vying power in society, and, help them voice their concerns, that what really matters to the heart of their hearts in the educational settings.

How can AIDS messages really capture the interest, attention and imagination of the public? What really are the concerns of the South African public regarding safer sex and condom use? What are the issues relating to HIV/AIDS that they are struggling with? By knowing this AIDS messages can tie in with the lived worlds of the public.

How can (more) men be harnessed to be partners in AIDS prevention and care?

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APPENDIX A

The individual interviews

CHRISTO AND LIESEL

Christo is HIV positive. He is married to one of the other participants in the study. He got involved in AIDS work when his CD4 counts started to drop. He felt the urgent need to tell others about AIDS and become open about his HIV status while he was still healthy. He wanted to use his status as an opportunity to teach others about the disease for prevention and understanding.

For several years he kept his status a secret. He says he hated living in secrecy. It was very difficult for him to disclose, as he knew he was going to be in the public eye. He was also initially scared of being 'thrown out to the wolves' and rejected by his family and friends, members of his church, and the public in general. Christo publicly disclosed his HIV status in May 1992 when he decided to become involved full-time with AIDS work. He was a minister of a church. He said he expected the worst kind of reaction from his congregation, but the opposite happened. Although people were shocked about his status, everyone was supportive of him. Especially his family and friends gave him the kind of support that gave him the self-confidence to carry on with the work that he set out to do.

He set three goals for himself; to tell others about AIDS, to put a face to AIDS, so that people can see ordinary people can get AIDS, and as a Christian to be a witness of hope.

His calling became his wife's calling (one of the other participants in the study). She says her personal mission was to change the way the media portrayed people with AIDS: the thin sickly, helpless person in need of help, the perception that only perverted people and prostitutes get AIDS, and the victim kind of, 'ag shame, poor me, nobody wants to help me', image.

According to them, those are wrong messages. " Let people see that I live with HIV, let them realize the positive aspects." His own motto about AIDS is that AIDS can either be

something terrible or something brilliant for humankind. Therefore he started out with the 'I have hope' campaign.
He stresses that their activities are not just about AIDS. "In our activities we plant seeds (of hope), so that many people with almost insurmountable problems are given hope, renewal, a chance to review..."

They receive many phone calls from people experiencing all kinds of problems, because they think he will understand better (as he has been there).

The extent to which people can identify with personal tragedy and need to find solace and comfort from others, is evident in the reaction this couple experienced from other people when they experience tough times. He must possess amazing inner strength to be able to share so much in the disappointments of others and still radiate pillars of hope.

Their experiences and resolutions found about disclosure confirm the ignorance surrounding AIDS, that it exists, and that the negative attitudes that exist are to a large extent formed by misinformation.

Before disclosing, the couple first prompted friends and family members by asking questions to establish how they understand the disease, what their informatic . level and attitudes are, "...only when I realised that people were not afraid and they will not judge me, did I feel safe enough to come out."

The wife says being in the AIDS field has been a huge learning experience for her. She says for example she is not such an emotional person, but had to learn how to word and express her emotions. It was very difficult for her, though 'therapeutic', as she puts it.

Liesel says the difficult questions people put to them, force them to think about and face up to them. For instance, " will she get married again? " "How long does he have to live?" These questions are not unfamiliar to them anymore. They now have more self-confidence and courage to answer them.

One of the major learning experiences on a more personal note for him was to try and strike a balance between dreams and life ideals on the one hand and reality on the other.

During the AIDS education sessions they admit that they are totally dependent on each other and enhance each other's educational endeavors. They say they are a team, and they can share many of their experiences with the audiences, like disclosing to families or friends, practicing safer sex, and commitment.

One of the more amusing anecdotes during the interview was when she told of how their educational endeavors prepared her to improvise and expect anything, if not the worse, of any situation. Christo says each education talk is like a drama, or a new show. Each session differs completely from another. He loves the challenges of his work. He believes he will not so easily get bored with this work. "You have to adapt, be flexible, you have to grow, the audience must grow from where you start in the beginning to the end. You have to work through barriers, - spiritual, emotional and physical (noise, screens). Liesel says she has learned to give talks in the worst conditions. "sometimes there is no electricity, and I speak in tattered school halls, and will the anxiety of my husband not preparing for anything."

Christo shares a lot of himself during the educational talk. He believes that you cannot reach somebody's mind without letting him or her see something of your heart. This ties in with his belief that if you want to be a rolemodel you have to give something of yourself. He believes that if you do not, you are not going to get anywhere. He says the difference between himself and a teacher is that a teacher merely gives information, Christo shares of himself on an emotional and experience level.

The couple believes that due to their experiences with HIV, they have a lot of credibility. People therefore listen when they speak about safer sex. They become trustworthy, because they share intimately their sexual experiences of practising safer sex.

They believe the most important aspect is gaining trust and capturing the audience's attention. To do that Chisto is willing to do almost anything, even sing and dance. Authenticity and honesty also plays an important role for him.

His background as a minister is a major drawback. So much so that he does not tell people anymore that he is a minister. It inhibits the education process. He says people expect him to come and preach and read from the Bible and be moralistic and prescriptive. Usually a very solemn and serious atmosphere prevails initially when he gives talks. He therefore needs to relax people, so he brings a lot of humor in.

Liesl is quite fed up with how the churches react to AIDS, and to people with HIV/AIDS; their negative attitudes, and, in general their inertia.

Christo says he is not integrated into the 'AIDS community'. He has encountered the politics and expectations of having to be 'correct.' He has felt discouragement and despair at the exclusiveness and power struggles, that are prevalent in the AIDS world.

On a more personal note, he says he has learned to experience life as a gift. With his 'I have hope campaign', he has hope for the hereafter as well as hope for our stay on earth. On a philosophical note he says, "you can only understand life if you look back, you can only live if you look ahead."

His aspirations are to help children find hope in an AIDS world. This hope has to do with young people having the information and skills to stay HIV negative, and to live in an accepting and non-judgmental society. He has found that in this chaotic world people do care. He would like to share these insights with young people. The couple has further learned to talk about and share intimate sensitive issues with other people. Christo says AIDS is part of his journey to maturity. He feels he can handle any crisis that life throws at him. He learned to appreciate the small things in life.

PETER

This educator was a volunteer counsellor before he became a National Director, a position he presently holds in a National Non-Government Organisation. He says his involvement in the HIV field is in a way like a story. " It is a story of discovery, of development, of slowly gaining confidence and believing in yourself." He said if he had written a book, or a story, it would say, 'From volunteer counsellor to National Director'. This process of working himself up to being where he is now is quite fascinating for him.

He has become a very vocal voice and prominent role-player in the HIV/AIDS field. His achievements range from being a volunteer to becoming a task team member and executive council member for different organizations and committees. He was a main co-ordinator of the National AIDS Review. He says all these different experiences have made him very versatile.

Peter has gained many skills, knowledge and information and a basis to work from since he has been involved in AIDS work. He was surprised by all the talents and skills that he had. "Over the years I have discovered firstly I can do public speaking, that I can facilitate, that I can share that I can educate...that I can run workshops, so it has been a gradual process of building confidence and developing a believe in your own abilities." He believes the positive feedback that he got was crucial for him to build self-confidence and carry on with his work.

His original motivation for becoming a counsellor was to do something of benefit, to mean something to other people. He says the interesting thing that he found is " that by doing that, by doing things for other people, I am gaining a huge amount for myself."

Much of what he has learned as an educator is what he has learned from his experience of being a counsellor. He believes he is sensitive and a good listener, and is able to summarise things and not be directive in the education sessions, which are all counselling

skills and crucial to AIDS work. Peter says being non-judgmental and neutral are important qualities, not only in educational settings, but also in general in the AIDS field. "The AIDS field is very political, this is one of the qualities that come from counselling (non-judgementalism), and there are constant powerplays." The fact that people perceive him to be neutral is one of the most important reasons why he is an important role player. This quality was developed through working with an array of different organisations and sectors. According to him, being non-judgmental is also very helpful when dealing with attitudes. Central to this conviction is having respect for people, and their different viewpoints.

He learned about education by watching and picking up what others are doing. From his experiences of facilitating and training he discovered what works and what does not work in the educational setting.

In terms of education he has learned that the process should be participatory, and that you have to use the learners' experiences as building blocks. He says in most cases "AIDS education is quite abstract. It has to be personalized if any form of education is to succeed."

A big advantage for him in his work is that he knows his subject matter well. " not through reading and being taught, but through experience." He believes that by using his own experience of being HIV positive as a tool in education, the education becomes credible, genuine and congruent for others. "...speaking from experience and the heart...so its not dry or academic, if feels quite real...with a lot of examples and illustrations from real life..."

One of the most outstanding ways in which he has changed is in terms of self-confidence. " Essentially I am very quiet, shy, unconfident person you know. What I am now doing is sort of saying, -and it was psychologically very difficult-, recognizing the development from where I started to where I am now, and believing in it... believing in all the positive feedback I have gathered and believing that I now have the skills."

He is contented and proud of himself and where he is in life. He loves his work and finds it challenging and fulfilling and feels privileged because other HIV positive persons have not been so lucky. A critical aspect in his daily life was that it did not matter that he was HIV positive, "I have the kind of affirmation in my day to day life that if you are HIV positive, things like love and relationships and life go on, and that you are liked for who you are and not whether you are HIV positive or negative."

He believes strongly that a positive attitude and a healthy lifestyle contributed significantly to his wellness. "I am surrounded by people who give me a lot of love and support. This has been important to me."

Peter says in general his life, as an HIV positive person has been very rich and rewarding. He says he has travelled extensively and he has been fortunate that his colleagues at work have always been supportive, affirming and encouraging.

Part of his dreams and aspirations is to be a role-model for HIV positive persons and to provide a voice for them, "because often they don't have a voice of their own, or are too afraid ...you are expressing the needs and aspirations and the views and the desires of a group."

DAVID

David is a mature twenty-thre . year old and the youngest of all the educators interviewed in this study. He works for an AIDS NGO in Soweto. He worked in their prisons' educational project. Although he is a trained AIDS counsellor, he has had no formal education or training.

David shared his experience of being an educator in the prisons, and what he has learned there. He has previously worked in all kinds of other settings, including clinics, informal settlements etc, but says that the prison involvement is most interesting and satisfying. He is a very compassionate person and witnessed suffering, neglect, death and misunderstanding in the prison.

David says his perceived ideas about prisoners changed dramatically. "..When I started out I thought of all those things people say about prison, you'll get mugged, raped, this and that, and I didn't see these things...I didn't see criminals, I saw people, I saw human beings, I saw brothers, I saw fellow Africans. I did not see criminals, I saw people who are very vulnerable as well."

He says in the prisons he learned to address people's real educational needs. To talk to them in a way that is relevant and interesting to them, because prisoners can easily laugh off a matter like HIV/AIDS, and not see the relevance to their own situation. There are many misconceptions about AIDS in prisons. A popular "myth" is that there is no AIDS in prisons as one can only be infected by a women. "You have to help them understand that HIV can also be transmitted by having sex with a man" David says.

David is confident about his ability to communicate with the prisoners. He feels he relates well with them and can gain their trust. He says they experience him as a friend, "...because they say I think like a prisoner and I am able to say the right things at the right time."

He admits that it is very difficult to establish a good relationship with people in prisons. He says you have to have a lot of patience. The most important aspect is gaining and maintaining their trust. A good way of winning their trust is being punctual and being at meetings.

He believes that means other than formal presentation need to be employed to do AIDS education. David's favourite means of getting across messages is through drama (stories), the use of videos and games. He says stories relate to life, and reflect real life situations. It captures the prisoners' interest and they can relate to it. Regarding games he says, "...games keep their minds busy, and they work together...they really participate because they form part of the whole thing, part of the process...they feel it is real...they can relate to the game...unlike when you have to come and listen to somebody that you do not even know and they are dressed up in a suit of expensive clothes that you won't even buy." He also believes that stories and games are effective ways to communicate AIDS messages to illiterate people, it keeps their attention and they do not have to rely on reading to understand.

Games and dramas also draw in the learner to participate and help them to critically reflect on issues. It also keeps people from getting bored and keeps their concentration.

In helping building positive attitudes towards people with AIDS, he tries to put learners in the shoes of a person that is HIV positive.

He has witnessed many deaths, which has been very sad and difficult for him to come to terms with. "People say that one gets used to others dying. I can not get used to it. I do not think it is good when an educator becomes numb to death."

A prison inmate with whom he had been friends had committed suicide, by setting himself alight. It was a very traumatic experience for David. One of the reasons for the suicide is that the man was denied medication when he became ill.

David also assists disclosing the HIV status to family members, and supports and counsels prisoners about how to deal with death of prison mates. He also helps maintain confidentiality of HIV status in the prison community.

David is angry and bitter about the way AIDS has affected people and the consequences thereof. He says; "I feel angry at the virus and its power to wipe out people, people who are valued and loved by their families, seeing how it has orphaned a lot of children, broken families...it has also made me value my relationships...and made me even closer to people with the virus..."

On a personal level he says he has learned to care for and trust people. He values life, people, respectfulness and human dignity.

He admits to being more of a listener than a talker. He finds it difficult to express and share his own feelings. He has become very close to the prisoners. What makes him happy? "When I see that I have touched somebody's life in some way, you know, it might not be in a big way, it makes my day..."

ADèLE

Adèle works at a drop-in centre for prostitutes and the girl child on the street. Her involvement in AIDS education is less direct. She does some AIDS education, and has rehabilitation programmes for prostitutes and the girl child on the street. She is the manager and co-ordinator of the centre. She also has a theology background and delivers sermons to the women that come to the centre.

She is very cynical about the AIDS phenomenon. This ties in with her philosophy of what she calls "jungle justice" (people get what they deserve), and her perspective of how the women get infected. She holds much resentment towards society and especially the men that frequent 'her girls', who she believes, "pass HIV to her girls". She is especially aggravated by society's scorn for the prostitutes; "...society looks at murderers with sympathy...but at a prostitute with total disgust..."

While society scorns the prostitute, the clients are not as harshly judged. Adèle feels this reflects society's hypocrisy. Many of these men according to her are doctors, lawyers and church people. She says the men have a deviant need. "Prostitution is not normal sex...it is a power game...a control game. It has nothing to do with loving someone, ...being nice to someone...it is a very violent abusive relationship?"

She has pity for only three groups of people that get infected: a women who is HIV positive because her husband sleeps around, children born with HIV, and haemophiliacs. She says she has no sympathy for people who get AIDS in other ways. "We live in a time of AIDS, if you screw around you are going to get AIDS". For her there are no excuses for ignorance. Yet she has a lot of sympathy for 'her' girls who contract AIDS. "They are victims of a sick society...when they have AIDS there is nobody that says, ag shame,...they say, 'you are a whore, what did you expect? Must we care?' "

Speaking from a theological framework, Adèle believes the church's responsibility is towards the 'victims' of AIDS. She believes the church can help with repentance, which

according to her is generally misunderstood. Repentance, according to her, means to "...remake your mind, reprogramme your mind...change your life style and attitude..."

AIDS education is done directly in her line of work, "...It is done very informally over coffee, and if somebody walks out without a condom on a Friday evening she is called back to get one. If there is a new girl on the street and she (educator) does not know whether she is a prostitute or not, she offers her a condom as a way of introduction. She says there are no lectures of the pros and cons of using a condom. "At street level you are direct.. prostitutes are sexual beings and they survive by selling sex, if you try to lecture them that will switch the girls off."

She says there are many problems related to the use of condoms. Men pay more if they do not have to use a condom. She says she respects the girls' drug addictions too much and knows they will concede to unprotected sex if the money is right.

She has seen over 250 girls die on the street, murdered, gang raped, and or of drug overdose and addictions.

If a girl has been on the street for longer than a year their (her centre's) success rate is less than 10%. Their main aim with the girls is to reintegrate them into society, and caring for the girl child on the street. "...To instil a desire to change...to create the desire or need or want to change...this is our work and if we have instilled this need it is very easy, you run with those children...".
She says many girls only experience this will to change when they hit rock bottom, because she believes you can not go further (below) that. At the house they are treated as part of God's creation and as human beings and not as whores. She believes that maybe they represent a different side of society..."...a side that is not going to condemn you...not going to judge you"

Part of the recovery and healing is a team approach. She says the woman is too disempowered to do it on her own. She (prostitute) lived through child abuse, street life, and drug addition.

For Adèle their still remains many unanswered theological questions...for instance, if a child is abused, one wants to ask where was God.

Although she says she "doesn't pull AIDS personally, I will not go on an AIDS crusade or anything..." Closer to home though, AIDS does affect her and her family. She believes that with the advent of AIDS, our (her) children are deprived of the spontaneity of sexual experience.

Her concerns are the collapse of family life and people not having an "ultimate concern with God."

GREG

This educator is softly spoken, articulate and serious. One immediately sensed he is a committed activist who thinks about things deeply and critically. He is a psychologist who became involved in AIDS work as a result of his background in human rights activities during his student years. Greg says, "...I have been quite interested in AIDS activism, in sexual politics, in discrimination against HIV positive people..."

He has managerial and educational functions at an AIDS education and training centre. Some of his most outstanding learning experiences have to do with what he learned from a University adult education department who visited their centre. He was part of an experiential learning experience of drawing the human body. There he learned the value of interactive education as opposed to lecture-like education.

For Greg the most important aspect of education is to investigate how the learner relates to the subject; "what their ' issue ' is with AIDS. So what people bring into the event is what you also use as subject material."

He believes people bring into the educational relationship their own experiences and needs, as well as prejudices. Part of the educational session is to explore the learners' needs, attitudes, knowledge and experience. It is important for him to have an orientation day for the learners, which introduces and prepares them for the course and what will be expected from them.

From the start, the centre's whole educational programme is based on interaction and relating to the learner's life worlds, and using that as subject material. "We try to get people to let go of their inhibitions, to introduce them to you so that there's not this talk down relationship, so you actually form an integrated relationship right from the beginning, games are important and they are structured in such a way that they will actually bring out those kinds of prejudices or difficulties..."

During training courses trainers are taught that they cannot change a lifetime's worth of attitude, all they can do is plant seeds and help people recognise that their worldview is perhaps not the best for the other person.

The ideal is that at the end of the session the learners can at least grasp the idea of different views. Greg believes that to really change people's attitudes you need courses that are more specific, like assertiveness training courses that stretch over longer periods of time.

Because Greg is a psychologist, he can delve into the dynamics of a person, and thus gain understanding of and how and why they hold certain believes and the attitudes that they do. He regards being a psychologist as a big advantage.

In the gender context he says," it is important that people know the role HIV positive people can play in education, prevention, treatment and care. The second important issue is skills building, what skills they can walk away with, rather than giving people information. "

He has found, that true to the South African education system, 60-70% of adult learners at the centre come to the course with on expectation of being given a lump of information, and then going out to use it. "There is no concept of any kind of sharing, interaction and that kind of thing..."

Greg believes many activists land up in the AIDS field because "there is an element in it that draws activist people, Many HIV and AIDS issues deal with discrimination in many forms. Discrimination against gay people, against women, and against poor people.

At the same time he feels that all the issues that AIDS impacts on a person in the field can be very demanding and overwhelming. "The frustrations of seeing people die, of not being able to help people, of knowing that a lot of what we do is like banging your head against a brick wall...sometimes it does get to you."

He says it is important for him to be in therapy, to maintain a good sense of humour and have support systems outside of the workplace. "It is important to be able to set limits and have very firm boundaries and quite often that is the area where people burn out. His wife is also a Clinical Psychologist and was involved in AIDS work. She understands a lot, and is very supportive of him.

Greg also has many frustrations with the present and past views and situations' regarding AIDS, within the government, nationally and provincially.
He is even thinking of leaving his work, "...not because of the nature of the work, its not because of the people I am dealing with, or the subject, it's because of the outside stuff, the politics, the difficulties with the health department, that kind of stuff."

He is also fed up with the inflexible and petty nature of beaurocracies. He regards the centre where he works as almost like a free child, and objects to ideals of putting it into "this overwhelming rigid thing, which is here, which is happening."

What he finds frustrating are the barriers to try and be innovation, and to development and to being progressive. "It's like hitting your head against a brick wall." Although he believes that at a National level there has been earnest attempts to do things differently, "they are still following the same kind of tracks of assuming that if you tell somebody something then their behaviour will change ... We're still not looking at the broader contextual issue."

He says he has learned a lot as a manager. "It has been very stressful times but also very interesting." He says it's been a very powerful thing to work with people who are living with AIDS. " On various levels I have some clients who have astounded me, just the will and strength of people. You think you have problems in life and that sort of thing...and then you get somebody with this sort of problem and you actually look at how strong they can be or how strong they are not, they can still be OK."

JACKUI

This educator is bubbly, enthusiastic and energetic about her work. Her whole being as she puts it, is "consumed by AIDS". At her home and community she has acquired the name of "the AIDS queen". She is an educator for a religious AIDS organisation. Before this appointment she worked for another religious AIDS Programme. She became involved with AIDS work because she wanted to do something for young people. She says she felt the need of youths to be informed about AIDS, and to protect themselves from becoming infected. She started as a volunteer from within her church.

She says her own understanding of AIDS changed dramatically when she attended a talk by an HIV positive man. This person talked about his experience of having HIV and AIDS. It was a very emotional experience for her, Jackui says she cried a lot. As a result she became very empathetic towards people with HIV/AIDS, she became involved in working with them, and gained a lot of experience.

Based on her own experience when she heard someone speak, Jackui believes in the power HIV positive people have in challenging the myths and often-harmful attitudes, of people.

Jackui feels her strong point as educator is her own experience of working with people with HIV/AIDS, and sharing that in the educational setting, She talks out of her heart and shares of her own experiences when she educates "..pouring out to people what is real in you." She has learned this from an AIDS educator that she worked with, who herself (educator) worked very closely with people with HIV/AIDS.

She says she has a lot of confidence talking about her subject. Because, as she puts it, "I give myself out to people, and I think that is what changes, what makes a difference...it's like, I'm mingled with the information...it is as if I own this information, it is me, part of my make-up...it is like when you mix your coffee and your milk...you can't separate the two."

She has internalised and made peace with many of the issues raised by the AIDS phenomenon. During the interview she told how she has made peace with the idea if she should become HIV positive, and even graphically told of how she imagined her own death. She has also come to terms with her own sexual likes and dislikes, and is able to express them. She understands the AIDS issues, not in an academic abstract or theoretical way, but in a personal manner.

She says each day is a learning experience. She loves the unpredictable and varied challenges of every AIDS education session. An important learning experience for her is that one can never assume knowledge "We have all had different exposures which affect the learning process." She says her attitudes have to change everyday, and often she finds herself reprimanding herself. "You can be cornered at times, thinking that you are OK, all the time catching myself thinking how can I say this about that... it reflects an attitude in me of you can't do it this way, or that way, and at the end of the day, I sometimes find that I am a driving force with an attitude behind me."

It is very important to be neutral. "I can't take sides or try to change a person. I cannot be judgmental if people are to be comfortable with me. I have to be neutral and help people take responsibility."

Jackui shared interesting ideas about attitudes, and letting people experience truth, to counter negative attitudes caused by for instance misinformation.

She enjoys talking to people about sex. An important aspect of education for her is that people should understand the consequences and wider implications of sex. She believes many of the 'troubles' of society (street children, abuse, orphans, break-ups), has to do with irresponsible and careless sex, and people not owning up to their responsibilities, and heeding to how God intended sex to be. She says it is time that we challenge this whole thing of sexuality and responsibility and AIDS "We need programmes in schools that our young people get education, get to be taught to be responsible, our young people get to

see the global problem we are facing.." She believes that unless people take ownership of a problem, it will always be someone else's responsibility.

ENEA

Enea has a nursing background. Her involvement in AIDS work started whilst on a scholarship in America in 1989/1990. The emphasis of her studies was Primary Health Care in the context of disadvantaged communities. She specialised in HIV/AIDS, as well as looking at the girl child in society. Another specialisation field was hospitals as socio-economic industries. The overall focus of her studies was to initiate projects in the context of Primary Health Care, with specific emphasis on disadvantaged communities, and how they access health care. On returning home her particular interest was progressive health care.

Enea was appointed in her present position when the organisation she works for was founded. She was therefore involved in the planning and structuring of the organisation. She is presently involved with implementing life skills training in schools.

Enea's particular interests at the moment are adult learning and life skills. She says it is only in recent years that the concepts of adult learning and facilitation became known. She feels adult education should have been introduced to the AIDS field long ago. She believes AIDS education has failed, due to inappropriate methodologies used.

She described their early training which she did at their centre, as more of an experience for the learners than giving information. When her organisation started with AIDS education, the terminology facilitation and life skills was not yet fashionable or familiar. Even though she believes that their organisation has always practised adult education principles, they just did not know then that this is how it is termed.

The courses offered by their organisation have always been based on cultural, social and political issues, dealing with myths and origins of HIV. She says the immune system was also included in the courses, which was unique to this particular organisation. Her professional background in nursing helped her with dealing with the immune system in education. They likened the immune system to the Defence Force of the country. She

believes this is quite an important aspect of education. They also adopted and borrowed from the World Health Organisation's Teacher and Student Life Skills Training Manual.

The past eighteen months they have been looking at adult education methodologies and skills for imparting knowledge, using books on education, games, icebreakers etc. Creative elements are built into the courses as these help learners to understand complicated ideas. She says they have always had the atmosphere and environment of adult education.

Their centre has been involved with peer education, but one of the drawbacks was that there were no training manuals and no certification was available. Their learners who come to their organisation come from poor communities. Enea feels there a need to formalise adult education methodology and skills, so those peer educators can obtain some form of accreditation. She feels there is a need to have them trained on facilitation and life skills, so that they can work from a basis of knowledge and theory. "..they need to be empowered so that they can be resources to the communities.." She hopes that eventually they will have an adult learning consultant who can train and help them with skills, so that their courses can be accredited, and they "can impart knowledge to communities."

She feels training and education should be acceptable and accessible. Enea has found that adult education is "comfortable" as one can talk easily about sensitive topics like sexuality and self-awareness, as one assumes that the learners have knowledge about the topics. The role of the educator is to enhance their thinking and to change behaviours and attitudes. Adult education deals with the person. Through role-play, drama, discussions etc. the education process becomes participatory education, and the way the information is received is non-threatening. "It brings along people who did not know before."

She believes adult education has to touch people's lives, "..so you use experiences in their lives that will help them understand rather than saying something abstract and complicated." She says some parts of their courses are necessarily lecture-like and then

it becomes difficult for illiterate people to understand. They have translators that can translate most South African languages.

In the South African context communicating in languages is especially a difficult issue that needs to be addressed in education. Enea says Tsonga, Shangaan and Venda poses many problems when concepts around sexual topics and terminology have to be translated.

They have also included PWA's (people with AIDS) to give talks. She says it is a powerful experience for the learners, and the involvement of HIV positive persons definitely has the ability to change people's attitude for the better. Staff at their centre measure how the learners' attitudes have changed from Monday to Friday. She says changes also take place by understanding the socio- economic aspects of the disease. To show for instance how AIDS impacts on the lives of prostitutes. When people grasp the risk factors around AIDS, the educators ask questions like "What can we do about the risks?" These questions and consequent answers reinforce the factors that play a role in the HIV and AIDS epidemic. " So with that comes the understanding that people do not "throw" themselves at AIDS: it is their circumstances, and thus is a logical evolution from where they start, building up awareness, slowly."

How has she changed? "I have grown, not just in my dealings and understandings of HIV/AIDS, but also personally I have grown, I use creative thinking and life skills...I am more assertive now...I believe I can manage conflict...but I understand there is always conflict, my involvement with HIV taught me compassion...I think it is not faked, compassion not only for those that are infected but even those that are not yet infected..."

Enea has become more self-aware. She is very aware that she can be infected. Of her greatest learning experiences and triumphs has been to talk to her husband about sexuality, and her own fears of being infected. After they had both been tested (negative), their relationship began afresh.

She believes it is important to talk about sex and sexuality in a non- -threatening way. She says AIDS has linked sex to danger and taken some of the romance out of sex. But she says with awareness the romance can be put back into sex.

She holds most interesting views about life skills and believes that it is hopeful, because it enables people to cope with life, in the most difficult circumstances.

GLEN

This educator came to the interview ill. Her voice was barely audible, yet she insisted on proceeding with the interview, as it was important for her to share her life with me, she also wanted to create better understanding between the two of us, so as "to learn from each other...to reach out..."

She is compassionate, involved, committed and articulate. She is a co-ordinator of an NGO of which the name means 'to pick each other up' (the broken pieces). She candidly shared her knowledge and wisdom. She has a nursing and social anthropology background. She speaks all South African languages. She grew up in a rural area.

She has always been involved in teaching others. Since High School she has given extra mural classes to "...help where there are shortages..." From this experience she has learned an important lesson; to really be sensitive to learners, to have empathy with them, to talk not down, but from where they are and to "tie their knowledge with your knowledge..."

Her most articulated learning experiences have to do with her views of what education should be, and what AIDS education must not be, in medical or academic terms. She says the learning experience must be relevant to the life world of learners. To also allow learners to test their knowledge of what they know, especially non-literate people. "To also speak in a language that they understand...especially in the context of gender education, to put the learning in context...slowly...slowly..."

She has a lot of experience with people with AIDS. She has been involved in their education, getting them involved in volunteer work, and helping them to live with the virus. The most important aspect for her is helping them gain a voice for themselves. She also has experience with support groups.

Her experience with working with people with HIV/AIDS has taught her many things. One of her convictions is, that people with AIDS need to remove the stigma of being HIV positive within themselves, "...they have to understand that they are more powerful than HIV, so that they in turn don't have to be intimidated by health care workers...they must find their own dignity, self worth and sense of ownership of HIV/AIDS..." She believes that people with HIV can also be empowered by attending workshops and seminars; it contributes to building their self-confidence and assertiveness.

You get a sense that this educator really knows how to communicate with people, and have a real feel and understanding of her audience. She says she understands their fear and superstitions. For her, one of the most important aspects of being an educator and manager is to stay humble "...not taking on an authoritarian attitude..." She emphasised this point in many contexts. She says to build up good relationships you have to be cordial and friendly without imposing yourself. Glen stressed the importance of equality in all kinds of relationships over and over again.

Being involved with AIDS work has empowered her as a women. She knows where she has come from, and where she is now, what she has learned in the AIDS field. Before, her aspirations for herself were much more materialistic, now she has become more spiritual. A major breakthrough for her in her learning was her belief that AIDS rescued her from conditioned, convential thinking and knowledge.

Glen has learned to value herself as a sexual being. "It has taught me to realise sex is a fundamental subject that should be handled with much care and sensitivity" She can talk openly about sexual matters and feels empowered to negotiate safer sex if she needs to. She has also discovered that sex is not necessarily penetrative.
By being involved with AIDS work she is also a great resource to her community, her 16-year-old daughter, her peers, and other community groupings. She often leads talks of sex and sexuality with her daughter's peers, and other community groupings.

A person gets the feeling she is proud of the person she is, she feels in control of her life.

PIERRE

This educator is a clinical psychologist. Some of his work involves counselling training and general AIDS education. He also does counselling on a one to one basis with people that are HIV positive (his clients). He is very articulate and very involved with AIDS work and was very candid talking about his experience as an AIDS worker. His whole being has been affected by AIDS work. He thinks clearly, is self-confident, and was committed and involved in the interview.

He works from a standpoint of knowledge and theory of AIDS education. Especially the first part of the interview impacted on me. It felt as if I was undergoing an education session myself. It was as if another dimension to this interview came into play. I realised that this is how the learners must experience it, as relevant, sensitive and context appropriate. When he spoke of whom is at risk of becoming HIV infected, I immediately felt the relevance to my own life. I thought how important this information is to learning and being able to make responsible choices no matter what the context is of the education and training.

One had a real sense that Pierre tries to make people aware of the broader issues and implications of HIV.

His learning in the AIDS field is rich and varied. An important initial learning experience for him was understanding and acting upon his own risk of infection. He experienced the significance and vulnerability of AIDS in his own life and therefore one feels that he has a genuine grasp of the relevance of AIDS education to others.
He believes learners must understand their own risk of infection and what factors influence that risk. Then only can people grasp how others can be at risk? This understanding can contribute to more tolerant attitudes to others. It could help one to be less judgmental and ready to attribute responsibility and blame to others.

He explained in detail what influences these risks of becoming HIV positive. His understanding of who are at risk and the training that he does is in the context of counselling. People's psychological make-up for instance plays an important part in a person's vulnerability to HIV: whether they are depressed, obsessive or a worrier, whether they have an internal or external locus of control, that means whether they are able / free to make their own choices in life, and whether they are likely to be influenced by other people and events in their lives, a persons own self-awareness and social and cultural roles given to people, the impact of the family and then, on a more macro level, the social and economic inequalities in life.

During the education session he helps people explore their own psychological make-up and become more self-confident and critically reflective of their own culture. His coming to grips with AIDS, mirrors his own life journey, and an understanding of the deeper issues associated with AIDS, that also reflect many issues we battle with in life itself. For instance, sexuality, death and dying, poverty, intolerance, discrimination, societal imbalances and religion.

His most important learning experiences he believes have been coming to terms with his own sexuality and death. He says AIDS work confronts a person with these issues all the time. "AIDS work has helped me to come to terms with my gayness, helped me to come to terms with my own identity as a sexual being, not just a homosexual being but just a sexual being, and to be more comfortable talking about sex". He believes that AIDS work has also helped him to come to terms with and make peace with his father's death.

Pierre got involved with AIDS work especially because there were young people around him who were dying. "I think why I persisted with AIDS was to come to terms with my own mortality and to come to terms with the death of my father who had died when I was six."

"AIDS work has really allowed me to understand death, make peace with it and to exorcise those feelings of sadness and loss, maybe guilt, self blame, fear and anxiety about the death of my own father".

He says his learning about AIDS has come about by working with a whole variety of people, "...hearing all their stories, hearing their lives..., hearing their choices and compromises and what made them take risks...you know so my own learning about AIDS has come from my own experiences as a human being and as a counsellor for friends and colleagues and clients that have been HIV positive. I have come into contact with such a variety of clients that undoubtedly it has given me a sense of who I am."

He has a great capacity for compassion and understanding human frailty, complexity and humanness. "Therefore my particular mission in life is to say that our job is to understand, not to condemn". He even goes so far as to say that they firstly train when they counsel for understanding, not necessarily behaviour change. From understanding behaviour change can occur.

He believes the success of the counselling or of the education is the connection you can make with that person. "...the reality of their lives, to have empathy for who they are". It is also a matter of winning their trust, because he says, after even half an hour discussions, people will ask personal questions of him. These include questions on where they can go for testing. That is significant for him because they experience him as someone, who is not going to be judgmental, who understands that these things are complicated... "It makes me feel that in some ways my own frailty has shone through...my own humanity...my own complexity".

He will use his experience as content for education. As well as bringing in his understanding of the disease.

He has accepted Buddhism in his beliefs and spiritual orientation. Pierre believes in living in the present. The present being the sum total of a persons experience. Not to worry and think too much of tomorrow or that the good will come then. But to make the best of everything in the present moment. "To live your life mindfully with awareness...to accept

and to surrender to the realities in a person's life...yes, it allows you to be more content, because you're not always grasping and searching..."
Touching on meaning he says, "Meaningfulness is about the process of each minute, the process of what you and I are doing here, while we are sitting talking. It's not about some kind of out coming product".

Pierre says he has also learned to be humble about his own impact on people. "It has taught me a great sense of humility and to really put aside my own sense of my own power. I might be a triggering or accelerating phenomenon in people's lives, but I cannot influence any person to change".

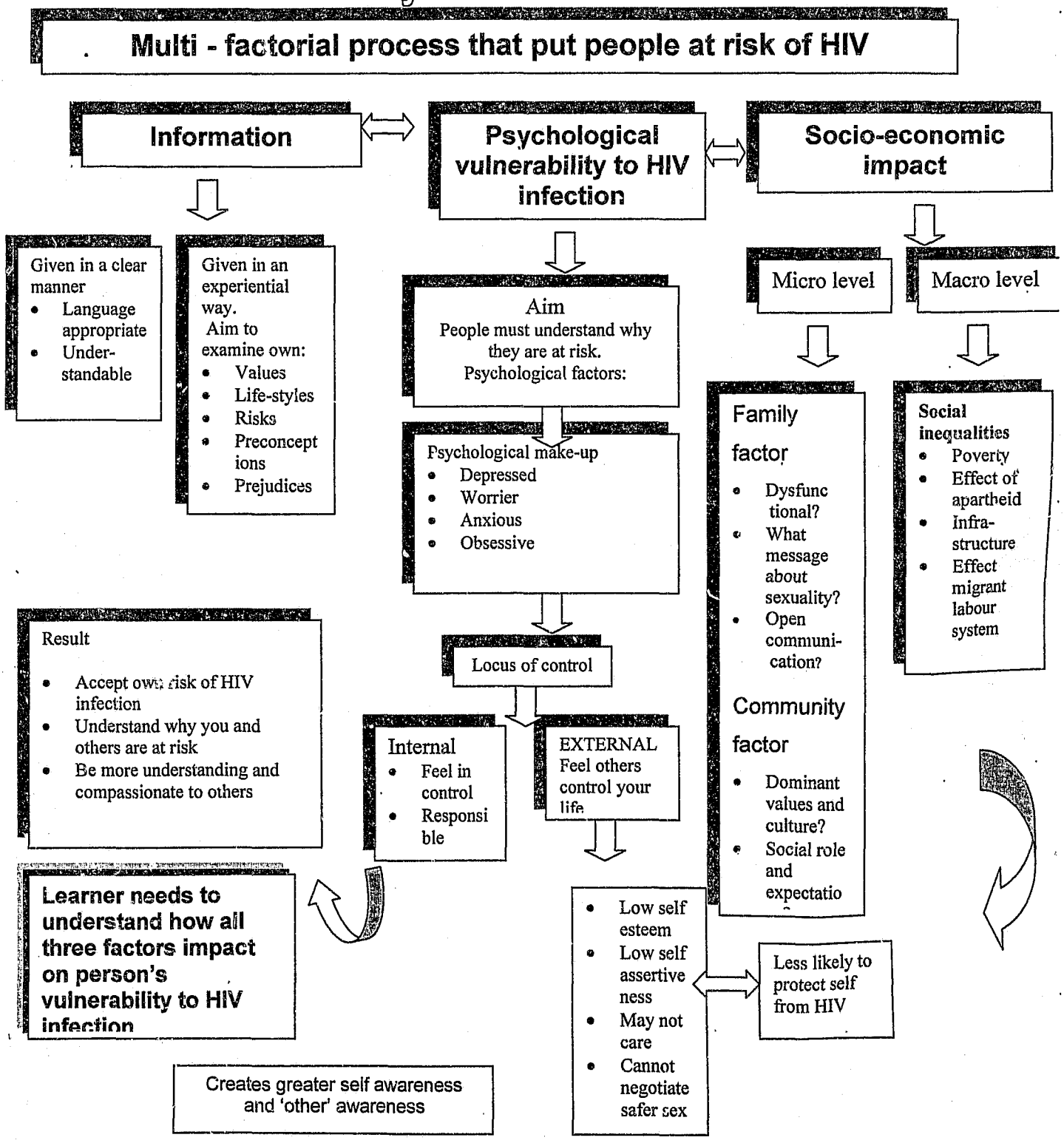
He is very in touch with himself and knows himself well. He has very realistic expectations for himself and others. He acknowledges human error and his own humanness, and because of this realisation he can interact with life and his work in a humble and straightforward way. He lives in the here and now and believes in accepting the reality of one's life, the good and bad as it is articulated in the Bhudist way of life.

He admits that in the AIDS field you can become quite overwhelmed and despair if you think too much of the future. In the AIDS field living meaningfully in the present takes on even bigger importance, as there is a lot of death around.

Pierre's compassion for human frailty may also be a reflection of the sense he has of the frailty of life itself. That in some sense there is no need or time to be moralistic or prescriptive, we should rather cherish, understand and love life in the moments.

APPENDIX B

Pierre's theory of AIDS education



APPENDIX C

Analysis of Data

1) Except for two interviews, the interviews were tape recorded. Notes were also taken during the interviews.
2) Soon after every interview, I noted down thoughts, impressions, feelings and remarks made, by the interviewees and myself.
3) A transcriber typed up the interviews.
4) Each interview was then content analysed, where main messages, thoughts, feelings and themes were analysed.
5) I then summarised every interview (see research report), attempting to highlight the main messages and themes emphasised by the educator, substantiated by quotes.
6) I then analysed all the interviews together, grouping together similarities, highlighting strong ideas and emotions, differences and unique observations.
7) I then put on my thinking hat, attempting to get some distance from the study, and tried to understand what all this is telling me, as a scholar, teacher, researcher. I interpreted what this means to the study, what is the relevance of what they are saying to adult and AIDS education. I brainstormed the ideas (themes) on paper.
8) I tried to work out how these ideas can fit together, I drew mind maps of possible routes on paper, and how the ideas interlinked, and numbered the headings.
9) I continuously referred back to my notes taken throughout the research. I had also made a list of the names of all the educators, summarising their main points and unique contributions made to the study, with references to quotes.

TODAY

Today the grass is greener
than I have ever seen
Today the sky is bluer
Than it has ever been
and today my heart is beating
Like I've never felt it beat
and today flowers are growing
from the ground beneath my feet

Today my hope is stronger
and the visions clearer
To walk in love eternal
the path that takes me nearer
and to you the music's playing
Like it has never done
and to you my feet are dancing
Underneath the sun

in You I live
in You I live
in You I live and breath

from the soundtrack IONA - Beyond these Shores

Author Nieuwoudt K
Name of thesis Exploring Aids Educators' Learning Experiences That Have Had Meaning For Their Professional And Personal Development Nieuwoudt K 1999

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