Reducing HIV-related stigma through arts-based pedagogies in the Life Skills class: An action research approach

V.L. Diedricks

orcid.org/0000-0001-5307-1169

Dissertation accepted in fulfilment of the requirements
for the degree *Master of Education in Special Needs Education*
at the North-West University

Supervisor: Prof LA Wood

Co-supervisor: Dr GM Meyer

Graduation: June 2022

Student number: 22952632

DECLARATION

I, Vernique Lakelle Diedricks, declare that the research reported in this dissertation is my own work, except for parts that have been acknowledged and cited accordingly. I confirm that no part of this dissertation has been submitted for examination to any educational institution or is concurrently being submitted by another student at any other university.

Signed: 

Date: 06 December 2021

ABSTRACT

The literature indicates that children have ‘AIDS fatigue‘, that teachers are not making the content of HIV education relevant to children and that lessons and curriculum material are based on what adults think children need to know. The danger of this is that HIV is taught from a biomedical perspective to reduce infection, ignoring the social aspects that fuel the pandemic. HIV education should also include developing an understanding of the pandemic from an intersectional, social perspective so that children become aware of the complex social factors that, when combined, could worsen HIV infection among social groupings. This study aimed at using educational action research to find out how an arts-based approach to teaching HIV can help children develop a more nuanced understanding of HIV and related social issues. It is assumed that this will help reduce the stigma directed at those infected and affected by HIV, as well as in the creation of age-appropriate, child-friendly strategies for teaching HIV in the Life Skills classroom.

The study engaged 21 Grade 5 children as participants to explore the following primary research question: How could the use of arts-based pedagogies in the Life Skills class reduce HIV stigma among Grade 5 children?

To address the primary research question, the following secondary questions were formulated:

- What are children’s perceptions of HIV?
- How can arts-based pedagogies help to disrupt these perceptions and encourage children to develop a new understanding of HIV?
- What guidelines can be developed from the findings to inform teaching to reduce HIV stigma among children?

The study consisted of two cycles of action research to disrupt the children’s stigmatising perceptions of HIV and HIV-related stigma: Cycle 1 addressed the first secondary research question. The children explored their perceptions of HIV and HIV-related stigma through a draw and write activity where three themes emerged from the data created by the children. They had knowledge of the biomedical aspects linked to HIV but lacked knowledge on the social aspects linked to the disease; they were aware that HIV carried stigma; and some of them empathy towards those affected by the disease.

Cycle 2 addressed the second and third secondary questions. Here, the children were encouraged to use their creative and critical thinking skills to work collaboratively to develop

their empathy towards those affected by HIV and HIV-related stigma. They needed to think about what a better response would be when faced with stigmatising situations in their social environments. They collectively engaged in storyboarding and puppetry to display more empathetic understandings. Two themes emerged from the data in this cycle. The arts-based methods used, encouraged the development of critical and creative thinking, as well as communication and collaborative working skills among the children, and enabled them to embody improved attitudes and behaviour. The knowledge generated from this study could be used to inform how HIV education, or indeed any topic in Life Skills, could be taught using arts-based pedagogies to deepen learner understanding and engagement.

Keywords: action research, active learning, arts-based pedagogies, creative thinking, critical thinking, HIV, Life Skills, stigma

ACKNOWLEDGEMENTS

I would like to acknowledge all the people who supported me and who contributed to the completion of this study:

- I owe a debt of gratitude to my supervisors, Prof Lesley Wood and Dr Merna Meyer. Thank you for your demand of excellence. I appreciate your leadership and patience with me throughout this journey.
- My language editor, Dora du Plessis, for your guidance and impeccable services.
- The participants of this study who have courageously tackled the tasks at hand with pure excitement and enthusiasm. I appreciate the role you have played in making this study possible.
- My parents, family and friends who have offered words of motivation and encouragement, thank you for the continuous support.
- My late uncle, Vernon John, who encouraged me to start this journey but could not be here at the finish line. I know you would be proud. Rest well.
- My husband, Robin Diedricks, you have undoubtedly been my rock and pillar of strength throughout this journey. Thank you for being my number one supporter and believing in me, I love you.
- I am grateful to God, for his countless blessings in navigating me through the past two years. I am thankful for this opportunity to make a difference.

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired immunodeficiency syndrome
CAPS	Curriculum and Assessment Policy Statement
DBE	Department of Basic Education
HIV	Human immunodeficiency virus
SANAC	South African National Aids Council
Stats SA	Statistics South Africa
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational Scientific and Cultural Organization
UNICEF	United Nations International Children's Emergency Fund

Chapter 1
INTRODUCTION

1.1 Introduction

The literature indicates that children have 'AIDS fatigue', that teachers are not making the content of human immunodeficiency virus (HIV) education relevant to children and that lessons and curriculum material are based on what adults think children need to know (Adelekan, 2017; Nquaba, 2014). The danger of this is that HIV is taught from a biomedical perspective of reducing infection, while ignoring the social aspects that fuel the pandemic. HIV education should also include developing an understanding of the pandemic from an intersectional perspective so that children become aware of the complex social factors that, when combined, could worsen HIV infection among social groupings. This study aimed at using educational action research to find out how an arts-based approach to teaching HIV can help children develop a more nuanced understanding of HIV and related social issues. It is assumed that this will also reduce the stigma directed towards those infected and affected by HIV, as well as in the creation of age-appropriate, child-friendly strategies for teaching HIV in the Life Skills classroom.

1.2 Clarification of concepts

The concepts to be used in this study are clarified below.

Action research: An action research methodology was applied in this study to improve the my practice as a Life Skills teacher. Likewise, teacher action research was employed as it is a "systematic, critical and self-critical enquiry" process (Costello, 2011:5). Teacher action research was an appropriate research methodology for this study, which aimed at improving the practice in the classroom (McNiff, 2016). I followed cycles of "plan, act, observe and reflect" (Zuber-Skerritt & Wood, 2019:5) within each cycle of activities that was completed in the classroom to determine the influence of arts-based pedagogical activities in reducing children's negative perceptions of HIV.

Arts-based pedagogies: Arts-based pedagogies can be defined as "methodological tools used by researchers" (Leavy, 2018:4). The study drew upon a draw-and-write activity, class discussions and storyboarding to create a short drama, which was enacted through puppetry, as the arts-based pedagogies for data generation in this study. Arts-based approaches are

thought to provide “informative data on the lived realities of young people and can help the youth express their voices and connect with communities” (Green & Denov, 2019:4).

Human immunodeficiency virus: HIV is a virus that gradually destroys and infects cells of the body’s immune system, destroying or impairing their function, resulting in the immune system becoming weaker and the person becoming more susceptible to infections (Di Giamberardino, 2019; Kunneke & Orr, 2013; Sidibé et al., 2018).

Life Skills: Life Skills is a subject in the South African primary school curriculum that was introduced by the Department of Basic Education (DBE, 2011a). This emergent subject has been included in the school curriculum to focus on children’s holistic development. It aims at producing responsible citizens through personal, social and emotional development. It encourages active child participation as well as critical and creative thinking (DBE, 2011a). HIV has been included in the Life Skills curriculum in an attempt to prevent the spread of the pandemic, including the stigma related to HIV (Roberts, 2018). This study was concerned with the Grade 5 Life Skills curriculum.

Stigma: Stigma is a “social process or personal experience characterized by exclusion, rejection, blame or devaluation resultant from experience or reasonable anticipation of an adverse social judgement about an individual or group” (Kang, 2015:289). In this study, it referred to children’s stigmatised perceptions of HIV.

1.3 Rationale

World organisations such as the United Nations Educational Scientific and Cultural Organization (UNESCO, 2017), as well as the United Nations International Children's Emergency Fund (UNICEF, 2018), have placed emphasis on the seriousness of the HIV pandemic. A major barrier to an effective HIV response in all parts of the world is the issue of HIV-related stigma (Dzhugudzha et al., 2015; Sun & Farber, 2020). In an effort to reduce stigma and contain the effects of HIV, the Department of Basic Education (DBE) incorporated the teaching of HIV into the South African primary school Life Skills curriculum (DBE, 2011a). With the teacher being responsible for the teaching of the Life Skills curriculum content, as explained in the Curriculum Assessment Policy Statement (CAPS) for Grade 5, it aims at providing children with knowledge, values and skills that can assist them to cope and meet the demands of their daily lives (DBE, 2011a). The CAPS document states that through effective teaching, the subject “encourages children to acquire and practise life skills that will assist them in becoming independent and effective in responding to life’s challenges as well as enabling them to play an active and responsible role in society” (DBE, 2011a:8). If children are to play an active and responsible role in society, they need to be encouraged to learn to

treat all people with respect, irrespective of their social status, race, gender, sexual orientation, religious beliefs or health status (DBE, 2011a). The subject aims at developing children through three different, but interrelated study areas, namely Personal and Social Well-being, Physical Education and Creative Arts. The topic of HIV is included in the component of Personal and Social Well-being (DBE, 2011a). The CAPS document outlines specific points that Grade 5 children should be taught about the stigma of HIV, namely "dealing with stigma, stigma about HIV and AIDS [acquired immunodeficiency syndrome], and how to change attitudes towards people infected with HIV and AIDS" (DBE, 2011a:22).

My goal as a Grade 5 Life Skills teacher is for children to acquire and apply knowledge, values and skills related to HIV in ways that will contribute to their development and encourage them to make responsible decisions about their own behaviour (DBE, 2011a). However, the aim was to also reduce the negative perceptions of HIV that view it as an individual's fault, rather than a result of systemic oppression (Jackson-Best & Edwards, 2018; Skeen et al., 2017), so that children are less likely to develop stigmatising views of those who are infected or affected by HIV. Teachers have an important task of providing alternative views to those children may come across outside of school (Oguanobi, 2016). The issues of teaching about HIV and HIV-related stigma is important in primary schools (Nquaba, 2014) as stigmatic perceptions start during childhood and are strengthened through experiences in communities (Mall et al., 2013).

It is important to be familiar with the HIV pedagogical content explained in the CAPS policy document (DBE, 2011a). However teachers lack expertise on how to adequately teach HIV in the classroom, as indicated by Musingarabwi and Blignaut (2018) as well as Francis and DePalma (2015). This is concerning since teachers should play a pivotal role in the effective teaching of HIV and HIV-related stigma in the classroom (Francis & DePalma, 2015; Henning & Khanna, 2016; Holderness, 2012). They have the "potential to make significant contributions to the lives of children through developing critical consciousness, the raising of awareness and enabling children to recognise their capacity to transform their social realities" (Francis & DePalma, 2015:36). Botha and Du Preez (2014), the Integrated School Health Policy (Department of Health and DBE, 2012) and the DBE (2011a), encourage children to play an active role in their own development by orientating themselves around the issue of HIV stigma in order to think critically and creatively about their own health, and their social and physical development. The use of arts-based methods encourages children to play an active role in their learning by voicing their perceptions and allows the teacher to gain better understanding of what children know in order to reduce the stigma associated with HIV (Mayaba & Wood, 2015; Sigelman, 2018). The purpose of this study was therefore to focus on the content taught and the pedagogical strategies used in the subject of Life Skills, to explore and change, where needed, any stigmatising views of HIV that children may portray.

The Joint United Nations Programme on HIV/AIDS (UNAIDS, 2020b) reported that there was an estimated number of 38 million [31.6 million to 44.5 million] people living with HIV worldwide in 2019. Nearly one in five people living with HIV worldwide are in South Africa, as reported by the South African National Aids Council (SANAC, 2018; SANAC Trust, 2018) in its National Strategic Plan for HIV, tuberculosis and sexually transmitted infections. Statistics South Africa (Stats SA) reports on the prevalence rates of people living with HIV for South Africa. In 2018, Stats SA (2018) reported the estimated overall HIV prevalence rate at 13,1% among the South African population. The total number of people living with HIV in South Africa was estimated at 7,52 million. Among adults aged 15–49 years, an estimated 19% of the population was HIV-positive. In 2019, Stats SA (2019) estimated the overall HIV prevalence rate at 13,5% among the South African population. The total number of people living with HIV was estimated at 7,97 million in 2019. Among adults aged 15–49 years, an estimated 19,07% of the population was HIV-positive. These statistics from the years 2018 to 2019 indicate an increase of 450 000 reported cases of HIV, indicating that the number of people living with HIV is increasing, rendering children more vulnerable to infection. UNAIDS (2020b) reported that there were 340 000 [260 000–420 00] children aged 0–14 years living with HIV in 2019. UNAIDS also reported that there were 10 000 [8 100–20 000] newly infected children in 2019. An increase in the prevalence rate is also due to the fact that HIV-infected people are living longer because of the roll-out of antiretroviral therapy treatment (Hontelez et al., 2011). With HIV on the rise, so is the increase in HIV-related stigma (Stangl et al., 2013).

In order to counter and reduce the stigma related to HIV, I aimed to listen to the voices of children and their perceptions of the pandemic, as stigma is a driver of HIV infection and creates a barrier to disclosure, seeking of treatment and support of HIV-positive people (Gilbert, 2016; Kontomanolis et al., 2016). This assisted me in adequately informing myself about the views and needs of children to improve my practice, to transform stereotypical views of stigmatisation where needed and to improve educational practices concerning HIV teaching in the subject of Life Skills.

1.3.1 HIV in context

It is essential that children are informed about HIV, as South Africa has high numbers of children infected with HIV (Stats SA, 2021; UNAIDS, 2020b). Children can be directly or indirectly faced with many challenging aspects linked to HIV and this may impede their schooling and overall development (Gamarel et al., 2017; Zinyemba et al., 2019). Children's development is the product of a network of interactions within their social, cultural, economic, political and emotional environments (Moulin-Stożek, 2018; Swart & Pettipher, 2013). In a social context, children can learn from "grandparents, parents, the community, friends or

peers, the media and several other entities" (Nel et al., 2013:26). Daily interactions with others influence how children develop and how they acquire stigmatised views of HIV.

Otieno and Obuya (2019) stressed that it is rare that the voices of children are heard about their experiences of HIV. Lack of HIV knowledge among children can increase fear of HIV infection, resulting in negative attitudes to people infected or affected by HIV (Dzhugudzha et al., 2015) and more stigmatised views. If children explore their knowledge and experience of the HIV pandemic occurring in their social contexts, stigmatising attitudes and perceptions could be reduced (Visser et al., 2009).

1.3.2 Stigma associated with HIV

As children acquire information through their network of interactions, they may also acquire incorrect understandings of HIV such as "HIV can spread through coughing, sneezing, by mosquito bites, and through kissing" (Dzhugudzha et al., 2015). These misunderstandings lead to stigmatised perceptions that harm those affected by or infected with HIV, or they may be victims of HIV-related stigma themselves (Mitzel et al., 2019). This is evident in the study by Ishikawa et al. (2011:242), who found that children assumed that "children affected by HIV and AIDS were infected with HIV, thus they were afraid of them. As a result, the affected grade three to six children were being stigmatised in the school."

The stigma attached to HIV contributes to a "dangerous silence about the pandemic" (Kang, 2015:113). Stigmatised perceptions can lead to an increase in HIV infection, as people are afraid to seek treatment or to admit to others that they are HIV-positive (Hallonsten, 2017). In their study on managing stigma in children, Fielden et al. (2011) suggested that the "silence associated with HIV needs to be exposed if we are to better understand what HIV truly means to young people and how 'silences' may minimise or exacerbate their experience of HIV stigma" (Fielden et al., 2011:267). A study by Stangl et al. (2013) focused on progress in the stigma-reduction field of HIV over a decade. The findings concluded that the field of education must become "bolder in the design and evaluation of interventions that target multiple stigma domains at multiple levels" (Stangl et al., 2013:11). Interventions should take place from a young age where attitudes are still malleable (MacEntee, 2020). A study conducted by Hartog et al. (2020) also indicated that to reduce stigmatisation, intervention strategies or programmes that educate and empower are required. Schools create a place for interventions to happen as teachers can influence children's learning (Dzhugudzha et al., 2015; Moyo, 2017).

1.3.3 HIV education in the Life Skills classroom

The Life Skills classroom creates a suitable teaching setting to explore children's needs, since it promotes and challenges children to ask about and confront questions about life and to apply this knowledge in "ways that are meaningful to their own lives" (DBE, 2011a:4). Children should be consulted about their needs and experiences about HIV, as their own interpretations "provide important insight into children's coping strategies and children's development" (Khanare, 2012:251). Children also live in communities affected by HIV (Busza et al., 2018), they hear and see things through their daily social interactions (Nel et al., 2013). Therefore, curriculum content has to be relevant to what they already know and what they experience on a daily basis. Incorrect information can create negative attitudes towards HIV and HIV-positive people (Ishikawa et al., 2011), leading to stigmatised views being perpetuated rather than reduced. Stigma affects children's holistic development negatively and hinders the development of responsible citizenship (DBE, 2011a).

Supported by appropriate content, the curriculum policy document stipulates HIV concepts that need to be taught in Grade 5 (DBE, 2011a; DBE, 2015). The concepts include stigma about HIV and AIDS as well as how to change people's perceptions towards people infected with or affected by HIV and AIDS (DBE, 2011a). However, although curriculum content addresses HIV-related stigma, the way it is taught does not really allow the children to express their own perceptions and views. Thus, curriculum content may not reflect the perceptions and views of the children for whom it is designed.

Another problem relates to teachers' willingness and capacity to teach about HIV. Although the DBE (2011) indicated concepts of HIV that need to be addressed in the classroom, a concern was that teachers often avoid teaching about it (Chikoko et al., 2011). This may be because a large number of teachers in South Africa are struggling to cope with the impact of HIV and AIDS, both on a professional level and in their own homes (Wood et al., 2013). This could be because HIV relates to sexual education, cultural practices or due to teachers being unprepared (Francis, 2013; Francis & DePalma, 2015; Nquaba, 2014; Sorcar et al., 2017). There is increased recognition that what teachers teach and how they do this are important when educating children about HIV (Becker-Zayas et al., 2018; Naidoo & Rule, 2016).

Arts-based approaches have been found to be useful in helping teachers approach topics with which they may be uncomfortable (Pithouse-Morgan et al., 2013; Wood et.al., 2013). This is because the children generate the knowledge and bring up topics to direct the conversation, rather than the teacher having to develop a lesson and present it didactically. Teachers who are aware of children's knowledge about HIV and HIV-related stigma can adapt and improve their teaching and content to make it more relevant to children (Saavedra & Opfer, 2012).

Creation of relevant content encourages critical and creative thinking and responsible citizenship (DBE, 2011a; Florea & Hurjui, 2014). If children are not involved in the creation of content, the curriculum may be irrelevant to them (Aggleton et al., 2018; Mnguni, 2019). Arts-based methods can assist teachers in gaining deeper understanding (Nieuwenhuis, 2013) into how children perceive existing knowledge about contemporary issues such as HIV. Becoming more knowledgeable and developing skills and values encourages responsible behaviour within society, as children are more aware of the complex social issues that fuel the pandemic (Aggleton et al., 2018). This knowledge enables them to make informed decisions to protect themselves from infection. It also assists in reducing their negative perceptions of the virus and people affected by the virus.

1.3.4 Incorporation of arts-based pedagogies in Life Skills classrooms

Arts-based pedagogies, such as drawings, collage, photo voice and drama, are defined as "methods and practices of teaching used in an attempt to encourage the health and well-being of individual children and to provide new points of view to approach even challenging matters through arts" (Piispanen & Meriläinen, 2019:87). Arts-based approaches have proven to be successful in gathering information from participants to develop relevant knowledge, attitudes and skills to assist in curbing HIV stigma (Landy, 2019; Mutonyi & Kendrick, 2011; Naidoo & Rule, 2016). Children are not empty vessels and differ in the way they learn (Nel et al., 2013), and thus children will not be able to "break through their own personal knowledge ceilings without guidance" (Nel & Payne-Van Staden, 2014:190). Using arts-based pedagogies allows teachers to guide children and gives insight into what children know, feel and experience in relation to HIV in the classroom (Nacken et al., 2018; Roberts, 2018). This is beneficial, as it provides teachers with information on how to better facilitate discussions about HIV and HIV stigma, given the diverse backgrounds of children (Wood et al., 2013).

Arts-based pedagogies, such as drawing and writing and other forms of visual methodologies, are beneficial in engaging children to gain insight into their perceptions and views about particular phenomena (Theron et al., 2010; Van Laren et al., 2019). Research studies by Chamberlain et al. (2018) as well as Ward (2014) indicated that the use of arts-based pedagogies is also beneficial to individual development. Ward (2014) examined the effectiveness of arts-based pedagogies for exploring and understanding the natural world in early childhood education and concluded that arts-based pedagogies were key elements in aiding teachers to "generate and perpetuate meaningful, child-centred content in the daily program for the children" (Ward, 2014:177). Chamberlain et al. (2018:135) reinforced this argument by stating that through the use of arts-based pedagogies, "knowledge can be obtained that may otherwise remain obscured or covert".

In their study on children's images of HIV/AIDS in Uganda, Becker-Zayas et al. (2018) suggested that:

> "communicating the complex language of HIV/AIDS prevention requires children to go beyond the linguistic mode. To draw upon the visual in order to achieve a fuller range of socio-affective expression and to affect change by reaching a variety of audiences on multiple levels of human meaning making" (Becker-Zayas et al., 2018:386).

Incorporation of arts-based methods in the classroom allows children to express what they think about HIV (Luthuli et al., 2020; MacEntee, 2020). Teachers and children can assume a "critical stand in the production of knowledge" through arts-based pedagogies (Thiollent, 2011:173), as the aim is to analyse the current situation and suggest possible courses of behavioural action and strategies that encourage children to make informed decisions based on critical and creative thinking about HIV-related stigma in an attempt to reduce negative perceptions. For this reason, the study focused on gaining insight into the current knowledge of children's perceptions about HIV stigma, then using this information to rectify, where needed, any misconceptions and stigmatic perceptions the children initially had about HIV with the aim of reducing HIV stigma. By continually engaging issues of HIV (Hallonsten, 2017) through arts-based pedagogies, HIV awareness in schools can be promoted. While "awareness is important in breaking the silence around HIV" among children (Becker-Zayas et al., 2018:367), teachers need to move towards educating for HIV to encourage children to reduce stigma rather than perpetuating it. Equally important is the reliability and validity of the information communicated to children and how children interpret and use the knowledge acquired (Hallonsten, 2017). Incorporation of arts-based pedagogies in teaching strategies into the Life Skills classroom allows children to use their expressive powers to voice their perceptions of HIV (DBE, 2011a), reflect on their perceptions, and expose the social stigmas that they might have about the virus (MacEntee, 2020; Manovski, 2014).

1.4 Problem statement

As outlined in the above section, it is important to explore children's' perceptions about HIV and the stigma associated with it, with the aim of reducing possible stigmatised perceptions. A need exists to explore perceptions about HIV and HIV-related stigma, as children remain an "under-addressed target group in stigma reduction interventions" (Hartog et al., 2020:16). Children may interpret, express and react to stigma in different ways from adults as they are still developing holistically (Holt, 2017). Thus, children need to be motivated to think critically about HIV and how it affects them as well as those around them and to make sense of it in their own social contexts so that they do not stigmatise those infected or affected by the virus. Many education strategies for dealing with HIV have been developed by adult experts, thus

the programmes developed may not be successful in capturing the attention of the children at whom they are directed.

Exploring children's HIV perceptions can aid in educating children as well as assist teachers in creating lessons to reduce stigmatising perceptions of HIV. It is assumed that the outcomes of the project will enable primary school children to i) question existing stereotypes and stigmatising assumptions about HIV, ii) develop a more nuanced and intersectional understanding that will contribute to reducing stigma associated with HIV infection, and iii) promote their holistic development into adults who embrace diversity, respect the value of other human beings and embody such values in their behaviour, as encompassed by the notion of responsible citizenship DBE (2011a).

1.5 Research questions

In order to address the research problem stated above, the following research questions guided this study:

1.5.1 Primary research question

- How could the use of arts-based pedagogies in the Life Skills class reduce HIV stigma among Grade 5 children?

1.5.2 Secondary research questions

The following secondary questions supported the primary research question.

- What are children's perceptions of HIV?
- How can arts-based pedagogies help to disrupt these perceptions and encourage children to develop a new understanding of HIV?
- What guidelines can be developed from the findings to inform teaching to reduce HIV stigma among children?

1.6 Theoretical framework

The theoretical framework of a study provides an overall "orientating lens concerned with construction of arguments" and "specific plans for data collection and analysis" (Creswell, 2014b:64). This study utilised the social learning theory of Albert Bandura, as well as the critical pedagogy by Paulo Freire as theoretical framework, as explained in the following sections.

1.6.1 Social learning theory

Albert Bandura's social learning theory analyses behaviour in terms of "reciprocal determinism" (Bandura, 1978:345). Reciprocal determinism examines psychosocial experiences, in this case children's perceptions of HIV at "varying levels of complexity, ranging from intrapersonal development to interpersonal behaviour, to the interactive functioning of organizational and societal systems" (Bandura, 1978:344). It suggests that new information and behaviour can be learnt by observing other people's actions and experiences, either directly or indirectly (Brauer & Tittle, 2012; Chavis, 2011). This theory will help teachers understand how children's perceptions are formed through interaction within social and environmental contexts.

1.6.2 Critical pedagogy

The aim of Freire's (1970) critical pedagogy, according to Aliakbari and Faraji (2011:77), is to "transform oppressed people and to save them from being objects of education to subjects of their own autonomy and emancipation". Stigmatising views of HIV are oppressive, since they can "prevent people from seeking testing, accessing medical care, adhering to medications and participating in programmes designed to enhance health and wellbeing" (Fielden et al., 2011:267). As indicated by Aliakbari and Faraji (2011:77), critical pedagogy aims at empowering children to "think and act critically with the aim of transforming their life conditions." The purpose of this study included to educate and encourage children to think critically about HIV in order to transform their stigmatising perceptions. This is so that children may be adequately informed about the virus and how the virus affects them and others. Stigmatising others robs them of their humanity, and in the process, the person who stigmatises is likewise dehumanised (Salazar, 2013). By adopting a critical pedagogical approach, the aim was to challenge children's perceptions by raising their awareness about their own thinking and presenting other less stigmatising understandings of HIV so that they can begin to view others as valuable human beings, irrespective of their health, gender, sexual orientation or social class.

An understanding of the meanings imparted by children about HIV in their social context can be gained by exploring the richness, depth and complexity of children's perceptions of HIV-related stigma through arts-based methods, guided by social learning theory and critical pedagogy theoretical frameworks. This was done through engaging in an action research enquiry.

1.7 Research methodology

According to Creswell (2014a:34), a research methodology can be defined as the "specific procedures involved in the research process". This includes data generation, data analysis and reporting findings (Nieuwenhuis, 2013). This study used an action research methodology as explained in the following sections.

1.7.1 Research paradigm

A research paradigm is a "conceptual lens through which the researcher examines the methodological aspects of the research project to determine the research methods that will be used and how the data will be analysed" (Kivunja & Kuyini, 2017:26). This study was guided by a critical paradigm. A critical paradigm sees reality as ever changing, open to critique and requiring the exposure of injustices (Cho, 2013). Research paradigms involve ontological, epistemological and methodological assumptions (Tuli, 2010). Ontology is concerned with "what constitutes reality" (Scotland, 2012:9). Epistemology is concerned with "how knowledge can be created, acquired and communicated" (Scotland, 2012:9). From a critical perspective, knowledge is ever changing and should constantly be questioned in light of "power relations to strengthen the voices of children and to inspire critical consciousness in order to promote social change" (Cho, 2013:1).

Because of an interest in reducing the possible stigma children have attached to HIV through their social interactions, a critical paradigm was best suited for this study, as it offers the opportunity of exploring approaches that give deeper insight into "problems of school and life and will provide a direction for positive change" (Wang & Torrisi-Steele, 2015:19). This paradigm will enable me to encourage children to become more informed about their understanding of HIV and transform their thinking about the negative stereotypical views associated with HIV. This will enable the me to focus on the developing child (Pillay, 2014) to encourage critical thinking and behaviour resonant with responsible citizenship, as indicated in education policies (DBE, 2011a), such as the reduction of stigmatising attitudes towards specific groups of people.

1.7.2 Action research design

An action research design was used to improve my practices and teaching of HIV in Life Skills. Klein (2012) stated that the foundation underlying action research in education is that teachers are in the position to engage in inquiry about practice in their own classrooms (see also Castleberry & Nolen, 2018). Action research in its various forms highlights the "interactional and relational ways in which research and knowledge become socially produced with children,

with intentions of positively transforming real-world relations" (Allen & Marshall, 2019:99). For the purpose of this research study, I was interested in gaining insight into Grade 5 children's perceptions of HIV in order to develop teaching strategies to disrupt their thinking and to encourage them to develop attitudes that will promote positive social transformation (McNiff, 2013). Action research in this regard was appropriate to guide this study, since action research allowed the study to be conducted within the classroom (Allen & Marshall, 2019, Stecanela et al., 2019).

Zuber-Skerritt and Wood (2019:5) clearly broke down what occurs within an action research cycle, where planning includes identifying and defining the problem and analytical approach, and, on this basis, preparing a strategic plan. Acting refers to implementing the strategic plan. Observing entails watching, perceiving and evaluating the action by appropriate research methods and processes. Reflecting refers to thinking back critically, not just about the results of the evaluation but about the whole action, research process and outcomes, which is the previous three phases of planning, acting and observing. This in turn may lead to identifying a new problem or issue or way to address it, and hence, a new cycle of planning, acting, observing and reflecting.

The use of arts-based methods in activities using these cycles will assist me in actively engaging children and providing informative classroom activities. As a teacher, I will be made aware of children's perceptions and thus be able to make judgements and adopt approaches suited to the teaching context (McNiff, 2013; Van Laren et al., 2019) in an effort to assist children to reconstruct their knowledge.

The cycle of action and reflection for this study is explained under data generation in section 1.8.2 and will be expanded on in detail in Chapter 3.

1.7.3 Qualitative research approach

A qualitative research approach to generate data was best suited for this study as the research was conducted within my profession as a teacher. A qualitative research approach is an "iterative in-depth enquiry" (Carpenter, 2018:35) focusing on describing and understanding phenomena in their "naturally occurring context with the intention of developing an understanding of the meanings imparted by children so that the phenomena can be described in terms of the meaning that children have" (Nieuwenhuis, 2013).

Qualitative research is concerned with understanding the "social and cultural contexts which underlie various behaviour patterns" (Nieuwenhuis 2013:51). Children's' perceptions and viewpoints about HIV can only be fully understood in the context of their "experience and worldview" (Castleberry & Nolen, 2018:308). This research study used a qualitative research

approach, since the research question explored children's' perceptions of HIV through arts-based methods in order to reduce any stigmatising views they may have.

1.8 Research methods

1.8.1 Site of study and participant selection

This study was conducted in a suburban school in Mulbarton, Gauteng province, South Africa, where I conducted the action research as part of my daily teaching in the Grade 5 Life Skills classroom. Therefore, the classroom was the research site. This study stemmed from my concern that HIV is not being effectively taught in the classroom and my aim for children to develop attitudes that resonate with the idea of responsible citizenship, such as tolerance and respect for others, irrespective of their social, economic, or health status. I used the artefacts and discussions of the Grade 5 children in my classroom to deepen my understanding of the research questions. They could thus be regarded as the main participants in the study, since they will be generating the data and analysing it through reflection on their learning. Although all children in the classroom had to do this, only the work of those children who gave assent and who received parental consent were used in this study.

I acknowledge that there was a conflict of interest due to the teacher–child relationship, but took all the necessary precautions to ensure that parents and children voluntarily consented and assented to me using the children's material for this research study. In order to gain consent from parents, I distributed consent forms in a sealed envelope to each child in the class. Children took these forms home to their parents. These consent forms explained that I will be teaching about the stigma related to HIV in the Life Skills class and that I would like to use the work of the children as data for my study. Parents had to sign to indicate their consent and send these forms back to the school in a sealed envelope. This gave parents an opportunity to discuss the research with their children. My contact details appeared on the letter in case parents needed clarity on any aspects of the research study.

In order to gain assent, I asked my colleague to explain to the children during a Life Skills period what the research study entailed and that the research question linked to the content on HIV-related stigma stipulated in the CAPS document (DBE, 2011a). It was made clear that whether the children assented or not, it would not affect how their work will be assessed, as this will be part of normal teaching. Once the study had been explained to the children, my colleague asked the children to indicate whether or not they assented to me using their material for my research. Each child was given an assent form and children had to write their names on a piece of paper and write "yes" or "no" to indicate if they wanted their work to be

used as data for the study. The colleague collected the assent forms from the children, who then gave the assent forms to me.

1.8.2 Data generation

Data generation is concerned with the methods and tools used to collect information from research participants (Tomal, 2010). Data was generated from the children through arts-based pedagogies. As indicated by Green and Denov (2019:1), an arts-based approach can "enhance the validity of the research and provide insight into the broader sociocultural context by which to understand complex topics and participant experiences". Incorporation of arts-based pedagogies into the classroom is beneficial, as children are encouraged to "experience, develop, represent and understand ideas, emotions, values and cultural beliefs in different ways" (Green & Denov, 2019:11). Green and Denov (2019:1) also stated that involving children as "active agents rather than passive participants in activities can enrich the quality of the research". Visual methods, specifically the draw-and-write method, complemented by classroom discussions and storyboard activity using puppetry, were applied as data generation strategies for this study. These generation strategies were implemented in two cycles of activities and was useful to encourage the children to reflect (McNiff, 2013:24) on their HIV-related perceptions.

Cycle 1 – Draw and write

In order to gain insight into children's perceptions of HIV, I gave the children a prompt: "Draw a picture to show what you know about HIV and how you feel about people associated with HIV. Give your picture a title and write a few lines explaining it." The children were assured that the message was more important than the quality of their drawings.

I analysed the drawings and written narratives and discussions to find key themes related to stigmatic perceptions that the children may have had. The children then split into groups of five and each group was given a copy of the themes that emerged from their drawings. The children were required to split this information into categories of "true" and "false" or "not sure". A general class discussion took place about the emerging themes in which alternative understandings of HIV as a social problem was introduced, when needed, using factual information. The findings were used to bring to light any stigmatising views the children had about HIV so that negative views could be clarified.

Cycle 2 – Storyboarding and puppetry

In order for the children's changed perceptions to be assessed, they were required to complete a group activity where they could reflect on their views on HIV and represent their new

understanding. The children were required to form groups and do a storyboarding exercise to create a short drama that portrayed a non-stigmatising view of HIV. A detailed description of storyboarding is provided in Chapter 3. They used puppets as characters, rather than acting out the play themselves. Using puppetry has the potential to generate information from children through communication, as it can assist in helping children project their views, while also creating some emotional distance (Kröger & Nupponen, 2019).

1.8.3 Thematic data analysis

Nieuwenhuis (2013), as well as Cohen et al. (2011), indicated that qualitative data analysis has the goal of evaluating how participants perceive a particular phenomenon by analysing their "perceptions, attitudes, understanding, knowledge, values, feelings and experiences" (Castleberry & Nolen, 2018:807). Thematic data analysis was used as data analysis method. Thematic analysis is a method of "identifying, analysing and reporting patterns (themes) within data" (Castleberry & Nolen, 2018:808). Cassel and Bishop (2018:196) explained that the "researcher looks for themes within the data collected and codes excerpts of the data accordingly into those themes". This method of data analysis was suitable for this study, since I needed to understand the thinking of the children, and how they came to think like that in order to introduce them to new ideas (Vaismoradi & Snelgrove, 2019). I also needed to analyse their changed perceptions as portrayed in the short puppet shows. This was done by means of recording the puppet show and analysing this data.

1.9 Measures to ensure trustworthiness

As I was the main data gathering instrument (Nieuwenhuis, 2014) in this action research study, to ensure that the study is reliable and valid, I used credibility, transferability, dependability and confirmability as the key criteria for trustworthiness (Anney, 2015). Credibility is defined as the "truthfulness of the data and its subsequent interpretation" (Prion & Adamson, 2014:107). Credibility was established through triangulation by means of using more than one theoretical framework, as this allowed for more in-depth understanding of the research study (Anney, 2015). Transferability is the "extent to which the results of the study can be transferred to other contexts with other participants" (Anney, 2015:278). Transferability was enhanced through a detailed description of the study, as this "enables readers to assess whether the findings of the research are transferable to their own setting" (Korstjens & Moser, 2018:122). Dependability refers to whether readers and other researchers can follow the original researcher's reasoning and the research methods used during the study and reach similar findings (Prion & Adamson, 2014:108). Dependability was ensured through a transparent description of the research process and keeping an audit trail by means of documentation.

Confirmability entails that the “data should represent the participants’ responses and not the researcher’s biases or viewpoints” (Anney, 2015:279). Confirmability was ensured through triangulation and an audit trail.

1.10 Ethical considerations

All information for any study should be tempered by “proper ethical constraints aimed at protecting participants” (Cohen et al., 2011:84). To ensure protection of the children whose work I used as data, I made use of informed consent, voluntary participation and confidentiality as ethical considerations to conduct this research. Seeking ethical clearance was of the utmost importance, especially since the participants are children (Cohen et al., 2011; Lambert & Glacken, 2011). I obtained formal ethical clearance from the appropriate university ethics committee, and permission from the DBE, the principal and school governing body of the primary school, informed consent from parents or guardians of the children and assent from the children. According to Creswell (2014a:5), an informed consent form is a “document that is signed before participation in the research.” As this study relied mostly on the drawings and narratives, discussions and presentations of the children, informed consent was first sought from parents, then assent was sought from the children (Lambert & Glacken, 2011; Phelan & Kinsella, 2013) to use the children’s data for this study.

Voluntary participation (Cohen et al., 2011) entails “freedom to choose and decide without coercion from others” (Lambert & Glacken, 2011:792). Children and parents were made aware of the fact that participating in the study was voluntary and that they may request to withdraw from participation in this study at any time (Phelan & Kinsella, 2013). I did not foresee that many parents or children would object to participating in this study, as the topic of HIV and HIV-related stigma is a compulsory component of the Grade 5 curriculum (DBE, 2011a).

Confidentiality was ensured, as I would not disclose information from participants in any way that may “identify that individual or that might enable them to be traced” (Cohen, 2011:92). Cohen (2011:91) indicated that the “essence of anonymity is that the information provided by participants should in no way reveal their identity,” I protected the anonymity and confidentiality of the children by assigning pseudonyms in the process of analysing and reporting data (Creswell, 2014a). In the classroom, there was no anonymity; however, I did not foresee this as being a problem, since the study formed part of my everyday teaching and would not be any different from the daily classroom activities children have been exposed to.

1.11 Chapter layout

This study consists of five chapters, which are organised as follows:

Chapter 1: General introduction and orientation to this study.

Chapter 2: Literature review of arts-based methods, social learning theory and critical pedagogy to reduce HIV-related stigma.

Chapter 3: A theoretical discussion of the research methodology.

Chapter 4: Discussion of the findings of this study.

Chapter 5: Summary, reflection on the research questions, contribution of study and guidelines on the use of arts-based methods to improve children's perceptions about HIV-related stigma in the Life Skills classrooms.

1.12 Chapter summary

In this chapter, I provided an overview of this study. This study aimed to explore whether the use of arts-based pedagogies could assist in reducing HIV related stigma in the Life Skills class. I discussed the background and rationale of the issue of HIV and related stigma. Furthermore, I discussed the theoretical framework, research design, data generation methods, measure to ensure trustworthiness and ethical considerations. The next chapter provides a critical review of the key concepts used and the theories guiding this study.

Chapter 2
LITERATURE REVIEW

2.1 Introduction

In the previous chapter, the orientation of the study together with the chapter outline was presented. This chapter presents a critical analysis of the literature that supports the focus of this study. The following concepts are addressed: HIV and stigma, HIV education in primary schools, and the social learning theory and the use of arts-based methods as critical pedagogy are discussed.

2.2 HIV and stigma

HIV infections in South Africa have been rife since the country's first reported case in the 1980s. Since then, South Africa has become one of the countries with the highest number of people infected with the HIV virus (Deeks et al., 2015; SANAC, 2018; Simelela et al., 2015). Of the estimated 58.78 million people living in South Africa in 2019, approximately 19.07% of the population was HIV-positive. An estimated 340 000 (260 000–420 000) were children aged 0 to 14 (UNAIDSb, 2020). Although antiretroviral treatments have helped in treating HIV-infected people by slowing down the rate at which the virus affects the body, there are concerns that these treatments are not readily available, hindering effective HIV management (Hwang et al., 2019). Although South Africa had a decrease in HIV-related stigma between 2004 and 2016 (Visser, 2018), literature points out that HIV infections can be traced to ongoing HIV-related stigma (Gamarel et al., 2017).

Kang (2015:289) defined stigma as a "social process or personal experience characterized by exclusion, rejection, blame or devaluation resultant from experience or reasonable anticipation of an adverse social judgement about an individual or group". In relation to HIV, stigma refers to the negative beliefs, feelings and attitudes people may hold towards others living with HIV or affected by HIV (UNAIDS, 2014). HIV stigma has an impact on the lives of both those infected and those affected by the disease, especially since stigma could "discredit an individual in the eyes of others" (DBE, 2017:xii). For the purpose of this study, those infected with the disease are people who have contracted the HIV virus; those affected by the disease are people who are associated with HIV-positive people, such as family members who do not have the disease. A critical component in managing the impact of HIV is to reduce the stigma associated with it, as it has the potential to fuel infections and to negatively influence the

management of HIV (Gamarel et al., 2017; Hatzenbuehler et al., 2013). HIV-related stigma is a public health concern that affects not only the individual, but society as well (Sherr et al., 2016). HIV stigma is addressed within the school system where children may be required to participate in classroom activities and to engage with HIV-related questions and content to meet curriculum outcomes in Life Skills (DBE, 2011a).HIV stigma refers to both self-stigma and stigma by association. These forms of stigma can be associated with social misperceptions based on existing social narratives.

Self-stigma is the "internalization of social devaluation due to a devalued social identity" (Gamarel et al., 2017:352). In relation to HIV, self-stigma refers to the internal social devaluation of an individual infected or affected by HIV. Negative attitudes about HIV, fear of infection, misperceptions about transmission, judgement by family or friends, attitudes of healthcare providers and negative perceptions at the workplace, all contribute towards self-stigma (Audet et al., 2013). Accounts of HIV self-stigma has deprived HIV-infected people from seeking the appropriate healthcare services and psychological help needed to cope with the disease (Vreeman et al., 2015). For instance, self-stigma affects the individual's self-esteem and causes social isolation (Audet et al., 2013; Nobre et al., 2018; Ma et al., 2019). It is therefore important to transform views on HIV from a young age, to discourage negative perceptions of the disease, which may leave individuals feeling as though they are devalued members of society (Gamarel et al., 2017).

Stigma by association occurs "when a person is devalued, rejected, or victimized based on an individual's relationship with a stigmatized individual" (Gamarel et al., 2017:352) or due to their own status. In this case, it would be the devaluation, rejection or victimisation of a person infected with or associated with HIV. Goffman's (1963) seminal work on stigma and social identity emphasises the role of societal processes in the face of stigma. He suggests that stigmatising views can be learnt through social interactions in multiple settings. For instance, a review of HIV stigma by association across countries and cultures revealed that children between the ages of 6 and 19 who were not HIV-positive but living with HIV-positive parents, experienced psychological or emotional problems, disrupted peer/adult relationships, and poor educational outcomes (Mason et al., 2014). This is vital to note, as stigma may have the consequence of leading to discrimination, where people are treated differently and unfairly due to their status (DBE, 2017). Such experiences affect children's overall personal development, educational development, and additionally their development as contributing members of society (DBE, 2011a; Gamarel et al., 2017; McHenry et al., 2017).

Contributing to HIV self-stigma and stigma by association are the social and cultural narratives expressed within society. Narratives are concerned with the verbal or written communications

expressed by individuals (Piispanen & Meriläinen, 2019). For this study, HIV narratives referred to negative and hegemonic understandings about HIV, which increase stigma and discrimination (Wabiri & Taffa, 2013). HIV narratives include:

- **Religious and morality narrative**: Religion and religious practices play a major role within societies. Linked to religious practices is the issue of morality, which refers to the distinction between right and wrong or good and bad behaviour (Lexico, 2021). In the context of HIV stigma, religious and morality narratives cause people to look down on and discriminate against infected individuals (Susanto, 2015). This could be because they believe that infected individuals deserve to be HIV-positive due to their immoral behaviour, which flaunts rules regarding acceptable sexual relations and may believe it is only that individual's fault for acquiring the HIV virus (Susanto, 2015). Additionally, religious leaders hold beliefs about HIV that may ostracise people living with the disease (Ansari & Gaestel, 2010). This is concerning as it could result in negative perceptions taught by religious leaders within the religious setting. Important to note is that children may be affiliated to these religious groups and may experience or be exposed to these stigmatising perceptions. Hence, in the face of HIV stigma, children should be encouraged to think critically so that they can distinguish between good and bad behaviour or right and wrong perceptions about HIV and HIV-related stigma (Freire, 1970).
- **Gender narrative**: Both males and females can be infected with the HIV virus; however, in society, women have been more stigmatised for having the virus than men (Treves-Kagan et al., 2017). This is due to issues of power and dominance within patriarchal communities, where men are viewed as superior to women (Choi, 2018). Children grow up in these gendered societies and tend to take on the same attitudes shaped through the gender narratives that these patriarchal communities hold.
- **Cultural narrative**: People belonging to the different cultural groups may have their own sets of beliefs and perceptions about HIV and HIV-related stigma within their norms and traditions. Examples of cultural beliefs are gender inequalities in which woman have little say in determining when, where and with whom they have sex (Ncube, 2016), and beliefs about witchcraft, such as the belief that evil spirits may affect you if you are in contact with or associated with an HIV-infected person (Buys, 2020). Cultural practices such as the mixing of blood to symbolise traditional milestones and cultural initiations such as virginity testing and circumcision (Sivhabu & Visser, 2019), have contributed to HIV transmissions and stigmatising beliefs. The infected are often left without care; they may be stigmatised and left to feel guilty for having the virus and are shamed in the eyes of cultural groups and within the broader context of society (Buys, 2020; DBE, 2017). In schools, cultural

influences may affect how children communicate about HIV stigma and how they relate to HIV content within the classroom.

- **Racial narrative**: South Africa's apartheid era during the period 1948 to 1994 had a significant impact on HIV transmissions. The apartheid system racially segregated people, therefore HIV has a black face in South Africa due to the black population group being the oppressed majority, resulting in heightened vulnerability to infection (Stats SA, 2019; Wabiri & Taffa, 2013). Along with this segregation came inequality in the distribution of resources for the effective management of HIV, such as education, access to medical treatment as well as suitable living environments (Wabiri & Taffa, 2013). This has perpetuated HIV transmission and HIV stigma as individuals affected with the disease are disadvantaged and deprived of the resources needed to assist in coping with the virus and individuals at risk of being infected with the virus deprived of prevention methods. Children grow up in households where racial narratives may be dominant, which spreads HIV stigma, which thus influences children's perceptions of the disease.

The concern is that children grow up in societies that perpetuate these narratives and may unquestionably believe them. The onus lies on education, and specifically on Life Skills education, to address and debunk these perceptions from a young age (DBE, 2011b). These narratives have affected aspects linked to the management of HIV. These aspects include:

- **Diagnosis**: Stigma may prevent individuals from testing for the virus. This is problematic as infected individuals will be unaware of their HIV status and will go undiagnosed. Thus, they may not take appropriate action to manage the HIV virus such as seeking the appropriate medical treatment or psychological assistance needed to cope with the disease (Vreeman et al., 2015). If HIV-positive people go untreated, this may cause perpetuation of HIV transmission, deterioration in physical and emotional health and in severe cases, death (Deeks et al., 2015). Children can experience the loss of parents or caregivers, causing orphanhood, personal health deterioration, resulting in children not being able to commit to social, emotional or educational engagements within the classroom and within society (Bobat & Pillay, 2020).
- **High viral loads and transmissions**: Lack of HIV management can lead to an HIV-infected person having a high viral load. HIV transmission refers to the virus spreading from one person to another. The viral load of an HIV-infected person refers to the quantity of HIV found in the infected individual's blood. The higher the viral load, the worse the effects of HIV on the body's immune system and the higher the risk of HIV transmission (Glass et al., 2020). Aspects such as individuals not knowing their HIV status, poor living conditions brought about by poverty, lack of treatment resources and nutrition, contribute

to high viral loads (Deeks et al., 2015). Children exposed to these conditions could be at risk of contracting the virus and will thus be experiencing health-related problems or forms of HIV stigma (Chirwa & Naidoo, 2014). More encouragement for people to find out about their status is required so that the infected individual may have a better quality of life with the help of antiretroviral treatments (Avert, 2018, 2020; Gamarel et al., 2017).

These aspects of HIV management increase the need for HIV prevention education. HIV prevention is viewed primarily from a factual biomedical lens, focusing on the medical aspects, specifically the rates of HIV diagnosis, treatment initiation or success and viral suppression (Horter et al., 2020). Prevention approaches focus on prohibition, for example, do not have sex, do not have sex without a condom or do not stigmatise (Aggleton et al., 2018; Harrison et al., 2010; Madiba & Mokgatle 2015). These prohibitions do not relate to the reality of children's lives and do not enable them to express their perceptions of the disease (Aggleton et al., 2018). There is a need to shift thinking around HIV, from being something that results from bad behaviour of the individual to a more empathic and inclusive understanding that it is a social problem fuelled by many structural inequalities.

In the case of HIV stigma linked to children, an intersectional approach could possibly assist in gathering information on the narratives children hold to enable the teacher to introduce new ideas to disrupt their stigmatising views of HIV. Children need to be encouraged to become critical thinkers and exemplary members of society, who do not perpetuate HIV stigma through oppressive behaviours (Freire, 1970). They should be able to empathise with and support those who are infected, by questioning existing stereotypes, perceptions and assumptions about the disease in order to allow better sense making of it within their own lives (Kendrick et al., 2020).

In my view, children do possess knowledge on HIV and HIV-related stigma, as also reported by Anabwani et al. (2016) and Torstensson and Brundrett (2011). Thus, relevant platforms and opportunities to explore children's voices in primary schools should be created to enable them to express how they perceive, think about and relate to HIV and HIV-related stigma within their own lives, as children are an underrepresented group in stigma reduction interventions (Hartog et al., 2020; Sigelman, 2018). One way to give this opportunity to children is through stigma reduction programmes in primary schools.

2.3 HIV education in primary schools

"Schools are increasingly charged with the responsibility of addressing complex social problems faced by children" (Skovdal & Campbell, 2015:175). In South Africa, HIV and HIV-related stigma is one such social problem as it can hinder children's development within the

school system (Khanare, 2012; Maddocks et al., 2020; Orkin et al., 2014). HIV education has been included in the South African school curriculum as a preventative measure in an attempt to stop infections from rising, because of the ways children are at risk of being infected with HIV, such as mother to child transmission, sexual or drug abuse and blood transfusions (Bobat & Pillay, 2020). Children should be informed about HIV, because "prevention through education remains the cornerstone of intervention policies aimed at global and national levels" (Adelekan, 2017:12).

The education system is one of the biggest networks of skilled people working and interacting with children (Skovdal & Campbell, 2015). To date, teachers, children and educational role players in South African public schools interact in schools with the guidance of the CAPS policy document (DBE, 2011b). HIV education is a component of and outcome in the subject of Life Skills. HIV Life Skills education aims at integrating HIV and important life skills around the topic into the school curriculum as an approach to prevent and alleviate the spread of HIV infection and to offer care and support to children that are affected and confronted by HIV-related stigma (DBE, 2012, 2017). Primary school education is aimed at empowering children within the classroom, through activities that engage children in the curriculum content (DBE, 2011b). However, according to literature, this is not currently happening in schools, as HIV education is presented in a didactic manner (Dzhugudzha et al., 2015; Francis & DePalma, 2015). For instance, the DBE (2011b) provides guidelines for teaching curriculum content in HIV and AIDS to children within the Life Skills classroom in Grade 5 (see Table 2.1), with specific outcomes to be reached in the fourth term.

Table 2.1 Guidelines on teaching HIV in the Grade 5 classroom

Term 4	Grade 5	Recommended resources
Health and environmental responsibility	3 hours	Textbook, Life Skills books, books on HIV and AIDS
HIV and AIDS education: – Dealing with stigma – Stigma about HIV and AIDS – How to change attitudes towards people infected with HIV and AIDS Reading skills: – Reading with understanding and using a dictionary – Reading about changing attitudes and perceptions about HIV and AIDS: recall and relate		

Source: DBE (2011b:22)

The challenges with the guidelines are discussed below.

In my experience as a Life Skills educator, the teacher usually gives children a short story or a page with information about HIV, followed by questions and answers to complete in a rote

fashion (Amato et al., 2012), leading to superficial knowledge acquisition (Musingarabwi & Blignaut, 2018). By using this linear or top–down manner of teaching, children are not encouraged to construct their own knowledge through interactive experiences of their personal contexts. Knowledge of HIV stigma-related issues therefore remains theoretical, far removed from the realities of most children's lives. I have multiple concerns with the outcomes stipulated in the Life Skills HIV guidelines. My concerns revolve around the content taught within the classroom, the stipulated skills children need to acquire, as well as the limited time allocated to this contentious topic.

Curriculum content guidelines are limited and need to be more specific, for example, the CAPS guidelines simply stipulate that stigma must be addressed (DBE, 2011b). These do no not give clear guidance about the kinds of aspects linked to stigma, such as dealing with stigma in the children's own context, the different types of stigma that exist, stigma fuelled by narratives found within society and how stigmatising attitudes are developed within children's social environments.

Although children are required to practice their reading skills through reading about HIV and AIDS, children also require other skills for effective teaching and learning to take place such as critical thinking, collaboration, conflict management and reporting skills (DBE, 2011b; Freire, 1970).

The stipulated time to cover the curriculum content on HIV and AIDS is only three hours per annum in Grade 5. Given the limited time, more effective and impactful strategies to teach HIV education should be utilised in primary school classrooms. Strategies should not only involve cognitive activity (such as reading and answering of questions), but also the exploration of the HIV stigma concept in relation to children's own lives, including their emotions and social experiences. This means exposure to different perspectives, interactive and creative engagement with each other's views and mutual understanding for each other's contexts (MacEntee, 2020; Van Laren et al., 2019). This study reiterates that even with these CAPS guidelines, effective teaching and learning practices, inclusive of content relating to what children know about HIV and HIV-related stigma, are still lacking in primary schools (Francis & DePalma, 2015; Pithouse-Morgan et al., 2013).

The study will thus investigate if HIV stigma can be taught in ways that engage children in exploring how HIV stigma relates to their lived realities. First, to find out what children know about HIV and HIV-related stigma, and then relate teaching and learning content to what children know and what children need to know to bridge the knowledge gaps they may have. This will assist in reaching curriculum outcomes, which include children's perceptions of HIV.

Madiba and Mokgatle (2015) explored HIV and AIDS-related knowledge and attitudes of high school children infected with HIV in Gauteng and the North West province in South Africa. They found that children had many misconceptions about the disease, which affects their attitudes. Moreover, other studies have noted that stigmatising opinions, negative attitudes and misconceptions of HIV and how it is transmitted, include aspects such sneezing or coughing, shaking hands, the use of the same utensils or lavatories with HIV-positive persons (Madiba & Mokgatle, 2015; Dzhugudzha et al., 2015). These studies mainly focused on research in high schools and higher education institutions and highlighted that there are gaps in knowledge, that negative stigmatising perceptions of HIV can be detrimental to the holistic development of an individual, and that social interactions play a vital role in stigma reduction interventions. Arguably, HIV education and knowledge on stigmatising issues could have been more beneficial to high school children if the gaps and misconceptions are introduced, explored and ingrained in the lower grades in primary schools since there is an interrelated relationship between the individual, society and the primary school (Folino, 2017; Madiba & Mokgatle 2015; Nacken et al., 2018). Hence, the call for educational HIV prevention methods in primary schools that can assist in gathering information from lived experiences which can positively influence the teaching and learning process through children's involvement in the generation of knowledge.

By definition, prevention means to "stop something from happening or stop someone from doing something" (Longman, 2019:537). For the purpose of this research, education can serve as a prevention mechanism in an attempt to reduce stigmatising attitudes and behaviour and encourage the infected or affected to seek help and guidance instead of keeping silent (Kang, 2015). If the stigma around HIV is reduced, it will assist in reducing the rate of HIV infection and assist in lessening the impact of HIV stigma on individuals (Gamarel et al., 2017; Hatzenbuehler et al., 2013). It is possible to do this through effective HIV prevention education within schools that addresses existing misconceptions and knowledge gaps among children (Madiba and Mokgatle, 2015).

Not many platforms have been created where primary school children's perceptions and experiences of HIV are voiced, particularly among Grade 5 children. The Integrated School Health Policy does create platforms through child representative organisations and councils, but these councils are established from Grade 8 and higher (DBE, 2012, South African Schools Act 84, 1996). This is another concerning matter as there are no primary school representative bodies and therefore the perceptions on HIV and HIV-related stigma cannot be voiced. Grade 5 children are the first group in the intermediate phase introduced to HIV-related stigma in schools, but they have no platform to voice their opinions about their perceptions and experiences of HIV stigma. They are therefore at risk of perpetuating stigma due to being

uninformed and having misconceptions, which could result in more HIV transmissions (Dzhugudzha et al., 2015).

Life Skills education can encourage HIV and HIV-related stigma to be viewed within the child's context, which includes the behavioural, economic, sociocultural and structural factors that influence perceptions. Using the Life Skills classroom as a platform for the inclusion of children's voices across the different grades will be beneficial, as it will assist in informing educational role players about incorporating children's needs in policy guidelines and to include lesson content related to HIV education and stigmatisation within the children's context (Adelekan, 2017). Life Skills consists of three interrelated disciplines, namely personal and social well-being, creative arts and physical education, which allows for expressive environments (DBE, 2011b). The use of differentiated methods of teaching is encouraged in the Life Skills curriculum (DBE, 2011b). Resources such as arts-based methods can assist in supporting teaching environments to adapt curriculum content and to better align it with what children in the different grades already know through their social environments. They can then build on this information, engage critically with curriculum content and report on their findings within the classroom setting (Margolis, 2020; McKay & Sappa, 2020). The next section discusses the main theory that underpins this study.

2.4 Social learning theory

Much like Urie Bronfenbrenner's ecological systems theory and Lev Vygotsky's socio-constructivist theory, social learning theory also places emphasis on the importance of social environments for education and the positive or negative impact these social environments can have on an individual's development (MacBlain, 2018). The social learning theory of Albert Bandura (1973) aims to show how social aspects can influence children's behaviour, the way they learn and how they acquire information through observational learning (see also MacBlain, 2018). Within the social learning theory, Bandura's analyses of the three-way self-system in reciprocal determinism supports the incorporation of certain factors that shape an individual within social environments. In the process of reciprocal determinism, behaviour, internal personal factors and environmental influences all operate as interlocking determinants of each other and influence the manner in which children learn and retain knowledge (Bandura, 1978). Hatfield (2017:13) expanded on Bandura's reciprocal determinism (see Figure 2.1). The model was adapted to fit the study and to gain a deeper understanding of the factors that influence children's perceptions of HIV and HIV-related stigma, as well as the way these stigmatising perceptions and behaviours are acquired.

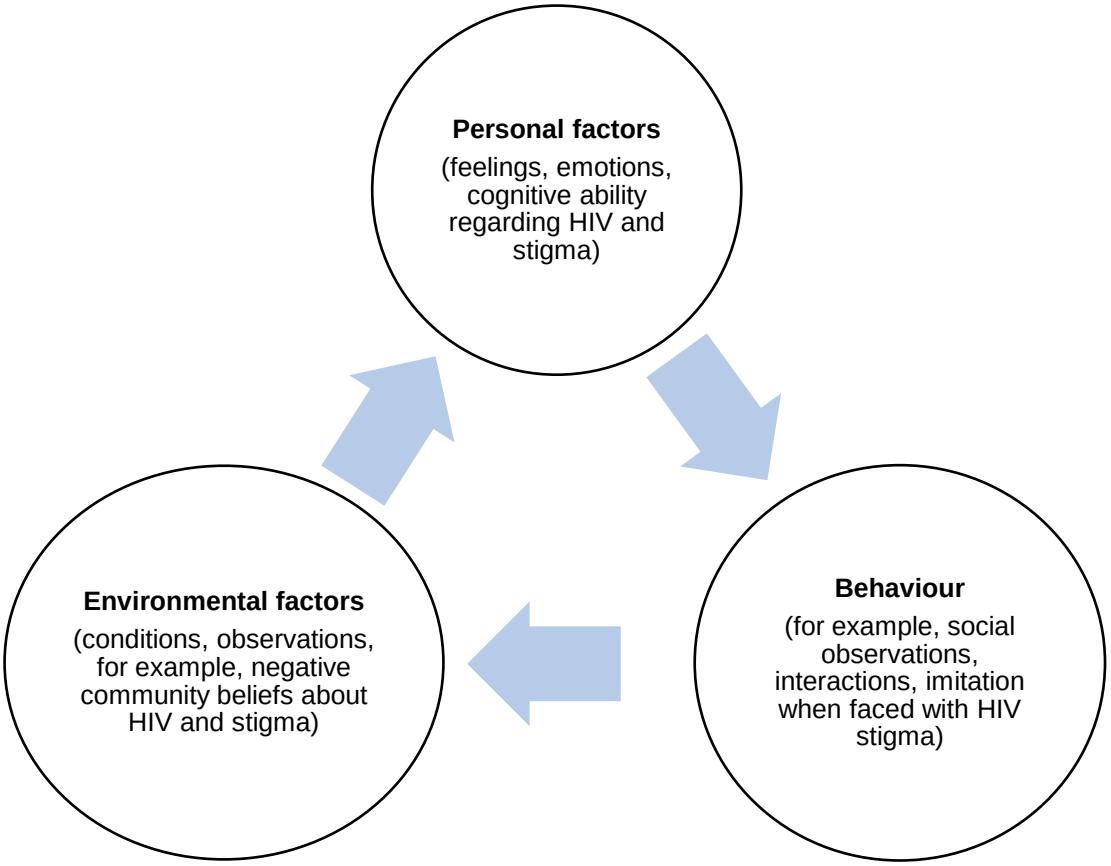


Figure 2.1 Three-way reciprocal determinism

Source: Adapted from Hatfield (2017:13)

Personal factors, such as children's feelings, emotions and cognitive ability, form a central part in influencing their learning and behaviour and may therefore influence their stigmatising perceptions. As "social actors" (McLaren, 2016), children are shaped by society; therefore, they may create their own perceptions of how to confront situations by observing, modelling and imitating others (Bandura, 1973). For this study, children will need to learn how to self-regulate their feelings and actions in response to HIV stigma. When children are able to control their personal factors, they can employ proactive HIV prevention strategies to reduce HIV stigma instead of perpetuating their stigmatising views acquired in society (Boyd et al., 2020; Mohapi & Pitsoane, 2017; Xiao et al., 2020).

According to Bandura (1973), behaviour of children is mostly learnt through interactions and observations and by imitating others directly or indirectly. Bandura (1973) observed children's behaviour by conducting an experiment in which he examined the effects of modelling and imitation on childhood aggression. The results of the actions perceived in the experiment indicated that the behaviours displayed by adults influenced children's behaviour as they imitated and modelled the actions of adults when confronted with the same scenario. Similarly, children can also observe and imitate information and behaviours about HIV and HIV-related

stigma, such as discrimination, as they can learn these behaviours from observations within their social contexts. If children are presented with stigmatising assumptions and attitudes through their social contexts, they are more likely to make the choice to imitate or model the behaviour they have been exposed to (Becker-Zayas et al., 2018; McHenry et al., 2017). Thus, in this study, children will be encouraged to think about the behaviours they have been exposed to, and to question binary views in their social contexts when faced with issues related to HIV and HIV-related stigma.

The last component of reciprocal determinism links to environmental factors that refer to conditions, observations and negative community beliefs about HIV and HIV stigma. This one aspect has a big influence on children's views as they grow up in environments filled with socio-economic inequalities that historically perpetuate HIV stigma narratives. HIV affects the poor and vulnerable population in South Africa mostly as a result of these socio-economic equalities, which hinders effective HIV prevention (Bekalu et al., 2017). Lack of information on HIV prevention and appropriate services creates a barrier to prevention methods and control. This prevents the population from eradicating HIV stigma, which in turn results in an increase in HIV transmissions.

Bandura (1978) indicated that for learning to take place through the self-system in reciprocal determinism, certain processes need to be in place, namely observational learning, imitation and modelling processes. Observational processes focus on the stimuli perceived. Imitation processes focus on the ability to copy a behaviour or action. Modelling processes focus on children's attention, retention, motoric reproduction and incentives or motivational processes (Edinyang, 2016). These processes combined, enable children to learn and retain information. Consider the following example. Children observe stigmatising views of HIV, shown through their social interactions by members of society such as adults, their peers or the media. Children replicate this behaviour and imitate the behaviour displayed by actually practising this stigmatising behaviour. They then model the behaviour since they have paid attention to stigmatising attitudes, retained the information on the behaviour displayed by society and are motivated to reproduce the behaviour as they consider it acceptable. Behaviour can be oppressive and dehumanising as the HIV-infected or affected individual is stigmatised. The goal is to observe, imitate and model behaviour that will encourage sensitised understanding and responsible citizenship, and in turn, discourage negative stigmatising perceptions that oppress or dehumanise others.

For this study, the social learning theory takes into consideration the social aspects that can influence HIV stigma and prevention among children from different social contexts. The reciprocal determination model will be explored with respect to Grade 5 children to gain a more

nuanced understanding of their experience and perceptions of HIV-related stigma. This will be acquired through questions, social interactions and role-play actions. The social learning theory is a suitable learning theory to apply, as children face many different social engagements and they may observe, imitate or model behaviours perceived through their environments. The following section discusses arts-based strategies and how they can be used to assist in gaining information on children's socially constructed views, based on HIV and HIV-related stigma.

2.5 Arts-based pedagogies as critical pedagogy

One manner to move towards the inclusion of children's views and perceptions of HIV and HIV-related stigma in classroom teaching is the use of inclusive methods of teaching and learning such as arts-based methods (MacEntee, 2016; Piispanen & Meriläinen, 2019). For this study, arts-based methods are teaching tools that assists in engaging children in expressive forms by using art (Ward, 2014). Practitioners have found expressive arts-based methods such as drawing, dance, drama, puppetry and music, to be proactive teaching strategies useful in recording different perceptions of children and how they make sense of the world (Bunn et al., 2020; Hoffman et al., 2020; Landy, 2019; Luthuli et al., 2020; MacEntee, 2020; Njelesani & Njelesani, 2019; Van Laren et al., 2019). Arts-based methods are user-friendly and encourage younger children to express and communicate in ways that are more manageable than traditional classroom teaching where the teacher provides the information to children without obtaining their input regarding the content being taught (De Jager, 2017).

The Grade 5 Life Skills curriculum indicates that the component of creative arts in the classroom should "create a foundation for balanced creative, cognitive, emotional and social development" (DBE, 2011b:9). It further indicates that "focus of art learning should be on the development of skills through enjoyable, experiential processes, rather than on working towards highly polished products" (DBE, 2011b:10). The creative arts component of Life Skills does take into consideration the creative, cognitive, emotional and social development skills of children; however, the content is not related to the content taught with the personal and social component of Life Skills, such as the pressing issue of HIV and HIV-related stigma. This is concerning when teaching HIV education, as children do not have a space within the classroom to creatively express their perceptions and views about HIV and HIV-related stigma, hence the call for proactive teaching strategies.

Proactive teaching strategies in classrooms are needed to gain a deeper understanding of how the curriculum should be enacted to ensure that the curriculum content presented in schools is made relevant from an intersectional perspective and within the children's diverse

social contexts (Khanare, 2012). The Education White Paper 6 (Department of Education, 2001) encourages classroom practices that contribute to creating a caring and humane society that includes a variety of learning needs and tools. The inclusion of learning needs and tools can assist in HIV prevention strategies at school level (Madiba & Mokgatle, 2015; Naidoo & Rule; 2016; Sherr et al., 2018), as differentiated approaches to teaching and learning practices may transform the classroom learning environment, which, according to Mwebi, 2012:117) include "sharing authority with children; constructing a democratic classroom; learning to listen to children; affirming children's voices and ownership in learning; creating a partnership with parents; interrupting gendered classroom; and developing children's advocacy in community matters."

If children's needs are brought to light during the teaching and learning process, their concerns regarding HIV and HIV-related stigma may be addressed, and this could potentially encourage children to think critically and creatively and to work beyond their capabilities (Silalahi, 2019). Gilmanshina et al. (2020:3917) defined critical thinking as "the ability to analyse information from the perspective of logic and a personal psychological approach, in order to apply the results to both standard and non-standard situations, questions and problems". Creative thinking can be defined as the ability to "generate new concepts or solutions" (Lucchiari et al., 2019:157).

Arts-based methods should be utilised through a critical lens to increase creative and critical thinking. Freire (1970) emphasised this as he aimed to gain a critical understanding of education and the manner in which learning takes place. Giroux (2010:716) summarised Freire's perception of the term *critical pedagogy*:

> Pedagogy is a political and moral practice that provides the knowledge, skills, and social relations that enable students to explore the possibilities of what it means to be critical citizens while expanding and deepening their participation in the promise of a substantive democracy. … Critical thinking was about offering a way of thinking beyond the present, soaring beyond the immediate confines of one's experiences, entering into a critical dialogue with history, and imagining a future that would not merely reproduce the present.

Freire (1970) critiqued the banking model of education and suggested a problem posing pedagogy as an appropriate model to be used within education where individuals are encouraged to think critically about their existence and experiences within the world towards social transformation. The banking model of education places emphasis on narration as it focuses on teachers instructing children, where children are empty vessels who need to be infused with information by the teacher (Govender, 2020). The concern with this method of teaching is that teachers who see children as empty vessels participate in the process that perpetuates social oppression and dehumanise children as they are not given the opportunity

to voice their perceptions and opinions (Freire, 1970); hence the call for more inclusive methods of teaching and learning. In a problem-posing pedagogy, teachers problematise questions asked in class; children then pose their own solutions to the problem and teachers and children then work collaboratively to change the conditions of the oppression (in this case the school system and limiting curriculum content) to achieve the democratic ideal goal of freedom and equality (Freire, 1970). The use of arts-based strategies by means of a problem-posing pedagogy can encourage changed perceptions and better management of the impact of stigma, as the teacher will be aware of children's needs regarding the given phenomenon (Mason et al., 2014). Additionally, if teachers are aware of children's needs, they can utilise this information to enable them to better prepare themselves with relevant teaching strategies, teaching tools and content for classroom lessons to encourage critical and creative thinking on HIV and HIV-related stigma (Maddocks et al., 2020).

Critical and creative thinking is important to help children to navigate school life and deal with the needs and demands of everyday life; thus, oppressive and dehumanising views can be rectified (Leggett, 2017). Consider the example of stigmatising HIV perceptions. Stigmatising views are oppressive and dehumanising as they may deprive individuals of their well-being, both on an individual and societal level (Mason et al., 2014). Schools form part of these societies and curriculum content should be set to encourage children to learn at their own development levels and within their contexts, as children experience and relate to information differently (Department of Education, 2001). There is a need for creative methods of teaching within schools, which take children's context, development levels as well as their socially constructed views into consideration. This study explored the self, behaviour and environmental factors related to children and HIV and HIV-related stigma issues.

McLaren (2016:29) encouraged becoming "critical in light of transforming societies". He alluded that there are multiple sides to a problem, and as children learn through societies, certain class, race and gender narratives affect their development. To assist in debunking the perceptions perceived through these narratives that children hold, arts-based pedagogies is an appropriate learning tool to utilise in the classroom. It assists in gathering information on the multiple sides of how perceptions of HIV stigma are formed, as well as guiding the teacher on how to address children's needs (Leavy, 2020). It furthermore allows for critical consciousness and creativity of children's perceptions as they experience HIV within their social environments at that particular moment in time (Govender, 2020). This study explored how arts-based methods can shed light on how children's perceptions of HIV and HIV-related stigma are acquired through their social interactions, how to critically discuss these perceptions and encourage children not to perpetuate stigmatising views of HIV (Bekalu et al., 2017).

Aggleton et al. (2018) confirmed that arts-based methods can serve as appropriate teaching and learning support materials within the classroom, which can encourage critical thinking within the classroom, provide teachers with information on children's perceptions and experiences of HIV to be able to make teaching and learning content relevant to children. Policymakers and education specialists may be informed of the challenges children face regarding HIV and HIV-related stigma via children's drawings. The curriculum may then be adapted to accommodate children, support their holistic development and ultimately reduce the stigma related to HIV at the different stages of children's lives (Lichtenstein & DeCoster, 2013).

Arts-based methods can be beneficial to understand how children's production, sharing and consumption of knowledge within particular social contexts, can encourage them to be viewed as informed subjects and social agents of change (Giroux, 2010). Hence, arts-based methods are appropriate teaching and learning tools to utilise for this study as information may be gathered from children with different perceptions about HIV and HIV-related stigma, with the aim of using these perceptions to encourage children to think critically, and to encourage them to become informed about HIV and HIV-related stigma. For children to become critical thinkers, teachers should move away from teaching didactically or through rote learning towards a more inclusive teaching and learning methodology in the classroom. This will enable children to be active agents in their own learning where they engage with learning materials (George et al., 2019; Rau et al., 2017; Sigelman, 2018; Wang et al., 2017). Children thus become social agents of transformation that take the information acquired and use it in a manner that will create positive social change, especially in the context of HIV stigma. This study utilised drama-in-education methods such as puppetry to enact role play and imitation for expressive and communicative purposes with the Grade 5 class to encourage positive social change and reduce stereotypical views on HIV stigma among children.

2.6 Chapter summary

In this chapter, I reviewed literature focusing on factors that contribute to the phenomenon of reducing HIV stigma within the Life Skills classroom through arts-based pedagogies as critical pedagogy. Social learning theory was explained as a theoretical lens to understand how children learn about stigma and how their attitudes might be changed. This review highlighted that there is a need to develop strategies inclusive of children's social contexts and encourage critical and creative thinking when addressing HIV and HIV-related stigma within the classroom. The next chapter presents a theoretical justification of the research methodology.

Chapter 3
RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

Chapter 2 reviewed the literature related to the research question. This chapter provides an overview of the research methodology that supported investigation on how the use of arts-based pedagogies can assist in reducing HIV stigma within the Life Skills classroom. The chapter explains and justifies the use of specific research methods, which include the research site and participant selection, data generation, analysis and interpretation. The chapter also discusses methods to ensure the trustworthiness of the findings and outlines the ethical considerations in the context of this study. The sub questions that aided in answering the main research question are: What are children's perceptions of HIV? How can arts-based pedagogies help to disrupt these perceptions and encourage children to develop a new understanding of HIV? and What guidelines can be developed from the findings to inform teaching to reduce HIV stigma among children?

3.2 Research methodology

Research methodology involves the detailed plans and procedures that a researcher uses to gather information to answer the research questions of the study (Walliman, 2011). The methodology for this study, which includes the research paradigm and research design, is discussed in this section.

3.2.1 Research paradigm

The decision to choose a research paradigm is crucial when conducting research as it serves as a "lens through which we see the world around us" (Davies & Fisher, 2018:21). Although there are many research paradigms, namely positivism, interpretivism, pragmatism and critical paradigms, this study adopted a critical paradigm to reduce the stigma surrounding HIV and AIDS by helping Grade 5 children to think differently. Research within a critical paradigm focuses on social justice issues to reduce social oppression (Kivunja & Kuyini, 2017). A critical paradigm may also be referred to as a transformative paradigm or an emancipatory paradigm (Davies & Fisher, 2018; Riyami, 2015). Paradigms comprise the ontological, epistemological and the methodological assumptions that guide the research (Tuli, 2010). Table 3.1 explains and summarises the philosophical assumptions guiding this study.

Table 3.1 Critical paradigm in context

Critical paradigm	
Purpose of this study	To bring about transformation through understanding of children's socially constructed perceptions of HIV and HIV-related stigma.
Ontological assumption	Reality is grounded in the experiences of children and these can stay the same or change as they encounter new experiences and are exposed to new knowledge and perceptions.
Epistemological assumption	Children's knowledge is constructed through exposure to new teaching content and through their social interactions with each other and society in general.
Methodological assumption	Social justice is enhanced through generating understanding of one's own role in contributing to a more inclusive and democratic society. This requires critical self-reflection and group reflection, using teaching strategies to point out existing assumptions and perceptions and to generate alternative views.

Source: Adapted from Cho (2013), Davies and Fisher (2018) and Riyami (2015).

The purpose of this study focused on reducing HIV-related stigma. This study is viewed through a critical lens for the following reasons:

Critical paradigms place emphasis on raising awareness and promoting social change about a given phenomenon (Davies & Fisher, 2018). I was therefore interested in raising children's awareness of HIV and HIV-related stigma with the aim of reducing stigmatising attitudes to bring about attitudinal change among children in the Grade 5 classroom.

Critical paradigms focus on how realities may be socially constructed and how these realities are constantly changing and open to critique (Cho, 2013; Riyami, 2015). Here the focus was on children's current realities of HIV and HIV-related stigma.

A critical paradigm can assist in bringing to light oppressive views of HIV and HIV-related stigma with the aim of transforming these oppressive views and bring about positive social attitudes among children (Freire, 1970).

A critical paradigm is subjective in that it assumes that "no object can be researched without being affected by the researcher" (Rehman & Alharthi, 2016:57). This study was conducted during daily classroom teaching; therefore, my own assumptions may have influenced the process.

The ontological assumptions of a critical paradigm are situated in historical realism (Guba & Lincoln, 1994), where it is assumed that reality has been shaped through social constructs (Rehman & Alharthi, 2016). For this study, the ontological assumptions refer to children's current realities and perceptions of HIV and HIV-related stigma, which determines how they

have constructed their understanding of the phenomenon acquired through their social environments.

Epistemology refers to “knowledge being socially constructed and influenced by power relations from within society” (Scotland, 2012:13). In the context of this study, Grade 5 children were engaged in arts-based pedagogies to share their perceptions of HIV and HIV-related stigma. This enabled the researcher to identify what children have come to know about HIV and HIV-related stigma, as well as aspects that have influenced their thinking (Kivunja & Kuyini, 2017). The epistemological assumption of this study was therefore to learn how information conveyed by adults and other social sources have influenced children and to discover their perceptions of HIV and HIV-related stigma through understanding the experiences children communicate via their arts-based artefacts.

Methodological assumptions refer to “how we come to know the world or gain knowledge about part of it” (Kivunja & Kuyini, 2017:28). This study engaged with children through using different arts-based methods of data collection to surface their knowledge and give them the opportunity to voice their perceptions and experiences of HIV and HIV-related stigma. An action research methodology combines action and reflection to transform perceptions (Riyami, 2015) and was thus chosen as research design for this study.

3.2.2 Research design

Research design involves the procedures for gathering, analysing and reporting research (Creswell, 2014a). These procedures assist in providing answers to the research question. For this study, an action research approach was used although there are multiple research design methods that researchers may make use of. The key characteristic of action research studies is that they are concerned with bringing about transformation often within the researcher’s setting (Klein, 2012). Since the research was conducted within my classroom, action research was an appropriate research design, given that I wished to improve my understanding on how the use of arts-based pedagogies can bring about change to reduce perceptions around HIV stigma. Action research involves the process of action and reflection (Riyami, 2015), which was ideal for this study since I aimed to disrupt the negative perceptions of HIV and HIV-related stigma that children may have by investigating the present situation and then taking action to help children transform these negative perceptions.

As with all research designs, action research has advantages and disadvantages, but the advantages outweighed the disadvantages for this specific research study. The advantages and disadvantages identified by action research practitioners such as Clark et al. (2020), Klein (2012) and Zuber-Skerritt and Wood (2019), are summarised below.

Advantages of action research and how it was applied in this study:

- Offers insight into real life problems. For this study, action research offered insight into children's perceptions of HIV and how negative perceptions may be reduced with arts-based pedagogies.
- Involves researchers and participants working collaboratively. I engaged with the Grade 5 children within the classroom throughout the data generation process.
- Research takes place in a natural setting. The natural setting in this study was the primary school classroom that children were familiar with.
- The researcher, in this case myself as teacher, is in the best position to enquire around their own practices. I am familiar with the curriculum content stipulated in the CAPS policy document (DBE, 2011b) and was therefore in the best position to understand how I could present the information to attain my aim and gain a better understanding of the issue.
- Promotes social change. I aimed to reduce HIV-related stigma among Grade 5 children by increasing awareness of their stigmatising assumptions as well as how these assumptions affect others negatively.

Disadvantages of action research and how it was experienced in this study:

- My involvement as teacher and researcher may have created bias. This was addressed through using independent recoder in the data analysis, triangulating the different reflections of the children, as well as gaining feedback from critical friends, in the form of my supervisors. I also made my intentions and opinions clear at the start of the study.
- The findings cannot be generalised. The findings for this study related specifically to the research site and the participants used in this study. However, I explained the research in such a way that other teachers or researchers will be able to understand it and adapt it to suit their circumstances, which could result in changed attitudes among children and teachers also in other contexts.

Action research allows researchers to incorporate collaborative methods of gathering research with participants to improve knowledge and practice about a particular phenomenon (Clark et al., 2020). In this case, I used collaborative arts-based methods to engage Grade 5 children to explore their perceptions of HIV and AIDS. Action research involves multiple processes of planning, acting, observing, and reflecting in the form of research cycles (Clark et al., 2020; Zuber-Skerritt & Wood, 2019). This study required two cycles of action research. Figure 3.1 represents these two cycles as well as the data generation methods used to answer the research questions of this study. The first cycle of action research affects and informs what

happens in the next cycle of research; hence, action research is spiral in nature (Clark et al., 2020).

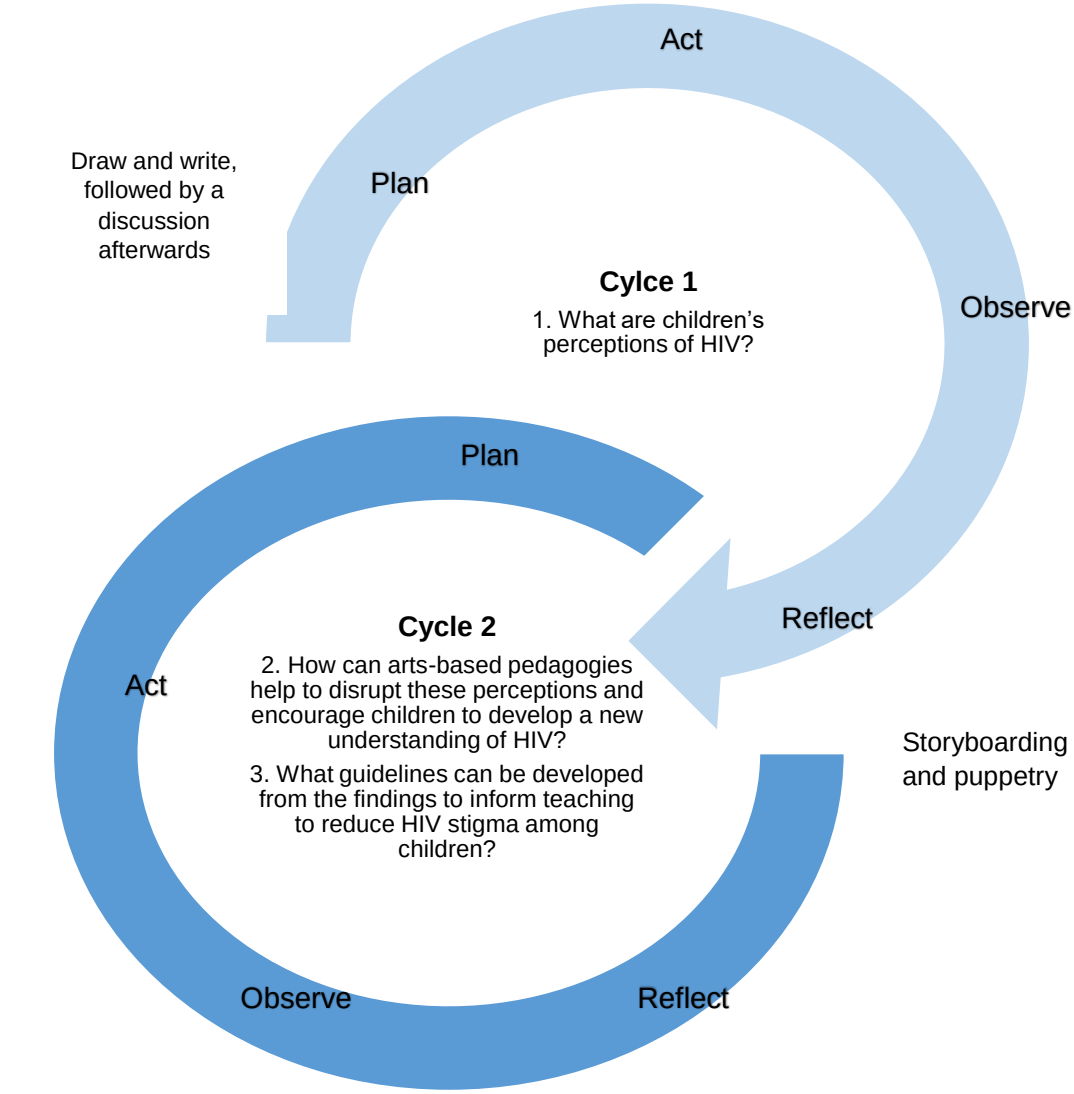


Figure 3.1 Data generation outline

Source: Clark et al. (2020)

Each cycle consists of planning, acting, observing, and reflecting (Clark et al., 2020; Zuber-Skerritt & Wood, 2019).

During Cycle 1, the problem identified was that children may hold stigmatising perceptions of HIV. I designed arts-based pedagogical strategies and *planned* to integrate them into my teaching. I then implemented them (acted) to generate the data that was then analysed and interpreted (observing/evaluating). Reflection on learning was done during the discussion, where children reflected on exposed perceptions identified in using an arts-based strategy to

teaching and learning, which explored children's knowledge and perceptions. The learning from this cycle then informed the second cycle of action research.

In Cycle 2, we *planned* how to disseminate the knowledge generated in Cycle 1 to develop messages about HIV and AIDS that would reduce stigmatising attitudes. The children worked in groups to create storyboards to develop a puppet show to present to peers that conveyed a positive message about how to understand HIV and how to treat those who are infected/affected in a non-stigmatising way (acting). The learning of the participants and the response of the audience was *evaluated* to generate findings in response to the secondary research question. A final *reflection* on the effectiveness of the pedagogy used was done to provide guidelines for teaching and teacher education.

Next, the research methods used are discussed within the action research design.

3.2.2.1 Research methods

Research methods are the techniques a researcher uses to conduct the research (Walliman, 2011). The site of study and participant selection, data generation, as well as data analysis and interpretation form part of research methods.

3.2.2.2 Site of study and participant selection

The research site and participant selection form an essential component in determining the conditions under which the study will take place, namely where, when and from whom the data will be collected (Creswell, 2014a). The site of the study and the participants involved in the study should ultimately comprise conditions that will best assist the researcher in answering the research question and understand the phenomena being studied (Creswell, 2014a, Sargeant, 2012). I was interested in gaining a deeper understanding of the stigmatic perceptions children held to reduce negative perceptions and therefore applied the following aspects in getting participants for this study.

Since I formed part of the research (Clark et al., 2020), the primary school where I was employed at the time of the research formed the research site of the study. I used action research within my classroom, specifically the Life Skills classroom, and therefore this study included a specific group of participants. I invited all the Grade 5 children who were in my classroom to volunteer to be part of the research (Gill, 2020). However, I only used the data of those who had provided assent and whose parents provided consent. Table 3.2 provides the biographical information of the child participants for this study.

Table 3.2 Overview of participant's biographical information

Participant number	Age	Gender	Participant number	Age	Gender
1	11	F	12	11	M
2	10	F	13	11	F
3	11	F	14	11	M
4	11	F	15	11	M
5	11	M	16	11	M
6	11	M	17	11	F
7	11	F	18	11	F
8	11	F	19	11	M
9	11	F	20	11	F
10	12	F	21	12	F
11	11	F			

Of the 38 participants invited to be part of the study, only 21 agreed to form part of the study. The participants for this study ranged from 10 to 12 years in age and included 7 boys and 14 girls. I ensured that I acted ethically in gaining access to the chosen research site and participants, which was discussed under ethical considerations. Grade 5 children were suitable to form part of the participants for this study for the following reasons:

- Children form part of a vulnerable group, which have been under-addressed in HIV prevention programmes (Hartog et al., 2020; Sigelman, 2018).
- The Grade 5 curriculum supports the teaching of HIV within the classroom (DBE, 2011b).
- Grade 5 children need to complete the component of HIV education, specifically related to HIV stigma within their school curriculum and are the first group of children in the primary school who deal with HIV stigma in the curriculum (DBE, 2011b).
- I am interested in improving practice within my own classroom (Gill, 2020).

I acknowledge that doing this research within my classroom may implicate that participants may not be giving a true reflection of their perceptions of HIV and HIV-related stigma; however, the aim was to gain a deeper understanding of the children's perceptions about HIV and HIV-related stigma and not to generalise the findings (Creswell, 2014a). Furthermore, this study employed a qualitative method of data collection. The conditions for qualitative research sites, identified in Marshall and Rossman (2016) and McNiff (2016), include:

- **Natural setting** – Children were familiar with the research site since they formed part of the school where the research was taking place. The study was conducted as part of their usual teaching and learning processes within the classroom.
- **Places emphasis on the context** – Children's experiences and understanding of HIV and HIV-related stigma in their specific context or community provided input into the data generated. Since all experiences were context-related, this data may differ from that gathered in another environment or context.
- **Emergent and evolving** – As my understanding of the children's attitudes and perceptions improves, I am able to adapt my teaching accordingly, to help children develop more positive views, which would assist in reducing the stigma around HIV.
- **The research site should provide appropriate research conditions for the participants who form part of the study** – The Life Skills classroom was suited for this research, as the subject content is related to the goal of this research, which was to reduce HIV stigma within the Life Skills classroom.

Next the data generation, analysis and interpretation strategies applied in this study are discussed.

3.2.2.3 Data generation

Data generation determines how the researcher gathers information to answer the research questions and better understand the research phenomena being studied (Sargeant, 2012). Data was generated with children using arts-based tools. Arts-based tools are useful in encouraging critical thinking and producing a creative environment for children to express themselves about particular phenomena (Landy, 2019; Naidoo & Rule, 2016). A discussion of the data generation strategies used in this research within the two cycles of action research follows in more detail.

❒ ***Cycle 1: Draw and write***

The first cycle explored children's knowledge of HIV and HIV-related stigma through the draw-and-write technique (Backett-Milburn & McKie, 1999). Draw and write has been used as an artistic approach in research aimed at gathering information on the perceptions of participants (Becker-Zayas et al., 2018; Hartel, 2014; Luthuli et al., 2020; Mutonyi & Kendrick, 2011). For this study, this tool was suitable for documenting the perceptions children hold of HIV and HIV-related stigma. The draw-and-write method for data collection was chosen for the following reasons:

- It is a fun artistic tool which engages children (De Jager, 2017).

- It allows the researcher to tap into children's thinking to gain a better understanding of the knowledge children currently possess (De Jager, 2017).
- It allows children to express themselves if they are unable to articulate verbally (Backett-Milburn & McKie, 1999).
- It incorporates creative methods of expression (Hartel, 2014).
- It is useful in gaining a deeper insight into children's thinking (Green & Denov, 2019).
- It assists in communication between children and adults (Backett-Milburn & McKie, 1999).

The draw-and-write method is critiqued for participants drawing what they think is easy to depict, the desire to please the researcher and the possibility for it to be affected by other participants (Hartel, 2014). However, it was a suitable research tool for this study, since it is an appropriate tool for doing research within classrooms (McWhirter, 2014).

During the first activity, I provided children with the draw-and-write activity sheet and verbally explained the prompt: "Draw a picture to show what you know about HIV and how you feel about people associated with HIV" (see Annexure A – Draw-and-write activity). Children completed the draw-and-write activity individually by drawing what their perceptions were, they then gave their pictures a title and wrote a few lines explaining their drawings. I analysed the information presented in the draw-and-write activity to highlight relevant information, which linked directly to the research question. I presented this information to the children in the form of a PowerPoint presentation that included excerpts of the drawings and writings they created (See Annexure B – PowerPoint presentation). Hereafter, the discussions took place, as explained next.

***Discussions*:**

Educational practises within the classrooms have used discussions to engage children in the teaching and learning process (Herman & Nilson, 2018; Pollock et al., 2011). By definition, discussion means to "talk about something" (Longman, 2019:201). Discussions within the classroom can aid in oral communication skills, improve learning and encourage critical thinking (Pollock et al., 2011). We discussed the information highlighted during the PowerPoint presentation. There were two types of discussions, namely group discussions and a class discussion.

First, children were divided into groups of four or five. Each group was required to discuss the information presented in the PowerPoint presentation (Pollock et al., 2011). I projected the PowerPoint presentation throughout the group discussion activity. Here, children worked collaboratively to decide whether the information that were presented, represented

stigmatising assumptions or not. I monitored the group discussions by walking around the classroom while children were engaged in discussions. I encouraged children to talk to each other about how they make sense out of the information displayed in the PowerPoint presentation.

Secondly, in the next class, I led a classroom discussion based on the information presented in the PowerPoint presentation. Here, the children and I discussed why these perceptions may be hurtful to others, how they would feel it they were treated this way, why do they feel like this, and how they could change perceptions through a puppet show to tell people about how we should treat those affected by or infected with HIV. We then categorised each highlighted item under a specific theme to create the themes for this study. This was done on the chalkboard. The aim of this activity was to debunk the negative perceptions discovered, rectify these views through a thorough class discussion, involving me as the researcher and the children, working collaboratively to use critical thinking skills in the context of HIV and HIV-related stigma (Green and Denov, 2019). I recorded the class discussion as part of my evidence to be transcribed and analysed later.

Cycle 1 was beneficial in helping me understand what the children's perceptions of HIV were and how they came to think in that way to answer the first secondary question, namely: What are children's perceptions of HIV? The answer to this question was important in gaining deeper insight into children's thinking so that I became aware of children's concerns and the stigmatic perceptions they held, which may have affected how they respond in the face of HIV. The information generated during this cycle informed the next cycle.

❒ ***Cycle 2: Using storyboarding and puppetry***

Storyboarding

Storyboarding is a preproduction and previsualisation tool used to communicate information through a sequence of drawings (Hart, 2013). For this study, storyboarding assisted the children in creating and envisaging how their puppets looked and how they developed their scripts for the puppet shows. Storyboarding was helpful in planning the puppet show because it encouraged children to think creatively and critically, while working collaboratively about how they wanted to present concepts (Hart, 2013). The children worked in groups to plan a verbal dialogue as a narrative small-scale drama using puppets and presented their non-stigmatising views of HIV. I supplied the children with the storyboard activity sheet (see Annexure C – Storyboarding activity), which documented what the children's puppets looked like and gave insight into the information they wished to present during the puppet show. The children chose one theme identified during the class discussion to represent non-stigmatising views of HIV in

their puppet show. The children had to use the storyboarding activity consisting of six frames structured as follows:

Frame 1: Introduction of characters and story.
Frame 2: Describe your theme chosen.
Frame 3: Describe the problem the characters face concerning the theme chosen.
Frame 4: How is this theme incorrect and misplaced?
Frame 5: Suggest ways to educate people who may have the views represented in your chosen theme.
Frame 6: How does your story end?

The children used these frames to organise the different scenes displayed during the puppet show. Thereafter, the children determined the characters needed to tell the story and created their own puppets accordingly, using materials supplied by me. The children were also given the option of completing their puppets in their own time at home to allow them more time to work on the puppet they would like to portray during the puppet show.

Puppetry

Puppetry is a method of theoretical production using non-living objects, which is animated for viewers by the hands of the people who occupy them through visual effects, voice and movement (Jarrett, 2021; Linn, 2020). A puppeteer is the person who gives the puppet a voice (Kröger & Nupponen, 2019). There are different types of puppets, some examples include finger puppets, hand puppets, shadow puppets and stick puppets (Jarrett, 2021). For this research, children made use of hand puppets which they animated in a small-scale drama performance for the rest of the class to see. The benefits of using puppetry in the educational contexts is that it "1) generates communication, 2) supports positive classroom climate, 3) enhances creativity, 4) fosters co-operation in and integration into groups and 5) changes attitudes" (Kröger & Nupponen, 2019:394).

I aimed to reduce HIV stigma through changing children's negative perceptions about the disease in the Life Skills classroom, by helping them think critically about their attitudes towards those infected or affected by the disease. Children remained in the groups formed for the storyboarding activity and used their hand puppets and storyboarding activity to create a puppet show to present positive messages and non-stigmatising views about how to treat those affected by and infected with HIV. I supplied a mini-stage for children to use during the presentations of their puppet shows. I recorded and transcribed the puppet show for later analysis to assist me in answering the second and third secondary research questions, namely: How can arts-based pedagogies help to disrupt these perceptions and encourage

children to develop a new understanding of HIV? and What guidelines can be developed from the findings to inform teaching to reduce HIV stigma among children?

Puppetry was an appropriate pedagogical tool to use in the classroom for the following reasons:

- It encouraged creative expression and critical thinking in decision-making (Grocke et al., 2018). In this study, I encouraged the children to think critically and express themselves creatively through making their own puppets and working collaboratively in decision-making on the information they presented in their puppet show.
- It assisted in helping the children project their opinions, while creating some emotional distance as they used the puppets as characters instead of acting out the play themselves (Kröger & Nupponen, 2019).
- It helped to communicate in movements and words instead of text and vocabulary (Kröger & Nupponen, 2019). In this study, it allowed children to talk to each other about the negative perceptions of HIV and how these perceptions can be rectified.
- It assisted in providing solutions for the children on how to deal with negative perceptions when faced with them through giving the children a voice (Linn, 2020).
- It assisted in helping the children visualise how they would handle situations within the classroom or their social environments to reduce the stigmatising assumptions of HIV (Kröger & Nupponen, 2019).

The two cycles of action research involved the collaborative work between the children and myself within the classroom. I viewed draw and write, discussion, storyboarding and puppetry as the most suitable tools, which assisted in answering the research questions for this study. Next is a discussion of the methods used to analyse and interpret the data generated in this study.

3.2.2.4 Data analysis and interpretation

Data analysis and interpretation is an essential component in answering the research questions. It is required to identify and explain the answers for the research questions posed and assists in understanding the phenomena being studied (Creswell, 2014a; Sargeant, 2012). While there are many methods of analysing qualitative data, I applied thematic data analysis in this study. Thematic data analysis is the process of identifying, analysing and reporting patterns, themes or codes within data (Castleberry & Nolen, 2018). These codes prove to be essential in providing information to answer the research questions and audit trail. An audit trail documents the process in coding the data gathered (Anney, 2015). Thematic

analysis places emphasis on “identifying and describing both implicit and explicit ideas within the data” (Guest et al., 2012:10). In this study, I thematically analysed the data gathered. I used the thematic steps in the coding procedures outlined by Castleberry and Nolen (2018), as well as Creswell (2014b), to analyse and interpret the data collected in the draw-and-write activity and puppetry. These steps include:

- **Step 1: Making sense out of the textual and visual data** – I immersed myself in the data by doing an in-depth viewing of the data generated throughout the research cycles in order to familiarise myself with the data. Here, I evaluated each set of the data collected to highlight any relevant information that pertained to the research questions. This process assisted me in making meaning out of the gathered data.
- **Step 2: Labelling and grouping similar data** – I coded similar data generated with the participants by grouping and labelling similar information.
- **Step 3: Examining the codes for overlapping and redundancy** – I evaluated all coded data through a comparative analysis to see if any codes resembled the same information.
- **Step 4: Collapsing these codes into themes** – Themes were generated by means of the comparative analysis.
- **Step 5:** Themes were linked to the research questions that related to this study.
- **Step 6:** I provided comparisons with past studies to construct meanings for these themes.

The next section elaborates on the trustworthiness of the study.

3.3 Measures to ensure trustworthiness

Trustworthiness refers to the extent to which the research can be relied on (Anney, 2015). The work of Lincoln and Guba (1985) has laid a foundation for ensuring that qualitative studies can be trusted. Credibility, transferability, dependability, and conformability are criteria to establish trustworthiness.

3.3.1 Credibility

The credibility of a qualitative research study focuses on “confidence in the 'truth' of the findings” (Amankwaa, 2016:121). To establish credibility, I took the following measures:

Triangulation was done through using various data collection tools, namely draw and write, discussions, storyboarding and puppetry. Triangulation was used for the authentication of data and to gather several perspectives of the group being studied (Carter et al., 2014).

Prolonged engagement and observation with research participants (Connelly, 2016), since the participants had to complete two cycles within action research. Participants are encouraged to take their time in completing the different activities for data collection so that they have sufficient time to give a true representation of their perceptions of HIV and HIV-related stigma.

Peer debriefing (Connelly, 2016) through engagements with my supervisor and co-supervisor and fellow teachers.

3.3.2 Transferability

The transferability of any study means to show that the findings have “applicability in other contexts” (Amankwaa, 2016:121). To show transferability for this study, a thick description of the research site and procedures followed was given so that researchers are able to transfer the findings to their own research sites (Nowell et al., 2017).

3.3.3 Dependability

For a study to be dependable, it needs to show that the “findings are consistent and could be repeated” (Amankwaa, 2016:121). I established dependability through an audit trail in which I kept records of the raw data generated from participants and field notes from the discussions within the classroom (Nowell et al., 2017). Through this audit trail, other researchers will be able to analyse the decisions taken in reaching the findings of the research.

3.3.4 Confirmability

Confirmability refers to the extent to which the findings of a study can be confirmed by other researchers and that findings are formed through participants of the study and not by researcher bias (Amankwaa, 2016). Confirmability is established through thorough descriptions of the theoretical, methodological and analytical choices used in the research (Nowell et al., 2017), which I explained in this chapter.

Credibility, transferability, dependability, and confirmability improved the quality of this study (Connelly, 2016). Additionally, the trustworthiness of this study was enhanced through the ethical considerations followed in conducting the study, which are discussed next.

3.4 Ethical considerations

Ethical considerations form an essential component in protecting the participants involved in research studies (Merriam & Grenier, 2019). Since this study involved children’s perceptions, the procedures taken to ensure that the research is ethically sound were imperative (Cohen

et al., 2011; Lambert & Glacken, 2011). To protect all parties involved in the research and to show how privacy and confidentiality was upheld, I obtained the necessary permissions to conduct the research (Phelan & Kinsella, 2013) (see Annexure D, with ethical reference number NWU-01118-20-S2). I ensured that I acted ethically throughout the research study in taking the following steps:

3.4.1 Before the study

The first step in assuring that the study would be ethically sound was gaining permission from the Education, Management and Economic Sciences, Law, Theology, Engineering and Natural Sciences Research Ethics Committee of North-West University. Thereafter, permission was sought from the relevant school, which was being used as the research site, as well as the relevant educational department (see Annexure E - Permission letters).

Second, I approached a colleague to act as an independent person to assist in gaining permission from participants in terms of voluntary informed consent and ensuring voluntary participation (Phelan & Kinsella, 2013). I briefed the independent person on the research and the process to be followed during the research. Since this study engaged Grade 5 children in the Life Skills classroom, the participants were minors, therefore consent to allow children to allow me to use their work for data was sought from the parents or legal guardians of the children (Lambert & Glacken, 2011; Phelan & Kinsella, 2013). Consent was sought through providing parents or legal guardians with a detailed informed consent document explaining the purpose of the study as well as how participants will be protected throughout the study. This document was given to the children, by the independent person gathering voluntary consent on behalf of me, to take home and give to their parents for viewing and signing. This gave the parents and opportunity to discuss the research with their children and decide whether they agreed to their children participating in the study or not. The independent person collected the forms back from children then gave the forms to me.

Upon receiving the signed consent forms from the children's parents or guardians, assent was then sought from the children themselves. Acquiring assent means to get children's permission to use their work in recording the findings of a research study (Oulton et al., 2016). Gaining assent ensured that children were involved in the decision-making process in participating in the study (Lambert & Glacken, 2011). To ensure that children were fully aware of what was expected of them throughout the research, they were given an assent document (see Annexure F – Assent document for children) explaining what will be expected from them during the research study. A verbal explanation coupled the written explanation on the purpose and process of the research. The independent person assisted in gaining assent by discussing

the research with the children, reading the assent document with them and emphasising to the children that their participation was voluntary, and they were free to withdraw from the research study at any time. If there were any questions about the research that the independent person could not answer, the question was clarified with me first and the independent person reverted back to the relevant participant who posed the question. Additionally, I ensured that the language used in the assent document was presented in a manner Grade 5 children could comprehend by using the language they could understand more easily. The children were encouraged to ask any questions should any aspect of the procedures followed in the research were not clear. To ensure that there was no bias, I was not present in the process of attaining assent and consent for participants to be involved in the study.

3.4.2 During the study

After gaining the necessary permissions to conduct the study, I started the process of collecting data. While the data was collected, I ensured that I reminded children that they were free to withdraw from the research at any stage by indicating that I could not use their work as data. I also encouraged them to notify me should they feel uncomfortable to engage in any of the classroom activities. I respected children's privacy by not attaching their names to the information highlighted and displayed in the PowerPoint presentation during discussions. I acknowledge that there was no anonymity among children within the classroom; however, this should not affect the participants since the study formed part of the teaching and learning process within the classroom setting in which children are familiar, thus it should not alter the classroom environment (Klein, 2012). I encouraged children to treat each other with respect throughout and monitored class and group discussions to ensure children would be comfortable to participate.

3.4.3 After the study

In discussing the research findings, I ensured the protection of the children's confidentiality and anonymity by providing pseudonyms or participant numbers (Creswell, 2014a) in reporting the findings of the study. My prolonged engagement in the research site assisted in providing continued support to the children even after the study was conducted. Additionally, I ensured that a psychologist was on standby to provide assistance should any children need additional support, which I was not able to provide. I gave feedback to the parents or guardians of the children on the outcomes of the research (see Annexure G – Pamphlet).

3.5 Chapter summary

This chapter discussed how the critical paradigm and action research design was applied in this study. I justified the processes used in the research methods that assisted in gaining information for the findings of the research study. This included the research site and participant selection, data generation (draw and write, discussions, storyboarding and puppetry), analysis, and interpretation. I reasoned the trustworthiness and ethical considerations in the context of this study. Chapter 4 presents and discusses the findings of this study.

Chapter 4
DISCUSSION OF THE FINDINGS OF THIS STUDY

4.1 Introduction

This study focused on reducing HIV stigma using arts-based pedagogies in the Life Skills classroom. The main research question underpinning this study was: How could the use of arts-based pedagogies in the Life Skills class reduce HIV stigma among Grade 5 children? I applied two cycles of action research to answer this question. In Cycle 1, we used draw and write, followed by group and class discussions to focus on answering the first secondary research question, which was: What are children's perceptions of HIV? In Cycle 2 we used storyboarding and puppetry to address the secondary research questions: How can arts-based pedagogies help to disrupt these perceptions and encourage children to develop new understandings of HIV? and What guidelines can be developed from the findings to inform teaching to reduce HIV stigma among children? This chapter analyses and discusses the data collected with the participants of this study through presenting the emerging findings. Table 4.1 provides an overview of the themes and subthemes for this study.

Table 4.1 Overview of themes and subthemes

Theme	Subtheme
Cycle 1	
Theme 1: Participants knowledge of and feelings about HIV	Participants differing understandings on biomedical facts Fears surrounding HIV Participants' views on HIV as a social issue
Theme 2: Participants' awareness of stigma	Stigmatising attitudes expressed by participants Participant judgements regarding HIV
Theme 3: Participants' empathy towards those who are HIV-positive	Empathy towards those infected/ affected by HIV
Cycle 2	
Theme 1: Arts-based pedagogies developed critical and creative thinking, communication and collaborative working skills	
Theme 2: Arts based methods enabled participants to embody improved attitudes and behaviours	

4.2 Discussion of findings – Cycle 1

Three themes emerged from the data analysis in Cycle 1, as given in Table 4.1. I transcribed the excerpts to provide legible sentences as participants had many spelling and grammatical errors; however, these excerpts portray the same messages as expressed by the participants. My arguments and discussions are supported by the literature where relevant. Number codes were allocated to those participants who participated in this study. Although the emerging themes overlap, I report on them individually, supported by verbatim quotes and visual artefacts from the draw and write activity completed by the children.

4.2.1 Theme 1: Participants' knowledge of and feelings about of HIV

The first theme relates to the initial knowledge the participants possessed about HIV at the start of the research. Overall, they had an understanding of the biomedical facts and were aware of the stigma surrounding the disease, but their feelings about it and awareness of the social implications differed.

4.2.1.1 Participants' differing understandings of biomedical facts

Most of the participants expressed a basic understanding of the biomedical facts linked to the spreading of HIV. They explained truths about how HIV is contracted, such as through sexual intercourse, mother to child transmission and the exchange of blood between people where one person is already infected with HIV. The participants even indicated ways to protect themselves from contracting the virus, such as wearing gloves when you are helping someone who has an injury and they are bleeding. This indicated that the participants were aware of the disease and had knowledge on how the disease is contracted and spread. They depicted sad and crying faces showing that they thought the disease is something that negatively affects a person's life and especially individual health. They knew about the testing procedures involved to affirm someone's HIV status and that HIV-infected people need to use medication to assist them in coping with the disease.

The draw and write activity of Participant 9 (Figure 4.1) summarises what most of the participants knew:

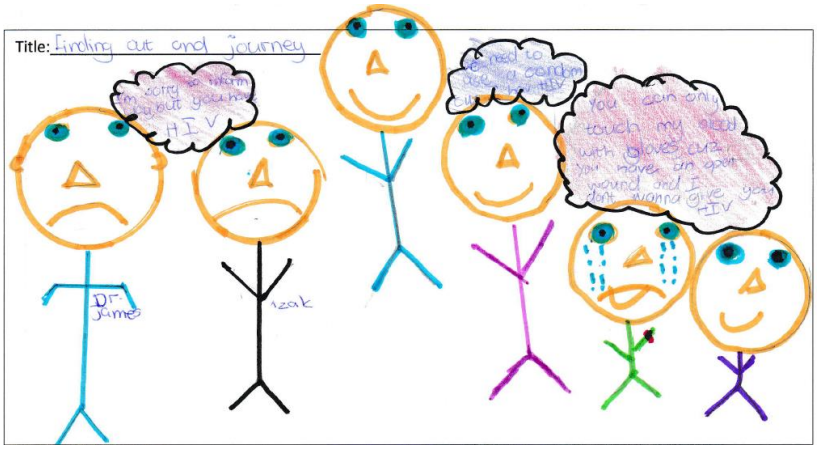


Figure 4.1 Initial biomedical perceptions about HIV

Sorry to inform you but you have HIV	You need to use a condom because you have HIV	You can only touch my blood with gloves because you have an open wound and I don't want to give you HIV

> *These pictures are showing us how life is after he got HIV. The first picture shows us Dr James telling Izak that he has HIV. The second picture is showing us that if you have sexual intercourse without a condom, you can give the other person HIV and worse if she/he falls pregnant the baby will also have HIV when born. The last picture shows us that if a person with an open fresh cut touches Izak's blood (reminder he has HIV), She can also get it (Participant 9).*

Although the majority of participants indicated that they possessed similar biomedical knowledge, some participants still had common misunderstandings and had reservations about being in contact with infected people. They highlighted that people may contract the virus through general acts such as sharing items, sleeping together, smoking and kissing, also reported by Dzhugudzha et al. (2015). This false information makes participants scared of and/or hostile towards people who are HIV-positive, which affects their perceptions on being associated with these people. This is concerning since misperceptions influence how HIV-infected people are treated within society and how it affects their mental health (Gamarel et al. 2017). For instance, Participant 15 depicted and explained these misunderstandings of how HIV is contracted:

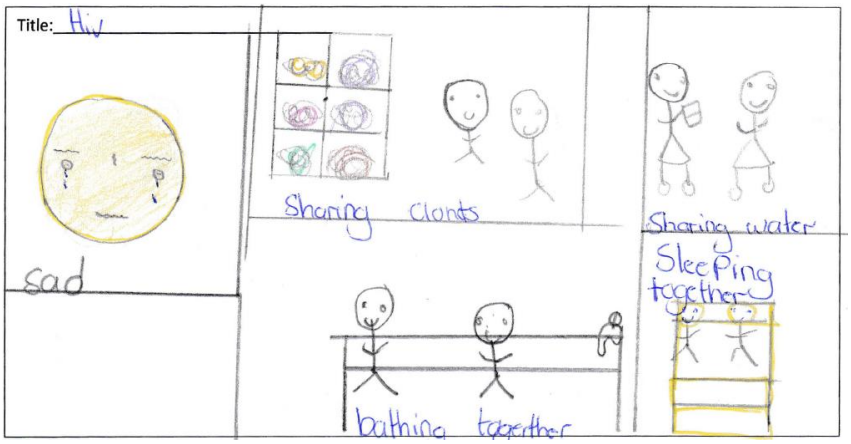


Figure 4.2 Common misunderstandings of HIV transmission

> *HIV is a disease that infects like a droplet. It infects you when you touch someone's blood that has HIV, HIV can stay for long in your body, you can get infected if you share your things. Even when you bath with the person who have HIV. HIV mean you must not touch anyone's things that have HIV. I am sad because people can't share and be friends anymore. And I am sad because people are dying. When one of my friends has HIV, I will feel sad and angry. HIV can infect you when kissing someone or sharing things together and sleeping together, it can even affect a pregnant woman [and] the baby can get infected (Participant 15).*

The data shows that participants mainly viewed HIV from a biomedical lens. Participants gave their opinions based on observations from their social contexts. It became evident that participants had true and false understandings of the biomedical facts about HIV as indicated by other research (Anabwani et al., 2016; Becker-Zayas et al., 2018). Their responses mostly reiterated what the school curriculum deems essential to be taught and addressed in the Life Skills classroom. This could be linked to the fact that in Grade 4 (the previous grade), teachers are expected to cover the basic facts about the HIV and AIDS component as stipulated by the CAPS policy document, which includes "transmission of HIV through blood, how HIV is not transmitted, how to protect oneself against infection through blood" (DBE, 2011:18). Although the curriculum indicates that participants should have been taught these basic facts, the data collected with Grade 5 participants confirmed that the participants still had knowledge gaps and misconceptions about how HIV is contracted, as also found by Madiba and Mokgatle (2015). Thus, if the Life Skills education in Grade 5 is developed to first revisit the biomedical assumptions by gathering information on children's knowledge gaps, these gaps can be addressed before teaching the next set of content work specified in the school curriculum. This will assist in debunking negative misconceptions in the classroom. The draw and write activity in this study was useful in bridging knowledge gaps since the false information participants possessed was exposed and discussed. There is a need to address misconceptions and knowledge gaps since they affect how the participants view and respond to people affected by or infected with HIV in their social environments (Adelekan, 2017). It is possible to do this if HIV education includes the creation of appropriate platforms that provide opportunities for participants to voice their opinions on HIV and HIV-related stigma in safe environments such as schools, as also suggested by Fielden et al. (2011).

During group discussions, the participants talked about the stigmatising views which emanated from the draw and write activity. The participants discussed all 38 points highlighted for discussion (See Annexure H – Group discussion points). These discussions aided in oral communication between children, improved their learning as they learnt from each other and challenged their critical thinking as they needed to collectively decide if points were true or false (Herman & Nilson, 2018; Pollock et al., 2011). I observed how participants worked in groups, and to my surprise, all participants were engaged in conversations, as there were no

complaints regarding group members who did not contribute, which is typical of group work activities. Talking about the issues with their peers may motivate participants to engage in conversations outside of the school environment as well, since they have practised this skill within the classroom (MacBlain, 2018). Next, I further elaborate on the participants' knowledge by discussing their fears regarding HIV.

4.2.1.2 Fears about HIV

The findings indicated that participants think that HIV is a *"dreadful*" disease. They expressed how HIV has contributed to too many deaths and they showed feelings of sadness and fear of losing the people close to them, as depicted by Participant 16 in Figure 4.3. The fact that the participants acknowledged this indicates that they understood the seriousness of the disease and that contracting the disease may have devastating effects on themselves as well as others, as indicated by Participant 8.

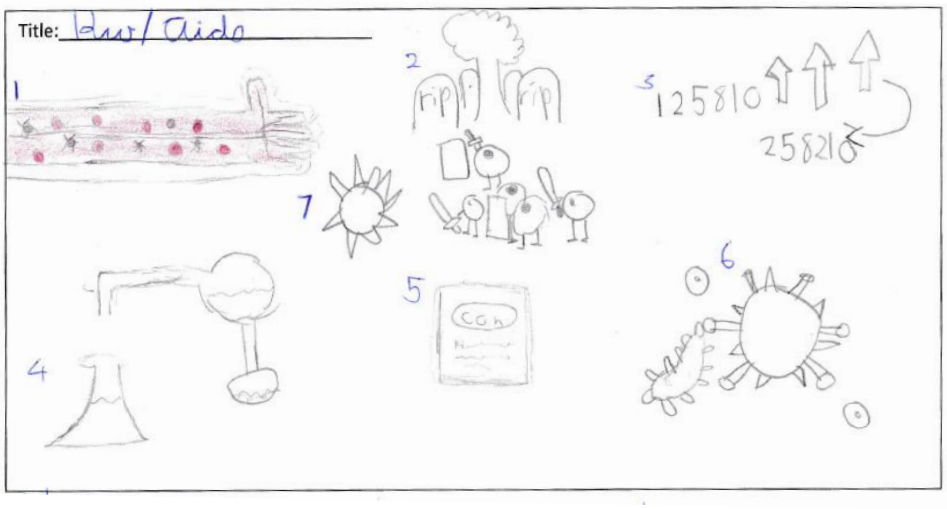


Figure 4.3 Participants acknowledged that HIV has contributed to many deaths

> *HIV really makes me sad for others … I would feel sorry for my friend because he was going to die soon and we won't be able to hang out anymore and I would be depressed (Participant 8).*

Some participants understood the need to treat HIV-infected people positively and in ways that are not discriminatory. They mostly expressed that infected people are treated differently due to others' lack of knowledge, which leads to them to being inconsiderate of people's emotions and feelings related to the disease:

> *Some people are treated differently because they don't know how the disease spreads, can get be infected immediately or it takes time. Some just treat them bad because they don't think for other people's feelings (Participant 2).*

Teachers should be sensitive to children's feelings when discussing the topic of HIV and HIV-related stigma as this could affect their responses to and actions about the topic (Sigelman, 2018). Children with negative feelings and misinformation are more likely to withdraw when discussing this topic in their social contexts and are more likely to display more stigmatised views (Dzhugudzha et al., 2015; Francis & DePalma, 2015). Thus, children need to be educated to channel their feelings and emotions positively, in ways that does not discriminate against those infected and/or portray stigmatising views of HIV (Anabwani et al., 2016) The next section discusses the participant's knowledge on their views on HIV as a social issue.

4.2.1.3 Participants' views on HIV as a social issue

This subtheme links to the participants' views of HIV as a social issue. Social issues contributing to HIV infections such as poverty, gender and class, were not pointed out by the participants. This indicates that they did not relate HIV to these social issues as often exposed in research about HIV (Choi, 2018; Wabiri & Taffa, 2013). They did, however, express misconceptions about cultural and racial beliefs such as the comment by Participant 8 below, which is contradictory to what the statistics on HIV infections in South Africa reflect, where most people infected with HIV in the country are indeed black people (Stats SA, 2019). This further highlighted that participants have misconceptions and gaps in their knowledge about HIV and the social positioning thereof.

> *The disease is a disgrace, people are being lured and being killed. At least HIV doesn't spread through cough, thank God. Not a lot of people in my culture have HIV, it doesn't spread a lot to blacks (Participant 8).*

The fact that participants were quiet about the social issues could be an indication that they were just reiterating what they were taught previously, and that they probably had not considered HIV as anything more than a disease (Chirwa & Naidoo, 2014). If the curriculum focused on these issues, the participants would gain a better understanding of the intersectionality of HIV and how social inequalities drive the pandemic. Participants need to understand how stigmatising views are shaped within their communities, since stigmatising attitudes are strongly linked to the social environments participants may be exposed to (Visser, 2018). Multiple social issues affect people simultaneously, thus they need to be included in education about HIV prevention. This is especially relevant in a country where HIV infections are high and social aspects such as religion, morality, gender and cultural narratives influence stigmatising perceptions (Ncube, 2016; Treves-Kagan et al., 2017; Wabiri & Taffa, 2013).

The concern with this misinformation and lack of knowledge on social issues is that they increase stigmatised perceptions, which will ultimately affect the participants' actions and behaviour towards those affected by HIV (Fielden et al., 2011). Therefore, more discussions

with children on HIV as a social issue are needed so that they realise that HIV is strongly related to social environments and is not only a result of individual behaviour. This would allow them to educate and correct others when confronted with stigmatising assumptions and misinformation, as a preventative method to address and rectify stigmatising views (Visser, 2018). Theme 2 in the next section discusses the participants' awareness of HIV stigma.

4.2.2 Theme 2: Participants' awareness of stigma

The second theme relates to the participants' awareness of stigma. Participants were conscious that HIV carried stigma, since they indicated that people with HIV are treated differently because they have the disease. Their knowledge gaps and misconceptions about HIV and the effects thereof are highlighted by the stigmatising views they expressed in their draw and write activity. They perceived HIV to be a contagious disease; hence they had reservations about being friends with an infected person although they understand and have knowledge of how the disease spreads. The following subsections elaborate on the stigmatising attitudes expressed, as well as the judgements participants linked to HIV.

4.2.2.1 Stigmatising attitudes expressed by participants

The participants expressed their stigmatising assumptions through their comments about the spread of the disease. Their stigmatising views are mostly linked to the biomedical aspects of how the virus is contracted, therefore, their attitudes towards the disease mainly expressed fears of being in contact with an HIV-infected person such as through playing with or sharing items with that person:

> *I would feel scared and I can play with that person but I won't share, hug and all the things he/she does, mostly you get HIV by smoking and hugging. Some people are treated differently with HIV and HIV depends on how you get it and what you do (Participant 5).*

Participant 14 indicated how she and others, "*we as people*", would not socialise with someone who is HIV-positive. The participants' social environments influence the perceptions and behaviours that they may replicate (Bandura, 1973). The stigmatising attitudes expressed highlights the social learning theory, which shows how social environments influence children's behaviour through observational learning (Bandura, 1973).

> *There was a woman that said, "People with HIV will die soon. I don't want a child with that." People believe that we as people cannot play or share food with HIV-positive people. I don't believe that I care a lot about HIV people (Participant 14).*

Through their stigmatising perceptions, participants thus discriminated against those infected with the virus. However, not all participants agreed with this form of discrimination:

> *Some people will treat them badly and be like you have HIV, no we can't play with you, and that would disturb them mentally and hard and can create anger issues so that can make a lot of nonsense issues. And if my family had HIV, I would be fine with it but what makes me angry is that people treat them so badly. Their feelings would be hurt and some participants that had HIV, growing up was hard for them because they would get bullied and that would create anger issues. So, people should treat them the same way that they treat people and stop this thing treating them bad and this is nonsense, this should stop because they have a right to have a normal life and childhood and a great life (Participant 17).*

The Life Skills teacher should motivate children to think critically about stigmatising narratives since expressing such perceptions can only lead to perpetuation of these narratives (Gamarel et al., 2017). It is therefore important to enable children to dispel the negative perceptions that occur in their social ecologies, such as the perceptions pointed out by Participant 8:

> *I heard people talking about HIV, one thing which I heard was people with HIV we're always embarrassed by others and are ashamed of their parents. I would not play with someone with HIV because there are lots of ways to get HIV and I would not risk for HIV and die later.*

The findings further highlighted that some of the participants were aware of the dangers of self-stigma as well as stigma by association (Gamarel et al., 2017). Self-stigma is evident in the feelings they associated with the disease. They said that people with HIV devalue themselves when they experience feelings such as being shamed, isolated or experiencing sadness, a finding also reported by Hatzenbuehler et al. (2013). Participant 18 showed that she understands that stigmatising is wrong and that better perceptions of the disease are to be encouraged:

> *Most people when they have HIV, they feel ashamed or they feel the need to be afraid and maybe their friends feel ashamed of them and don't want to hang out with their HIV-positive friend. I do not know much about HIV, but I do know one thing, the world needs to know people who have HIV don't have to be afraid or ashamed and they certainly don't have to be sad about it. Yes, it may be a harmful virus but you won't get HIV by just hanging out with your friend. Just know that nothing is impossible, you can be HIV-negative if you believe that you can be. People with HIV are treated differently because they have HIV. For example, people say that the person who had HIV, no I can't talk or hang out with you because you have HIV. They say by just talking or hanging out with that person [they] will get HIV.*

Although participants were aware that they could not contract HIV by association, some participants expressed that they would still feel "*uncomfortable*" if they had to socialise with HIV-positive people. This highlights stigmatising attitudes towards those associated with the disease brought about within society.

> *When I hear that someone has HIV, I feel bad for them because other people think they are contagious. If someone with HIV walked in, I would feel uncomfortable even if I know that it is not contagious (Participant 3).*

These narratives are harmful since they may result in treating the person living with HIV differently and lead to the devaluation, rejection and victimisation of those associated with HIV (Gamarel et al*.,* 2017; Mason et al., 2014). The Life Skills teacher should address stigmatising narratives while children are young, when they are more likely to be open to changing their perceptions.

The participants need to be sensitised to the topic of HIV and factors surrounding HIV stigma so that they do not perpetuate these stigmatising narratives that lead to the mistreatment of those infected (UNAIDS, 2020a). This will help them develop views that align more to the idea of responsible citizenship, as defined in the CAPS document (DBE, 2011a). The use of the draw and write method in the classroom helped to expose these stigmatising views in this context and likewise helped to highlight the judgemental attitudes participants have about HIV, which are explained in the following section.

4.2.2.2 Participants' judgements regarding HIV

The participants had already formed varied judgements in relation to whose fault it was for contracting the HIV virus. For instance, they indicated that if HIV spreads through pregnancy and rape, the individual is not to blame. However, if a person did "inappropriate" things such as partaking in sexual intercourse, it would be their own fault if they contracted the virus. Participant 4 commented on this narrative and expressed how they will reject their friend if they find out that they have HIV:

> *People with HIV are treated differently. I will not play with my friends if they have HIV. The fault who get the HIV is their own fault because they were supposed to take care of themselves. I feel sad about people with HIV.*

The participants expressed how HIV-infected people are often discriminated against. Figure 4.3 illustrates this narrative by depicting how people are discriminated against and isolated (Ma et al., 2019). The drawing depicts the character with a sad face indicating the fears of judgement and rejection of those infected with HIV.

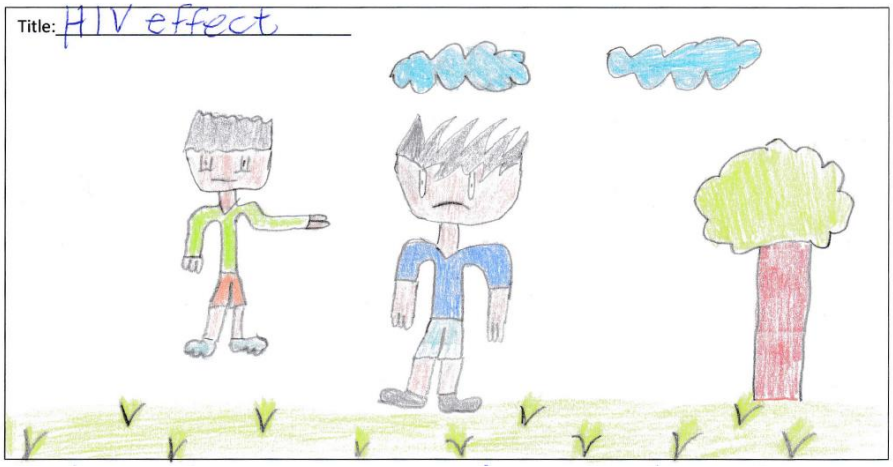


Figure 4.4 Stigmatising attitudes towards the infected

> *The kid on the right, he doesn't want to touch his hand because he has HIV. The kid is very scared because he has HIV. So, the kid on the right must stay far away from him. They met at the park, they're friends, but the kid was not happy at all. People with HIV are treated differently because their friends are not happy, they don't want to play with them. I would leave my friend who has HIV. It is their problem because they share the blood. I feel sad when people have HIV (Participant 11).*

These fears of being judged have led to people being silent or dishonest about how they have contracted the virus since they dread being treated differently and excluded in social groupings (Kang, 2015). Such dishonesty can result in further spread of the disease or deter the HIV-infected person from getting the necessary treatment needed to combat the disease (Zuma et al., 2016). Participant 5 uttered this narrative by expressing how people lie about how they have contracted the disease:

> *She did not know the child's father and the pregnancy results were [that she is] pregnant and the doctor said your child has HIV … as soon as she found out, she [said] she was "raped".*

Some participants linked their judgements of HIV to men being irresponsible and unable to control their urges such as Participant 12 comments:

> *These two couples are having sex but the man is HIV-positive but they are having sex without a condom. The man left his condoms on the table. I feel angry because I think the man was so stupid to have sex without any condoms. I think the man was just so desperate to have sex with the woman. Now the woman and the man are HIV-positive.*

This narrative was also expressed in the participants' drawings where they mainly drew pictures of the male sexual organ; however, none of the pictures drawn by the participants represented the female sexual organ. This shows that the participants view the male as being responsible for the use of preventative measures and thus in control of the spread of the disease, probably stemming from the general beliefs in patriarchal societies that women must surrender to the wishes of men (Choi, 2018; Ncube, 2016).

As Sherr et al. (2016) pointed out, there is a need to create more platforms that expose these judgements – and the Life Skills classroom is the place to do this, ideally by using participatory pedagogies such as arts-based methods so that participants may be educated about the impact of these judgements and misconceptions in relation to their lives. Participants require assistance to help them think more critically about what they hear and see around them in society so that they do not display views which may be depressive and dehumanising (Leggett, 2017). This can be achieved if the participants' sense of empathy is encouraged. Theme 3 in the next section discusses the participants' empathic attitude towards those who are HIV-positive.

4.2.3 Theme 3: Participants' empathy towards those who are HIV-positive

The third theme links to participants' capacity for empathy towards those who are HIV-positive. Although some participants were hostile towards those with HIV, others fortunately did show signs of being empathic towards those infected. They felt sad and sorry for people infected with the disease. They understood the seriousness of the disease and were afraid that they may be exposed to the disease.

4.2.3.1 Empathy towards those infected or affected by HIV

Some participants, however, did express empathy towards people infected with HIV. They commented on the negative things people say and do to people with HIV. They felt that people with HIV should not be treated differently as they are normal people and that the only difference is that they have the disease, but they are still the same person. This indicates that they understood and acknowledged that people with HIV should be treated more positively and that stigmatising views are harmful:

> *People treat HIV patients differently because they think they are dangerous. I would be very sad if someone I know gets HIV because it can get worse and turn into AIDS and it breaks your body down. With HIV or AIDS, you do have less time than other people. People treat HIV-positive patients differently because they think they are weird and that makes me sad. I don't think HIV patients should be treated differently just because of their disease. I also think that you should be nice because that person is going through something worse than you may be (Participant 7).*

Encouraging more positive actions to show empathy towards those affected by HIV are to be incorporated into discussions surrounding HIV prevention since negative feelings and emotions may lead to stigmatising assumptions (Gamarel et al., 2017; Hatzenbuehler et al., 2013). The participants acknowledged that treating those affected by HIV is wrong. Participant

14 expressed how they would be empathic towards a friend if they found out that they have HIV:

> *I think they are just normal people that has been loved and cared about. In my community there is a person with HIV and people play with her and I wish she was my friend. I care a lot about her … It doesn't matter if your friend has HIV, they will always be the same people.*

The participants' sense of empathy was developed through having a discussion after the short puppet show I presented (See Annexure I – Teacher puppet show transcription). The puppet show highlighted stigmatising assumptions that were expressed in the draw and write activity. Here the participants commented on the scenario, expressing that it was indeed incorrect behaviour to treat people with HIV differently. They expressed their unhappiness about how the HIV-infected person is treated, for example: "*Ma'am I feel sad ma'am because, ma'am the wolf ma'am why is he treating the girl so bad, she's just a normal person*" (Participant 17). This was interesting as participants could identify the negative stigmatising perceptions displayed (Mohapi & Pitsoane, 2017). This is an important skill to have when confronting HIV stigma, since participants need to be able to differentiate between stigmatising and non-stigmatising perceptions in order for negative assumptions to be reduced.

Creating platforms for creative expression such as the use of arts-based pedagogies in the Life Skills classroom encourages participants to identify negative behaviours. They will be able to think critically about possible solutions to ways in which this behaviour may be transformed to represent a more positive understanding when confronted by stigmatising assumptions within their social contexts. This was achieved as the participants did provide possible solutions as to how the situation can be rectified when confronted by them: "*I would tell him that you shouldn't treat a person badly from what they've heard"* (Participant 16). If the participants are able to identify stigmatising views, they are more likely to be more conscious when exposed to stigma within their social context (Anabwani et al., 2016). By being conscious of stigma, they are sensitised to the topic and have the opportunity to use their critical thinking skills to decide between good and bad behaviour, as well as how they will respond to the situation at hand. This will assist in safeguarding children from perpetuating negative views, which are harmful to those affected by HIV (Sigelman, 2018). The next section reflects on Cycle 1.

4.3 Learning from Cycle 1

The findings of Cycle 1 indicated that the participants did have definite perceptions of and possessed specific knowledge about HIV. Their knowledge was mostly biomedical; however, they also reflected on aspects related to HIV stigma that emerged during this cycle. They

viewed HIV as a dangerous disease, which affects people negatively as it can lead to death. The participants learnt this knowledge through their social contexts. They were mostly afraid to be in contact with those infected by HIV; however, some did display empathy towards those living with HIV. This alerted me to the fact that I needed to find a way to debunk the negative and stigmatic perceptions. I realised the importance of gaining an understanding of children's prior knowledge even if the language they used was shocking to me at times. This motivated me to find ways to enable them to experientially learn the pain of stigmatising behaviour and allow them to embody more positive attitudes, language and behaviour towards people living with HIV or affected by it. I decided to ask them to create and present a simple puppet show for this purpose.

4.4 Discussion of the findings of Cycle 2

In Cycle 2, storyboarding and puppetry was used to develop the empathy participants showed through acting out positive attitudes and behaviour and encouraging critical and creative thinking (Maddocks et al., 2020). The aim of this cycle was to use arts-based pedagogies to encourage and support children to empathise with those living with HIV and motivate them to think about what a better response would be when faced with stigmatising situations in their social environments. To work towards this goal, the participants created their own storyboards and then acted them out in the form of a puppet show. Here, the participants needed to build on previous knowledge in their social context and use their critical and creative thinking skills to decide on the information they wanted to portray during the puppet show. Arts-based pedagogies help to disrupt negative perceptions and encourage participants to develop new understanding of HIV (Lichtenstein & DeCoster, 2013).

4.4.1 Theme 1: Arts-based pedagogies develop critical and creative thinking, communication and collaborative working skills

The storyboarding activity motivated the participants to tap into and encourage their critical and creative thinking, communication and collaborative working skills (Hart, 2013). They worked collaboratively to create their puppet shows, with the aim to show more positive responses towards those affected by HIV. This was in line with problem-posing pedagogy where the teacher problematises the questions asked in class and the participants work collaboratively to find solutions to the problem (Freire, 1970). The participants were enthusiastic when asked to create their own scenarios and characters. They visualised their puppet characters and the information they wanted to present during their puppet shows, as indicated in Figure 4.5 by the Truth Speakers, represented by Participants 2, 9 and 11.

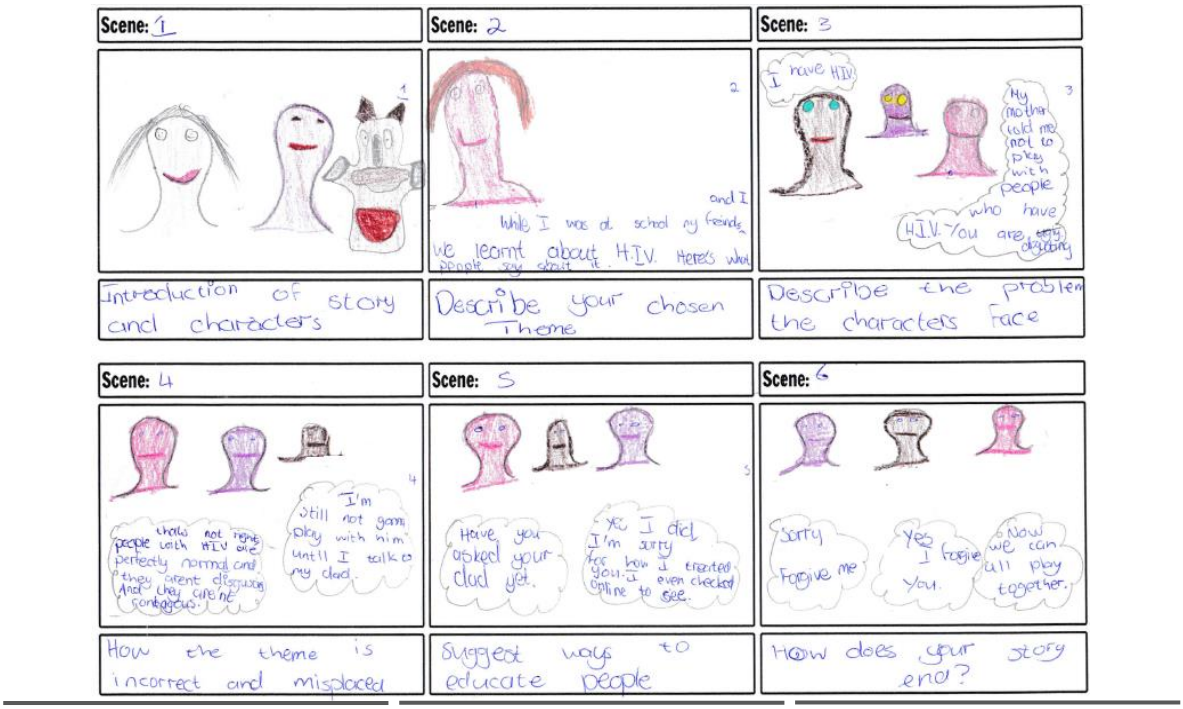


Figure 4.5 Storyboarding activity: Truth Speakers

Although clear instructions were given regarding the use of dialogical script with their storyboards, some puppet shows differed slightly from the dialogues created in the small groups. The original scripts used more stigmatising language compared to the actual script participants acted out. This could be because the participants were shy or scared to present the hurtful messages surrounding HIV in front of the class or in front of me as the teacher. For example, Truth Speakers, which consisted of participant 2, 9 and 11, originally developed the script below:

Truth Speakers – Script 1:

Participant 11: *I have HIV, who wants to play with me?*

Participant 9: *Ew, you're disgusting.*

Participant 11: *Why are you being so mean? You don't even know how I got it.*

Participant 9: *Yes, I do, you got HIV because your mother didn't raise you well.*

Participant 11: *Why are you saying that?*

Participant 9: *Because your mom was white and you are black.*

Participant 2: *Stop saying that.*

Participant 9: *What? I'm just telling the truth or maybe it's because you love having sexual intercourse or you had to have HIV because everyone in your religion has it or…*

Participant 2: *Stop!*

Participant 9: *Or maybe it's because you are poor.*

Participant 11: *Please stop, you are hurting my feelings.*

The script presented during the puppet shows by the Truth Speakers:

Participant 11: *I have HIV, who wants to play with me?*

Participant 2: *My mother told me not to play with people who have HIV because you have bad manners and weren't raised well, that's why you got HIV.*

Participant 9: *That's not right, people with HIV are perfectly normal people and they aren't disgusting.*

Participant 2: *I'm still not going to play with him until I speak to my Dad.*

Participant 9: *Have you asked your dad yet?*

Participant 2: *Yes, I did, sorry Participant 11, for how I treated you. I even searched the internet and turns out Participant 9 was right. Sorry, please forgive me.*

Participant 11: *Yes, I will forgive you.*

Participant 9: *Now we can all play together. Yay!*

The arts-based pedagogies used in this cycle encouraged participants to think of better ways to address HIV by encouraging collaborative group discussions to confront stigma when exposed to it within their social ecologies. In the end, the puppet shows displayed the following characteristics:

- A character being labelled as having HIV.
- Others being mean to the infected character.
- Participating characters realising it is incorrect to treat people with HIV negatively.
- Participating characters showing a sense of understanding that treating people with HIV is incorrect and apologising to the infected individual for treating them differently, such as the puppet show presented by Hands of Wisdom:

Participant 10: *Hi, I'm participant 10...*

Participant 12: *Don't talk to him, he has HIV.*

Participant 21: *But he is not contagious.*

Participant 10: *Its fine I'll ask someone else.*

Participant 21: *Don't sit close to me you!*

Participant 12: Participant 21, don't start.

Participant 10: It's okay.

Participant 21: But he has HIV.

Participant 12: So?

Participant 10: It won't spread.

Participant 21: You right, they are Koi Koi's.

Participant 10: HIV makes me feel unwanted. Its fine if you want to treat me like that, its fine. The only way you can get HIV is when your parents have that thing.

Participant 12: Oh sorry, we did not know.

Participant 21: I'm so sorry, I didn't know that I hurt your feelings.

Participant 10: Its fine, I'm going to tell my parents anyway but I forgive you guys.

Arts-based pedagogies assisted the children to actually embody positive responses when confronted with stigmatising attitudes and this may help to embed the learning better than if they were just told about it (Nathan, 2021). This became evident in the following theme.

4.4.2 Theme 2: Arts-based methods enable participants to embody improved attitudes and behaviours

The participants practised the correct attitudes and behaviours as they embodied them through the scenarios presented in groups. The participants incorporated critical thinking skills and modelled more positive behaviours and attitudes about how they would respond to misconceptions when confronted with them (Bandura, 1973; Freire, 1970). Figure 4.6 displays this narrative where participants created a role play expressing more empathetic and understanding behaviour towards those living with HIV:

Figure 4.6 Garob Puppetry show example embodying improved attitudes and behaviour

Participant 16: Sies, people with HIV look ugly. The way you so fat when you enter the taxi tires go RRRR.

Participant 7: Stop being so mean, stop being so mean guys. He also has feelings.

Participant 18: Thank you, you are the most kind person I have ever met.

(Garob, the vibe puppet show can be downloaded from Google Drive)

Through embodying this type of positive narrative, the participants were more likely to embody their feelings by professing them verbally and what a person professes is more likely to translate into behaviour (Bandura, 1973; Nathan, 2021). Through modelling these positive narratives, the participants may contribute to being exemplary social actors (McLaren, 2016) for positive change in relation to HIV and HIV-related stigma. They had fun applying their storyboard planning in creating, making and giving character to their puppets by using diverse resources such as recycled and felt material. In this study, puppetry was useful in providing creative ways for participants to express their thoughts and feelings about HIV and HIV-related stigma based on their own development levels (Silalahi, 2019). This is important as personal factors, behaviour and environmental influences shape perceptions (Bandura, 1973).

In line with practising more empathetic understandings, the participants mostly indicated that they would confront someone who expresses stigmatising views and educate them on the disease such as the puppet show displayed by Participants 3, 8, 16 and 21 (the Hands of Wisdom puppet show):

Participant 3: You have the disgusting disease, get away from me.

Participant 21: No, do not talk like that to another person. Just because he has HIV does not mean you treat him like an animal.

Participant 8: *Let me explain what Human Immunodeficiency virus is. It is when someone has a virus that runs through your blood. It is passed through sexual intercourse, pregnancy and breast feeding so he got it from his mother.*

The fact that the participants were open to asking for advice and educating others on how to deal with the situations indicated that they were willing to learn more about HIV and HIV-related stigma, and more importantly, about ways to treat people affected by or associated with HIV. During the presentations, the participants observed each other's puppet shows. They became more aware of their negative perceptions and expressed themselves creatively by giving voice to their changed perceptions. This is a step in the right direction for HIV prevention education as it showed that the participants were willing to bring about transformation in the ways that they thought about and treated those affected by HIV (McLaren, 2016; Mwebi, 2012).

4.5 Learning from Cycle 2

Cycle 2 aimed at helping participants to adopt improved perceptions and behaviour regarding HIV stigma. I realised that children need to be explicitly exposed to such topics within the curriculum, as supported by Dzhugudzha et al. (2015). As a Life Skills teacher I am in the best position to facilitate this assistance. I learnt that I needed to create a safe emotional climate for children to discuss the social issues that influence their perceptions on HIV and HIV-related stigma, and not to teach HIV solely from a biomedical perspective (Bobat & Pillay, 2020). Children need environments where they are able to freely express how they feel in relation to concepts such as HIV, which may affect their lives without judgement. This is so that negative perceptions may be rectified which could minimise the stigmatising views.

In this context, the arts-based methods I used included socially engaged and collaborative group work (Helguera, 2011). It was evident that children thoroughly enjoyed learning in this manner because they asked to use their puppets even after the study had been concluded. Since I already had a view of where the participants lacked knowledge on stigmatised perceptions of HIV, it was clear to me that the participants in this study were indeed willing to voice their opinions and willing to learn more about HIV. Thus, through the use of arts-based methods, I was able to encourage the children to think about communicating better understandings of HIV perceptions in the classroom. Therefore, the Life Skills classroom can be utilised to help children find better ways to deal with situations through using differnet teaching and learning these methods. I will strive to use more inclusive teaching methods in my teaching, such as the arts-based pedagogies used in this study, as this sensitised the participants to the issue of HIV and HIV-related stigma in the classroom and encouraged them not to discriminate and stigmatise those infected with or affected by the disease, but to rather

be more empathetic and accommodating when confronted with HIV in their social environments.

4.6 Chapter summary

This chapter presented a critical discussion of the findings deduced from the 21 participants of this study, using arts-based methods. The secondary research questions guiding this study during the data analysis and discussion were:

- Cycle 1: What are children's perceptions of HIV?"
- Cycle 2: How can arts-based pedagogies help to disrupt these perceptions and encourage children to develop a new understanding of HIV?

The data indicated that the participants would benefit from engaging in arts-based pedagogies in the Life Skills classroom as they enabled the creation of positive emotional climates for learning, where children were free to express their perceptions of HIV and HIV-related stigma. Puppetry imitating real-life in the Life Skills classroom, provided a good opportunity for the participants to model and embody better understandings of HIV that are not discriminatory. The data showed that participants would benefit from teachers using arts-based pedagogies when teaching Life Skills education.

In the next chapter, the findings are summarised and I answer the main research question of the study, namely: How could the use of arts-based pedagogies in the Life Skills class reduce HIV stigma among Grade 5 children? I also suggest guidelines to inform teaching on how to reduce HIV stigma within the Life Skills classroom.

Chapter 5
SUMMARY, FINAL REFLECTIONS, CONTRIBUTION and GUIDELINES

5.1 Introduction

The previous chapter focused on presenting the research findings of this study. This chapter summarises this study and revisits the research questions guiding the study. I discuss my personal reflection and the limitations of the study. The chapter further provides guidelines for teachers on how they can use arts-based pedagogies in reducing HIV stigma in the Life Skills classroom based on the findings of this study, highlights the contributions of the study, and finally makes suggestions for further research.

5.2 Chapter summary

The main research question informing this study was: How could the use of arts-based pedagogies in the Life Skills class reduce HIV stigma among Grade 5 children? To substantiate and answer this question, the chapters were structured as follows.

Chapter 1 outlined the rationale for the study, presented the research questions and explained how they would be answered. I explained how the social learning theory and critical paradigm would help me to understand the knowledge and stigmatising views the children currently possessed regarding HIV. I argued that I could help contribute to HIV prevention programmes in schools within the Life Skills class, as current approaches to teaching HIV education do not adequately address children's stigmatising assumptions and relate to children's lived experiences.

I justified my argument that more prevention programmes for reducing HIV stigma are needed since HIV infections in South Africa are still increasing, especially in young people, and that stigmatising attitudes need to be addressed holistically. I argued that the involvement of arts-based pedagogies in HIV prevention education may be one way to improve HIV prevention education among Grade 5 children by exposing stigmatising attitudes and identifying knowledge gaps so that negative attitudes towards those infected may be reduced and to encourage positive attitudes. In order to engage children, I explained how an action research approach would be suitable for this study as it allowed me to work with children to disrupt negative perceptions and encourage more empathic understandings. I argued that arts-based

methods boost critical and creative thinking and improves communication within children's social environments.

Chapter 2 consisted of the literature review where I critically discussed the concept of HIV education and HIV-related stigma in the context of using arts-based pedagogies in the Life Skills classroom. From the literature, I drew the conclusion that HIV infections among children are high in South Africa and that there are many prevalent negative attitudes and stigmatising assumptions about HIV. Stigmatising attitudes need to be disrupted and transformed as they affect the prevention and control of the disease. I proposed that HIV education in schools should incorporate the social aspects driving stigmatising assumptions in the teaching of HIV prevention.

This chapter further highlighted how HIV education is mainly taught from a biomedical perspective. The onus lies on teachers to create platforms for children to voice their opinions so that stigmatising assumptions may be exposed and rectified. Life Skills education encourages HIV prevention linked to stigmatising attitudes and is helpful in providing a platform for children to voice their perceptions since it allows for matters related to personal and social well-being to be discussed. In this case, it is children's perceptions of HIV-related stigma, which have been influenced by the behavioural, sociocultural and structural factors surrounding the disease.

I explained how social learning theory and critical pedagogy were suited for this research because I aimed at changing children's perceptions on the stigmatising views they have acquired through their social interactions, to views that are more empathetic and accommodating. To achieve this, I used action research to help me as teacher to enable the children to actively participate in the research process. My reflections on the process also enabled me to improve my practice.

The chapter concluded by arguing for alternative teaching strategies such as the use of arts-based methods as critical pedagogy to create opportunities for transformative learning. These strategies should be inclusive of children's perceptions and experiences within their social contexts, as children learn and acquire knowledge through their social environments. Social learning theory guided this study and showed how children's social environments may affect their perceptions. The critical paradigm encouraged the need for critical and creative thinking when addressing HIV and HIV-related stigma within the classroom.

Chapter 3 explained the methodology followed in the study. I proposed that an action research design was effective because children were directly involved in contributing their perceptions and engaging collaboratively through the draw and write activity, storyboarding and puppetry, which represented their thinking about HIV and HIV-related stigma. I hypothesised that the

drawings and writings exposed stigmatising views and guided discussions, which in turn helped them transform their thinking and encouraged them to display more empathy and supportive understandings as presented in their storyboarding and puppetry.

Chapter 4 presented the themes and subthemes that emerged through Cycle 1 and Cycle 2 of this action research study and was supplemented by literature to support or contradict the results. The themes that emerged in Cycle 1 addressed the first secondary research question: What are children's perceptions of HIV? The themes identified included the participants' knowledge of HIV, their awareness of stigma and empathy towards those who are HIV-positive.

After discussion about the information highlighted in their draw and write activity, the children were tasked to create storyboards and present a puppet show in Cycle 2. This was based on how stigmatising views are harmful and should be corrected. The second cycle addressed the second and third secondary questions: How can arts-based pedagogies help to disrupt these perceptions and encourage children to develop a new understanding of HIV? and What guidelines can be developed from the findings to inform teaching to reduce HIV stigma among children? The themes reported in Cycle 2 were participants' use of arts-based pedagogies to develop critical thinking skills and practising improved attitudes and behaviour.

Their puppet show presentations indicated that they understood the importance of reducing HIV stigma among themselves due to the harmful effects these stigmatising views may have on individuals, especially concerning emotional well-being. They displayed more empathetic understandings and showed that they were willing to talk about HIV within their social contexts and additionally educate others on these stigmatising views that are misplaced and incorrect. These themes supported my argument for the need of using more inclusive methods of delivering HIV education in Life Skills classrooms. The next section revisits the research questions.

5.3 Revisiting the research question

This section revisits the research questions and offers answers in response to the secondary research questions posed in this study.

5.3.1 What are children's perceptions of HIV?

What was evident is that the children did possess knowledge on HIV, and the draw and write activity exposed this knowledge. It was important to gather an understanding of the knowledge the children possessed in order to expose misconceptions and misinformation. I found that the children mostly viewed it from a biomedical perspective and had true and false knowledge

on how HIV is spread. The children's false knowledge exposed that they did have stigmatising assumptions linked to HIV and people affected by HIV.

Although they lacked knowledge on the social issues contributing to infections and stigmatising views such as poverty, gender and class, they had an understanding of the seriousness of the disease, since they highlighted the effects that the disease may have on those affected by it and further expressed their own fears of coming into contact with an infected individual. They acknowledged that people with HIV are treated differently and often discriminated against, since they pointed out judgements linked to HIV that caused perpetuation of the disease, such as lying about how people become infected with the disease or that it was the individual's fault. Although the children were quiet about the social issues that contribute to HIV infections, they need to be sensitised to these issues so that they can identify them within their social environments. They did indicate that the disease has a devastating effect on individuals, their families and society as they indicated that many people die from the disease and commented on how the disease can make people feel.

It can be concluded that children do have stigmatising perceptions of people infected with HIV, which were formed through the social environments they have been exposed to. Thus, it is important for schools to create platforms where awareness is raised on issues concerning children's perceptions of HIV where children are able to express themselves critically and creatively without fear of judgement.

5.3.2 How can arts-based pedagogies help to disrupt these perceptions and encourage children to develop new understandings of HIV?

The use of arts-based methods unlocked collaborative methods of actively engaging children in their own lives and their own learning as it encouraged discussions about their perceptions of HIV and HIV-related stigma. In this study, this was evidently exposed as, subconsciously, the children were listening to comments by their peers on the views they expressed, in a manner that was not judgemental towards the person who presented the information. This exposes and sensitises them to the different perceptions of the disease. The draw and write activity assisted with this as the points for group discussions were displayed anonymously and the children were able to discuss the points collaboratively as they needed to decide whether the information provided was true or false.

By working together to create their storyboards and puppetry, they engaged with each other and had the opportunity to speak about HIV and HIV-related stigma in a social environment (classroom) as they needed to agree on the messages they wanted to present. They realised that people need to be informed about HIV and the effects it can have on emotional and

physical well-being. They used their critical and creative thinking skills to think about the scenarios they wanted to present to correct stigmatising views so that people affected with HIV are not discriminated against. Puppetry could have had a more empathetic impact in terms of deeper explanations regarding their new understandings, if the children were offered more solutions to the stigmatised outlook presented in the role-play and if they were given more time to practise with the puppets.

Therefore, *it can be concluded* that arts-based methods assisted in disrupting stigmatising perceptions of HIV and encouraged more empathetic understandings in this study. It enabled the children to think out of the box, to imagine scenarios which they may be exposed to within their social environments as well as presenting views that are less stigmatised than the present. The arts-based methods encouraged the children to communicate and discuss their perceptions, they recognised that stigmatising is incorrect and that people affected by or associated with HIV should not be discriminated against because of the disease.

5.3.3 What guidelines can be developed from the findings to inform teaching to reduce HIV stigma among children?

The arts-based pedagogies used in this study assisted in suggesting guidelines to inform teaching about HIV and HIV-related stigma in the Life Skills classroom. The following guidelines are suggested:

- Arts-based methods encouraged raw and unfiltered perceptions to be exposed and this is imperative when addressing HIV and HIV-related stigma as it is important to identify stigmatising assumptions so they may be reduced. Initially, the children were reluctant to express their perceptions about HIV. At the start of the activity, they asked if they could write about or draw “inappropriate pictures or words”. As this activity was completed individually, I encouraged the children to express themselves freely and reminded them that they would not be judged or treated differently because of the messages they portrayed as I would be the only one analysing their draw and write activity.
- The use of arts-based methods should be encouraged so that children can be actively involved in their own learning to make learning more meaningful for themselves. Children should be able to relate curriculum content to their own lives and incorporate this knowledge acquired in ways that are not discriminatory and encourage responsible citizenship. In this study, the arts-based methods used in the Life Skills classroom provided this opportunity, as the children were actively involved in creating the content for discussion within the classroom.

- Arts-based pedagogies encouraged children to use their critical thinking skills in the classroom. In this study children working collaboratively to think about and discuss HIV and related stigma with their peers, they had the opportunity to do this during the group discussions, in the storyboarding and puppetry.
- Life Skills teachers should look at more inclusive ways of teaching HIV education and not just solely rely on teaching HIV from a biomedical perspective. The social issues surrounding HIV and HIV-related stigma cannot be ignored and need to be exposed and incorporated into curriculum content as this has an effect on HIV infections. Children should not be silenced about how HIV stigma is incorrect because it may affect their lived realities, as also shown in the draw and write activity. Children need more motivation to express themselves and their thoughts in non-judgemental ways, and arts-based pedagogies provide this opportunity.
- Although children managed to participate in all the arts-based pedagogies used in this study, I do suggest that if it were possible to allow children more time to engage with the arts-based pedagogies, more perceptions of and conversations about their thoughts on HIV and related stigma would have been exposed.

In the section that follows, I focus on what I have learnt from using arts-based pedagogies with Grade 5 children in this study.

5.4 Personal reflection

Prior to this study, I had little confidence in teaching HIV education. I assumed that I only needed to teach the points outlined in the Life Skills curriculum. I rarely provided opportunities for the children to express their views on HIV-related stigma in a creative and engaging environment. My teaching approach was very didactical in nature and authoritarian. This study has changed my outlook on HIV education as I have gathered an understanding on how far-reaching the effect of using arts-based methods in teaching HIV stigma could be. I now see that the social aspects linked to the disease should be incorporated in teaching and learning programmes and that the disease should not only be taught from a biomedical perspective. The content relate to the children's lived experiences.

The research showed me the importance of providing platforms where children are able to voice their opinions and themselves creatively without fear of judgement. The Life Skills curriculum does acknowledge the teaching of HIV-related stigma; however, the onus lies on me as the teacher to give children the opportunity to fully explore curriculum concepts by providing and creating safe environments for learning. This action research study assisted in guiding me to do just that within my classroom.

This study has changed the way I think about Life Skills teaching. It opened my eyes and my mind to the stigmatising assumptions that surrounded me. Spending more time with the children made me aware of my own practises as a teacher. This research helped me form a better bond with the children and I feel that they are now more open to discussing or telling me about aspects that influence their lives as I have given them the platform to voice their opinions without judgement. I will strive to use more arts-based methods in my teaching, not only within the Life Skills classroom but also in other subjects offered by the curriculum, since I realised that education can play a beneficial role in curbing stigmatising assumptions about HIV. There is a need to promote these narratives through education in the Life Skills classroom to encourage social change.

5.5 Limitations of the study

This study had the following limitations:

- As a result of this being a small-scale study, the research was only conducted with Grade 5 children comprising of 21 participants. Thus, the perceptions of the children cannot be generalised.
- Only one ex-model C school in Johannesburg where I taught Life Skills at the time was used. Children in more rural schools may have expressed different narratives.
- Due to the social distancing rules experienced during the time of the study, the children had to come to school on alternative days. Thus, the opportunity to spend more time working on puppet show presentations and disseminate their knowledge to other children, apart from the children in the class and teachers, was lost.

5.6 Contribution of the study

This study contributed towards teacher practices in Life Skills as it may encourage teachers to use more arts-based methods in their teaching to prompt better discussions about HIV and HIV-related stigma.

This action research study enabled the children to question existing stereotypes and stigmatising assumptions about HIV and develop a more nuanced and intersectional understanding that will contribute to reducing the stigma associated with HIV infection. This is so that children become informed and responsible citizens who do not portray messages that may be harmful towards others. The study has been helpful in exposing prevalent perceptions children have of HIV and also exposed the children's knowledge gaps. These findings are helpful because they may assist in bridging the gap between what the curriculum stipulates

should be taught, help teachers see the knowledge gaps and look at methods of closing knowledge gaps by also taking into consideration the children's lived realities.

The study helped the children to develop more empathetic understandings within their social environments as they were able to discuss the different perceptions exposed in the classroom. The children may embody these new understandings and are encouraged to educate others when stigmatising assumptions surface within their social environments. Thus, the use of arts-based pedagogies made the teaching and learning process more engaging to discuss HIV as it provided a platform for children to voice their opinions.

5.7 Questions emanating from the study to guide further research

- Since learning about stigmatising assumptions, how has the children's knowledge and perceptions changed? It would be interesting to do the same action research study with the children when they reach the fourth term of Grade 6 where HIV is addressed. The findings from such a study could evaluate the change in children's perceptions, specifically how their views have changed and what further knowledge children have attained.
- How can arts-based pedagogies aid in increasing communication skills when completing group work among children? Drawing from the information gathered with the children, their enthusiasm, critical thinking skills and social participation in using puppets displayed that arts-based methods was beneficial in the educational context in discussing HIV and HIV-related stigma. This encouraged more positive behaviours among children with more empathetic understandings of HIV and HIV-related stigma.

5.8 Conclusion

The aim of this study was to reduce HIV stigma in the classroom by means of using arts-based pedagogies. To achieve this, the children engaged in two cycles of action research: Cycle 1 was a draw and write activity, followed by discussions on the drawings the children presented. This was followed by Cycle 2, where children created storyboards and presented a puppet show displaying more empathetic understandings towards those affected by HIV. Finally, guidelines for using arts-based pedagogies in Life Skills were provided that teachers can utilise in their teaching to encourage children to develop more positive attitudes towards those affected by HIV.

REFERENCES

Adelekan, M. 2017. A critical review of the effectiveness of educational interventions applied in HIV/AIDS prevention. *Patient Education and Counselling*, 100(Suppl 1):S11-S16. https://doi.org/10.1016/j.pec.2015.12.004

Aggleton, P., Bhana, D., Clarke, D., Crewe, M., Race, K. & Yankah, E. 2018. HIV Education: Reflections on the past, priorities for the future. AIDS Education and Prevention, 30(3):254-266. https://doi.org/10.1521/aeap.2018.30.3.254

Aliakbari, M. & Faraji, E. 2011. Basic principles of critical pedagogy. *2nd International Conference on Humanities*, *Historical and Social Sciences*, 17:77-85. http://www.ipedr.com/vol17/14-CHHSS%202011-H00057.pdf (accessed 10 November 2021)

Allen, S. & Marshall, J. 2019. What could happen when action research meets ideas of sociomateriality. *International Journal of Action Research*, 15(2):99-112. https://doi.org/10.3224/IJAR.V15I2.02

Amankwaa, L. 2016. Creating protocols for trustworthiness in qualitative research. *Journal of Cultural Diversity,* 23(3):121-127. http://www.tuckerpub.com/jcd.htm

Amato, H., Calitz, J., Heese, S. & Shaw, L. 2012. *Platinum life skills – Grade 5 learners book*. South Africa: Maskew Miller Longman.

Amaze org. 2017, 1 Dec. HIV: How to Protect Yourself and Others [Youtube Video]. https://www.youtube.com/watch?v=xK-VPgmn-18&t=5s Date of access: 30 Nov. 2021.

Anabwani, G., Karugaba, G. & Gabaitiri, L. 2016. Health, schooling, needs, perspectives and aspirations of HIV infected and affected children in Botswana: A cross-sectional survey. *BMC Pediatrics*. 16:106. https://doi.org/10.1186/s12887-016-0643-5

Anney, V.N. 2015. Ensuring the quality of the findings of qualitative research: Looking at trustworthiness criteria. *Journal of Emerging Trends in Educational Research and Policy Studies*, 5(2):272-281.

Ansari, D.A. & Gaestel, A. 2010. Senegalese religious leaders' perceptions of HIV/AIDS and implications for challenging stigma and discrimination. *Culture, Health & Sexuality*, 12(6):633-648. https://doi.org/10.1080/13691051003736253

Audet, C.M., McGowan, C.C., Wallston, K.A. & Kipp, A.M. 2013. Relationship between HIV stigma and self-isolation among people living with HIV in Tennessee. *PLOS ONE*, 8(8): e69564. https://doi.org/10.1371/journal.pone.0069564

Avert. 2018. Children, HIV and AIDS. https://www.avert.org/professionals/hiv-social-issues/key-affected-populations/children (Accessed Nov 2020).

Avert. 2020. HIV and AIDS in South Africa. https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/south-africa (Accessed 16 Feb. 2021).

Backett-Milburn, K. & McKie, L. 1999. A critical appraisal of the draw and write technique. *Journal of Health Education Research Theory and Practice*, 14(3):387-398. https://doi.org/10.1093/her/14.3.387

Bandura, A. 1973. Social learning theory of aggression. In: Knutson, J.F., ed. *The control of aggression: Implications from basic research,* pp. 201-252. Chicago: Aldine.

Bandura, A. 1978. The self-system in reciprocal determinism. *American Psychologist*, 33(4):344-358. https://psycnet.apa.org/doi/10.1037/0003-066X.33.4.344

Becker-Zayas, A., Kendrick, M. & Namazzi, E. 2018. Children's images of HIV/AIDS in Uganda: What visual methodologies can tell us about their knowledge and life circumstances. *Applied Linguistics Review;* 9(2-3):365-389. https://doi.org/10.1515/applirev-2016-1059

Bekalu, M., Eggermont, S. & Viswanath, K.V. 2017. HIV/AIDS communication inequalities and associated cognitive and affective outcomes: A call for a socioecological approach to AIDS communication in Sub-Saharan Africa. *Health Communication*, 32(6):685-694. https://doi.org/10.1080/10410236.2016.1167999

Bobat, R. & Pillay, A. 2020. Transmission and immunopathogenesis. In Bobat, R., ed. *HIV infection in children and adolescents*, pp. 7-14 Switzerland, AG: Springer Nature.

Botha, J. & Du Preez P. 2014. An introduction to the history and nature of human rights and democracy in the South African curriculum. In: Nel, M., ed. *Life orientation for South African teachers*, pp. 187-201. Pretoria: Van Schaik.

Boyd, D.T., Waller, B. & Quinn, C.R. 2020. Understanding of personal agency among youth to curtail HIV rates. *Children and Youth Services Review*, 116, Art. 105179. https://psycnet.apa.org/doi/10.1016/j.childyouth.2020.105179

Brauer, J.R. & Tittle, C.R. 2012. Social learning theory and human reinforcement. *Sociological Spectrum,* 32(2):157-177. https://doi.org/10.1080/02732173.2012.646160

Bunn, C., Kalinga, C., Mtema, O., Abdulla, S., Dillip, A., Lwanda, J., Mtenga, S.M., Sharp, J., Strachan, Z. & Gray, C.M. 2020. Arts-based approaches to promoting health in sub-Saharan Africa: A scoping review. *BMJ Global Health*, 5(5), e001987. https://doi.org/10.1136/bmjgh-2019-001987

Buys, P.J. 2020. Building resilient communities in the midst of shame, guilt, fear, witchcraft, and HIV/AIDS. *KOERS — Bulletin for Christian Scholarship*, 85(1):1-16. http://dx.doi.org/10.19108/koers.85.1.2464

Busza, J., Simms, V., Chikwari, C., Dauya, E., Bandason, T., Makamba, M., McHugh, G. & Ferrand, R. 2018. "It is not possible to go inside and have a discussion": How fear of stigma affects delivery of community-based support for children's HIV care. *AIDS Care*, 30(7):903-909. https://doi.org/10.1080/09540121.2018.1445826

Carpenter, D. 2018. Ethics, reflexivity and virtue. In: Iphofen, R. & Tolich, M., eds. *The Sage handbook of qualitative research ethics*. London. Sage.

Carter, N., Bryant-Lukosius, D., DiCenso, A., Blythe, J. & Neville, A.J. 2014. The use of triangulation in qualitative research. *Oncology Nursing Forum*, 41(5):545-547. https://doi.org/10.1188/14.onf.545-547

Cassel, C. & Bishop, V. 2018. Qualitative data analysis: Exploring themes, metaphors and stories. *European Management Review,* 16(1):195-207. https://doi.org/10.1111/emre.12176

Castleberry, A. & Nolen, A. 2018. Thematic analysis of qualitative research data: Is it as easy as it sounds? *Currents in Pharmacy Teaching and Learning*, 10(6):807-815. https://doi.org/10.1016/j.cptl.2018.03.019

Chamberlain, K., McGuigan, K., Anstiss, D. & Marshall. 2018. A change of view: Arts-based research and psychology. *Qualitative Research in Psychology,* 15(2):131-139. https://doi.org/10.1080/14780887.2018.1456590

Chavis, A.M. 2011. Social learning theory and behavioral therapy: Considering human behaviors within the social and cultural context of individuals and families. *Social Work in Public Health,* 26(5):471-481. https://doi.org/10.1080/19371918.2011.591629

Chikoko, V., Gilmour, J.D., Harber, C. & Serf, J. 2011. Teaching controversial issues and teacher education in England and South Africa. *Journal of Education for Teaching*, 37(1):5-19. https://doi.org/10.1080/02607476.2011.538268

Chirwa, G. & Naidoo, D. 2014. Structural and social constraints in the teaching of Life Skills for HIV/AIDS prevention in Malawi primary schools. *South African Journal of Childhood*

Education, 4(1):61-79. https://files.eric.ed.gov/fulltext/EJ1187145.pdf (Accessed 30 October 2021).

Cho, S. 2013*. Critical pedagogy and social change: Critical analysis on the language of possibility*. Abingdon, Oxon: Routledge.

Choi, S. 2018. Exploring religiosity and spirituality on the meaning of HIV/AIDS and service provision in Malawi. (Doctoral thesis, University of Albany, New York).

Clark, J.S., Porath, S., Thiele, J. & Jobe, M. 2020. Action research. New Prairie Press ebooks. () 26 July 2020.

Cohen, L. Manion, L. & Morrison, K. 2011. *Research methods in education*. New York: Routledge.

Connelly, L.M. 2016. Trustworthiness in qualitative research. *Medsurg Nursing*, 25(6):435-436.

Costello, P. 2011. *Effective action research: Developing reflective thinking and practice*. New York: Continuum International Publishing Group.

Creswell, J.W. 2014a. *Educational research: Planning, conducting and evaluation quantitative and qualitative research*. 4th ed. London: Pearson.

Creswell, J.W. 2014b. *Research design: Qualitative, quantitative, and mixed methods approaches*. London: Pearson.

Davies, C. & Fisher, M. 2018. Understanding research paradigms. *Journal of the Australasian Rehabilitation Nurses Association,* 21(3):21-25. https://search.informit.org/doi/reader/10.3316/informit.160174725752074

DBE (Department of Basic Education, South Africa). 2011a. Curriculum and assessment policy statement Grades 4-6 Life Skills. Pretoria: Government Printers.

DBE (Department of Basic Education, South Africa). 2011b. National Curriculum Statement (NCS): Curriculum and assessment policy statement grades 4-6: Life skills. Pretoria.

DBE (Department of Basic Education, South Africa). 2017. DBE National Policy on HIV, STIs and TB. https://serve.mg.co.za/content/documents/2017/06/14/dbehivtbpolicyfinaljune2017cabinetapproved.pdf (Accessed 17 Sept. 2020).

De Jager, T. 2017. Introduction to creative arts teaching. In: Odendaal, R.M. & De Jager, T., eds. *Creative arts education*. Pretoria: Van Schaik.

Deeks, S.G., Overbaugh, J., Phillips, A. & Buchbinder, S. 2015. HIV infection. *Nature Reviews Disease Primers*, 1, art. 15035. https://doi.org/10.1038/nrdp.2015.35

Department of Education (South Africa). 2001. Education White Paper 6. Special needs education: Building an inclusive education and training system. Pretoria. https://www.gov.za/sites/default/files/gcis_document/201409/educ61.pdf (Accessed 1 Nov. 2020).

Department of Health and Department of Basic Education (South Africa). 2012. Integrated School Health Policy. https://serve.mg.co.za/content/documents/2017/06/14/integratedschoolhealthpolicydbeanddoh.pdf (Accessed 10 June 2020).

Di Giamberardino, P., Compagnucci, L., De Giorgi, C. & Lacoviello, D. 2019. Modeling the effects of prevention and early diagnosis on HIV/AIDS infection diffusion. *IEEE Transactions on Systems, Man, and Cybernetics: Systems,* 49(10):2119-2130. https://doi.org/10.1109/TSMC.2017.2749138

Dzhugudzha, N.T., Mokgatle, M.M. & Madiba, S. 2015. Knowledge of HIV/AIDS and perceptions about HIV-positive people among primary school learners in Soshanguve, Pretoria, South Africa. *African Journal for Physical, Health Education, Recreation and Dance*, October (Supplement 2:1):112-122. https://hdl.handle.net/10520/EJC183644

Edinyang, S.D. 2016. The significance of social learning theories in the teaching of social studies education. *International Journal of Sociology and Anthropology Research,* 2(1):40-45. https://www.eajournals.org/wp-content/uploads/The-Significance-of-Social-Learning-Theories-in-the-Teaching-of-Social-Studies-Education.pdf

Fielden, S., Chapman, G. & Cadell's, S. 2011. Managing stigma in adolescent HIV: Silence, secrets and sanctioned spaces. *Culture, Health & Sexuality*, 13(3):267-281. https://doi.org/10.1080/13691058.2010.525665

Florea, N. & Hurjui, E. 2015. Critical thinking in elementary school children. *Procedia – Social and Behavioral Sciences*, 180:565-572. https://doi.org/10.1016/j.sbspro.2015.02.161

Folino, D. 2017. Exploring the benefits of delivering arts-based mindfulness groups and methods in school settings. (Master's dissertation, Laurentian University, Canada).

Francis, D. 2013. Sexuality education in South Africa: Whose values are we teaching? *Canadian Journal of Human Sexuality*, 22(2):69-76. https://doi.org/10.3138/cjhs.2013.2199

Francis, D. & DePalma, R. 2015. 'You need to have some guts to teach': Teacher preparation and characteristics for the teaching of sexuality and HIV/AIDS education in South African schools, *SAHARA-J: Journal of Social Aspects of HIV/AIDS*, 12(1):30-38. https://doi.org/10.1080/17290376.2015.1085892

Freire, P. 1970. *Pedagogy of the oppressed.* (Translated from Portuguese by Myra Bergman Ramos). New York, NY: Continuum International Publishing Group.

Gamarel, K.E., Kuo, C., Boyes, M.E. & Cluver, L.D. 2017. The dyadic effects of HIV stigma on the mental health of children and their parents in South Africa. *Journal of HIV/AIDS & Social Services,* 16(4):351-366. https://dx.doi.org/10.1080%2F15381501.2017.1320619

George, G., Tucker, L.A., Panday, S. & Khumalo, F. 2019. Delivering sexuality education: A review of teaching pedagogies within South African schools. *Perspectives in Education*, 37(1):101-114. https://doi.org/10.18820/2519593X/pie.v37i1.8

Gilbert, L. 2016. 'The mercurial piece of the puzzle': Understanding stigma and HIV/AIDS in South Africa. *SAHARA-J: Journal of Social Aspects of HIV/AIDS*, 13(1):8-16. https://doi.org/10.1080/17290376.2015.1130644

Gill, S. 2020. Qualitative sampling methods. *Journal of Human Lactation*, 36(4):579-581. https://doi.org/10.1177%2F0890334420949218

Gilmanshina, S., Smirnov, S.V., Ibatova, A. & Berechikidze, I. 2020. Critical thinking in primary school: The case of gifted children aged 10-11. *Journal of Talent Development and Excellence*, 12(1):3916-3926.

Giroux, H.A. 2010. Rethinking education as the practice of freedom: Paulo Freire and the promise of critical pedagogy. *Policy Futures in Education*, 8(6):715-721. https://doi.org/10.2304/pfie.2010.8.6.715

Glass, T., Myer, L. & Lesosky, M. 2020. The role of HIV viral load in mathematical models of HIV transmission and treatment: A review. *BMJ Global Health*, 5(1), e001800. https://doi.org/10.1136/bmjgh-2019-001800

Goffman, E. 1963. Stigma: Notes on the management of spoiled identity. NY: Simon & Schuster.

Govender, N. 2020. Alienation, reitification and the banking model of education: Paulo Freire's critical theory of education. Creative Commons with Attribution, 52(2):204-222. http://dx.doi.org/10.18820/24150479/aa52i2/11

Green, A. & Denov, M. 2019. Mask-making and drawing as method: Arts-based approaches to data collection with war-affected children. *International Journal of Qualitative Methods,* 18:1-3. https://doi.org/10.1177/1609406919832479

Grocke, P., Rossano, F. & Tomasello, M. 2018. Young children are more willing to accept group decisions in which they have had a voice. *Journal of Experimental Child Psychology,* 166:67-78. https://doi.org/10.1016/j.jecp.2017.08.003

Guba, E. & Lincoln, Y. 1994. Competing paradigms in qualitative research. In: Denzin, N.K. & Lincoln, Y.S., eds. *The Sage handbook of qualitative research*, pp. 105-177. Thousand Oaks, CA: Sage.

Guest, G., MacQueen, K.M. & Namey, E. 2012. *Applied thematic analysis*. California: Sage.

Hallonsten, S. 2017. ‘‘No more buzz’’: A qualitative study of the current response to HIV in the Anglican Church in the Western Cape, South Africa. *Journal of Religion and Health*, 56(4):1201–1211. https://doi.org/10.1007/s10943-017-0397-x

Harrison, A., Newell, M., Imrie, J. & Hoddinott, G. 2010. HIV prevention for South African youth: Which interventions work? A systematic review of current evidence. *BMC Public Health*, 10, e102. http://www.biomedcentral.com/1471-2458/10/102

Hart, J. 2013. *The art of the storyboard: A filmmaker’s introduction*. 2nd ed. Burlington, MA: Focal Press.

Hartel, J. 2014. An arts-informed study of information using the draw-and-write technique. *Journal of the Association for Information Science and Technology*, 65(7):1349-1367. https://doi.org/10.1002/asi.23121

Hartog, K., Hubbard, C.D., Krouwer, A.F., Thornicroft, G., Kohrt, B.A. & Jordans, M.J.D. 2020. Stigma reduction interventions for children and adolescents in low- and middle-income countries: Systematic review of intervention strategies. *Social Science & Medicine*, 246:1-18. https://doi.org/10.1016/j.socscimed.2019.112749

Hatfield, J.L 2017. Determinants of motivation and self-regulation in aspiring musicians. (Doctoral thesis, Norwegian Academy of Music). http://hdl.handle.net/11250/2431045

Hatzenbuehler, M.L., Phelan, J.C. & Link, B.G. 2013. Stigma as a fundamental cause of population health inequalities. *American Journal of Public Health*, 103(5):813-821. https://dx.doi.org/10.2105/AJPH.2012.301069

Helguera,P. 2011. Education for socially engaged art: a materials and techniques handbook. New York, Jorge Pinto Book.

Henning, M. & Khanna, S.K. 2016. Overburden, Stigma, and Perceived Agency: Teachers as HIV Prevention Educators in Urban Zambia. AIMS Public Health, 3 (2):265-273. https://doi.org/10.3934/publichealth.2016.2.265

Herman, J.H. & Nilson, L.B. 2018. *Creating engaging discussions: Strategies for 'avoiding crickets' in any size classroom and online*. Virginia, US: Stylus.

Hoffman, S.J., Hou, A., Jones, A. & Woo, J. 2020. Learning from the role of art in political advocacy on HIV/AIDS. *Imaginations: Journal of Cross-Cultural Image Studies*, 11(2):234-258. https://doi.org/10.17742/IMAGE.IN.11.2.13

Holderness, W.L. 2012. Equipping educators to address HIV and AIDS: A review of selected teacher education initiatives. *SAHARA-J: Journal of Social Aspects of HIV/AIDS*, 9(1):48-55. https://doi.org/10.1080/17290376.2012.744901

Holt, J. 2017. *How children learn*. Foreword by Deborah Meier. New York: Da Capo.

Hontelez, J.A.C., Luried, M.N., Newell, M.-L., Bakker, R., Tanser, F., Bärnighausen, T., Baltussen, R. & Vlas, S. 2011. Aging with HIV in South Africa. *Aids,* 25(13):1665-1673. https://doi.org/10.1097/qad.0b013e32834982ea

Horter, S., Seeley, J., Bernays, S., Kerschberger, B. Lukhele, N. & Wringe, A. 2020. Dissonance of choice: Biomedical and lived perspectives on HIV treatment-taking. *Medical Anthropology*, 39(8):675-688. https://doi.org/10.1080/01459740.2020.1720981

Hwang, B., Shroufi, A., Gils, T., Steele, S., Grimsrud, A., Boulle, A., Yawa, A., Stevenson, S., Jankelowitz, L., Versteeg-Mojanaga, M., Govender, I., Stephens, J., Hill, J., Duncan, K. & Van Cutsem, G. 2019. Stock-outs of antiretroviral and tuberculosis medicines in South Africa: A national crosssectional survey. *PLOS One*, 14(3): e0212405. https://doi.org/10.1371/journal.pone.0212405

Ishikawa, N., Pridmore, P., Carr-Hill, R. & Chaimuangdee, K. 2011. The attitudes of primary schoolchildren in Northern Thailand towards peers affect by HIV and AIDS. *AIDS Care*, 23(2):237-244. https://doi.org/10.1080/09540121.2010.507737

ItsAFactCaribbean, 2014a, 16 Aug. HIV AIDS Stigma and Discrimination [Youtube Video]. https://www.youtube.com/watch?v=EqlyEYOI754 Date of access: 30 Nov. 2021

ItsAFactCaribbean, 2014b, 28 Aug. HIV AIDS Education and Awareness [Youtube Video]. https://www.youtube.com/watch?v=EqlyEYOI754 Date of access: 30 Nov. 2021.

Jackson-Best, F. & Edwards, N. 2018. Stigma and intersectionality: A systematic review of systematic reviews across HIV/AIDS, mental illness, and physical disability. *BMC Public Health*, 18, 919. https://doi.org/10.1186/s12889-018-5861-3

Jarrett, O. 2021. Puppets and puppetry. In: Bergen, D., ed. 2021. *The handbook of developmentally appropriate toys,* pp. 83-94. London, UK: Rowman & Littlefield.

Kang, E. 2015. Human immunodeficiency virus (HIV) stigma: Spoiled social identity and Jürgen Moltmann's trinitarian model of the Imago Dei. *International Journal of Public Theology*, 9:289-312. http://dx.doi.org/10.1163/15697320-12341403

Kendrick, M., Namazzi, E., Becker-Zayas, A. & Tibwamulala, E. 2020. Closing the HIV and AIDS "information gap" between children and parents: An exploration of makerspaces in a Ugandan primary school. *Education Sciences*, 10:193. https://doi.org/10.3390/educsci10080193

Khanare, F. 2012. Schoolchildren affected by HIV in rural South Africa: Schools as environments that enable or limit coping. *African Journal of AIDS Research,* 11(3):251-259. https://doi.org/10.2989/16085906.2012.734985

Kivunja, C. & Kuyini, A.B. 2017. Understanding and applying research paradigms in educational contexts. *International Journal of Higher Education*, 6(5):26-41. https://doi.org/10.5430/ijhe.v6n5p26

Klein, S.R. 2012. Action research: Before you dive in, read this! In: Klein, S.R., ed. 2012. *Action research methods: Plain and simple*, pp. 1-21. New York: Palgrave Macmillan.

Kontomanolis, E., Michalopoulos, S., Gkasdaris, G. & Fasoulakis, Z. 2016. The social stigma of HIV/AIDS: Society's role. *HIV/AIDS Research and Palliative Care*, 9:111-118. https://doi.org/10.2147/HIV.S129992

Korstjens, I. & Moser, A. 2018. Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*, 24(1):120-124. https://doi.org/10.1080/13814788.2017.1375092

Kröger, T & Nupponen, A-M. 2019. Puppets as a pedagogical tool: A literature review. *International Journal of Elementary Education*, 11(4):393-401. https://doi.org/10.26822/iejee.2019450797

Kunneke, M. & Orr, J. 2013. Health impairments and conditions in children. In: Landsberg, E., Kruger, D. & Swart, E., eds. *Addressing barriers to learning*. 2nd ed., pp. 468-488. Pretoria: Van Schaik.

Lambert, V. & Glacken, M. 2011. Engaging with children in research: Theoretical and practical implications of negotiating consent/assent. *Nursing Ethics*, 16(16):787-801. https://doi.org/10.1177/0969733011401122

Landy, R. 2019. Participatory filmmaking and HIV/AIDS education with indigenous youth in labrador: Exploring knowledge/attitude change and the experiences of indigenous youth and elders. (Doctoral thesis, Memorial University of Newfoundland).

Leavy, P.2018. Introduction to arts-based research. In: Leavy, P. ed., *Handbook of arts-based research*, pp. 3-22. New York: Guilford.

Leavy, P. 2020. *Method meets art: Arts-based research practice*. 3rd ed. New York: Guilford.

Leggett, N. 2017. Early childhood creativity: Challenging educators in their role to intentionally develop creative thinking in children. *Early Childhood Education Journal*, 45:845-853. https://doi.org/10.1007/s10643-016-0836-4

Lexico. 2021. Oxford online dictionary. https://www.lexico.com/definition/morality (Accessed 13 May 2021).

Lincoln, Y. & Guba, E.G. 1985. *Naturalistic inquiry*. Newbury Park, CA: Sage.

Linn, S. 2020. It's not me! It's him! Interactive puppet play to help children cope. *Journal of Applied Arts & Health*, 11(1-2):103-108. https://doi.org/10.1386/jaah_00021_7

Lichtenstein, B. & DeCoster, J. 2013. Lessons on stigma: Teaching about HIV/AIDS. *Teaching Sociology*, 42(2):140-150. https://doi.org/10.1177/0092055X13510412

Longman. 2019. *South African school dictionary*. 2nd ed. South Africa: Pearson Education.

Lucchiari, C., Sala, P. M. & Vanutelli, M.E. 2019. The effects of a cognitive pathway to promote class creative thinking. An experimental study on Italian primary school students. *Thinking Skills and Creativity*, 31:156-166. https://doi.org/10.1016/j.tsc.2018.12.002

Luthuli, K., Phewa, N. & Pithouse-Morgan, K. 2020. 'Their drawings were eloquent': Learning about drawing as an arts-based self-study method for researching with children. *Studying Teacher Education*, 16(1):48-65. https://doi/org10.1080/17425964.2019.1690984

Ma, P.H.X., Chan, Z.C.Y. & Loke, A.Y. 2019. Self-stigma reduction interventions for people living with HIV/AIDS and their families: A systematic review. *AIDS and Behavior*, *23*(3):707-741. https://doi.org/10.1007/s10461-018-2304-1

MacBlain, S. 2018. *Learning theories for early years practice*. London: Sage.

MacEntee, K. 2016. Two years later: Preservice teachers' experiences of learning to use participatory visual methods to address the South African AIDS epidemic. *Educational Research for Social Change*, 5(2):81-95. http://dx.doi.org/10.17159/2221-4070/2016/v5i2a6

MacEntee, K. 2020. Participatory visual methods and school-based responses to HIV in rural South Africa: Insights from youth, preservice and inservice teachers. *Sex Education*, 20(3):316-333. https://doi.org/10.1080/14681811.2019.1661833

Maddocks, S., Perumal, K. & Chetty, V. 2020. 'Schooling for children living with human immunodeficiency virus in a community in KwaZulu-Natal, South Africa: Perceptions of educators and healthcare workers'. *South African Journal of Physiotherapy*, 76(1), art. 1405. https://doi.org/10.4102/sajp. v76i1.1405

Madiba, S. & Mokgatle, M.M. 2015. HIV/AIDS related knowledge and attitudes towards learners infected with HIV among high school learners in Gauteng and North West Provinces in South Africa. *African Journal for Physical, Health Education, Recreation and Dance*, 2(1):136-150. https://hdl.handle.net/10520/EJC183642

Mall, S., Middelkoop, K., Mark, D., Wood, R. & Bekker, L.-G. 2013. Changing patterns in HIV/AIDS stigma and uptake of voluntary counselling and testing services: The results of two consecutive community surveys conducted in the Western Cape, South Africa. *AIDS Care*, 25(2)194-201. https://doi.org/10.1080/09540121.2012.689810

Manovski, M.P. 2014. *Arts-based research, auto ethnography and music education: Singing through a culture of marginalization*. Rotterdam: Sense.

Margolis, A. 2020. Zone of proximal development, scaffolding and teaching practice. *Cultural-Historical Psychology*, 16(3):15-26. https://orcid.org/0000-0001-9832-0122

Marshall, C. & Rossman, G. 2016. *Designing qualitative research*. California, USA: Sage.

Mason, S., Sultzman, V. & Berger, B. 2014. "Like being in a cage": Stigma as experienced by adolescents whose mothers are living with HIV. *Vulnerable Children and Youth Studies*, 9(4):323-311. http://dx.doi.org/10.1080/17450128.2014.933941

Mayaba, N. N. & Wood, L. 2015. Using drawings and collages as data generation methods with children: Definitely not child's play. *International Journal of Qualitative Methods,* 14:1-10. https://doi.org/10.1177%2F1609406915621407

McHenry, M.S., Nyandiko, W.M., Scanlon, M.L., Fischer, L.J., McAteer, C.I., Aluoch, J., Naanyu, V. & Vreeman, R.C. 2017. HIV stigma: Perspectives from Kenyan child caregivers

and adolescents living with HIV. *Journal of the International Association of Providers of AIDS Care*, 16(3):215-225. https://doi.org/10.1177/2325957416668995

McKay, L. & Sappa, V. 2020. Harnessing creativity through arts-based research to support teachers' identity development. *Journal of Adult and Continuing Education*, 26(1):25-42. https://doi.org/10.1177%2F1477971419841068

McLaren, P. 2016. Critical Pedagogy. In: Pruyn, M. & Huerta-Charles., eds. *This first called my heart: The Peter McLaren Reader Volume 1*, pp. 27-65. Charlotte, NC: Information Age.

McNiff, J. 2013. *Action research principles and practice*. 3rd ed. Abingdon, Oxon: Routledge.

McNiff, J. 2016. *You and your action research project*. 4th ed. Abingdon, Oxon: Routledge.

McWhirter, J. 2014. The draw and write technique as a versatile tool for researching children's understanding of health and well-being. *International Journal of Health Promotion and Education*, 52(5):250-259. https://doi.org/10.1080/14635240.2014.912123

Merriam, S.B. & Grenier, R.B. 2019. *Qualitative research in practice: Examples for discussion and analysis*. 2nd ed. San Francisco, CA: Jossey-Bass.

Mitzel, L.D., Vanable, P.A. & Carey, M.P. 2019. HIV-related stigmatization and medication adherence: Indirect effects of disclosure concerns and depression. *American Psychological Association,* 4(3):282-292. https://doi.org/10.1037/sah0000144

Mnguni, L. 2019. An investigation into the curriculum ideology that foregrounds the presentation of HIV/AIDS content in selected South Africa Life Sciences textbooks. *International Journal of STEM Education,* 6(25):1-11. https://doi.org/10.1186/s40594-019-0179-y

Mohapi, B. & Pitsoane, E. 2017. Life skills as a behaviour change strategy in the prevention of HIV and AIDS: Perceptions of students in an open and distance learning institution. *SAHARA-J: Journal of Social Aspects of HIV/AIDS*, 14(1):77-84. https://doi.org/10.1080/17290376.2017.1374878

Moulin-Stożek, D. 2018. The social construction of character. *Journal for the Theory of Social Behaviour,* 49:24-39. https://doi.org/10.1111/jtsb.12188

Moyo, S. 2017. Mitigating the impact of HIV and AIDS: The role of schools. *International Journal of Education and Social Science,* 4(4):19-23. https://web.archive.org/web/20180410042929id_/http://www.ijessnet.com/wp-content/uploads/2017/05/4.pdf

Musingarabwi, S. & Blignaut, S. 2018. Teacher views of the implementation of the HIV/AIDS curriculum in Zimbabwean primary schools. *Southern African Review of Education,* 24(1):58-73. https://hdl.handle.net/10520/EJC-15ad891cf1

Mutonyi, H. & Kendrick, M.E. 2011. Cartoon drawing as a means of accessing what students know about HIV/AIDS: An alternative method. *Visual Communication,* 10(2):231-249. https://doi.org/10.1177%2F1470357211398447

Mwebi, B.M. 2012. Teaching HIV/AIDS through a child-child approach: A teacher's perspective. *Canadian Journal of Education,* 35(3):117-132. https://www.jstor.org/stable/canajeducrevucan.35.3.117

Nacken, A., Rehfuess, E.A., Paul, A., Lupapula, A. & Pfadennhauer, L.M. 2018. Teacher's competence, school policy and social context-HIV prevention needs of primary schools in Kagera Tanzania. *Health Education Research*, 33(6):505-521. https://doi.org/10.1093/her/cyy036

Naidoo, J. & Rule, P. 2016. Teachers' subjectivity and emotionality in HIV/AIDS teaching. *African Journal of AIDS Research*, 15(3):233-241. https://doi.org/10.2989/16085906.2016.1190768

Nathan, M. J. 2021. *Foundations of embodied learning: A paradigm for education*. Routledge.

Ncube, V. 2016. HIV and AIDS in rural Tonga culture. *HTS Theological Studies/Theological Studies*, 72(1):1-7. http://dx.doi.org/10.4102/hts.v72i1.3332

Nel, M. & Payne-Van Staden, I. 2014. Life skills. In: Nel, M., ed. *Life orientation for South African teachers*, pp. 187-201. Pretoria: Van Schaik.

Nel, M., Nel, N. & Hugo, A. 2013. Inclusive education: An introduction. In Nel M, Nel N & Hugo A, eds., *Learner support in a diverse classroom: A guide for foundation, intermediate and senior phase teachers of language and mathematics*, pp. 1-34. Pretoria: Van Schaik.

Nieuwenhuis, J. 2013. Introducing qualitative research. In: Maree, K., ed. *First steps in research*, pp. 46-68. Pretoria: Van Schaik.

Njelesani, J. & Njelesani, D. 2019. Addressing HIV in Zambia through traditional games. *AIDS Care*, 31(1):1-3. https://doi.org/10.1080/09540121.2018.1476660

Nobre, N., Pereira, M., Roine, R.P., Sutinen, J., & Sintonen, H. 2018. HIV-related self-stigma and health-related quality of life of people living with HIV in Finland. *Journal of the*

Association of Nurses in AIDS Care, 29(2):254-265. https://doi.org/10.1016/j.jana.2017.08.006

Nowell, L.S., Norris, J.M., White, D.E. & Moules, N.J. 2017. Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16:1-3 https://doi.org/10.1177/1609406917733847

Nquaba, N. 2014. An exploration into the challenges teachers face in implementing HIV/AIDS initiatives and programmes in primary schools: A case study of two primary schools in Nyanga Township. (Master's dissertation, University of the Western Cape).

Oguanobi, H.I. 2016. Discoursing health literacies for HIV/AIDS education. *Education Journal – Revue de l'éducation*, 6(1). https://doi.org/10.18192/ejre.v6i1.2064

Orkin, M., Boyes, M., Cluver, L. & Zhang, Y. 2014. Pathways to poor educational outcomes for HIV/AIDS-affected youth in South Africa. *AIDS Care*, 26(3):343-350. https://doi.org/10.1080/09540121.2013.824533

Otieno, J. & Obuya, J. 2019. "The silenced generation": The communication experiences of HIV-positive adolescents in Kenya. *South African Journal for Communication Theory & Research*, 45(2):99-112. https://doi.org/10.1080/02500167.2019.1628082

Oulton, K., Gibson, F., Sell, D., Williams, A., Pratt, L., & Wray, J. 2016. Assent for children's participation in research: Why it matters and making it meaningful. *Child Care, Health and Development,* 42(4):588-597. https://doi.org/10.1111/cch.12344

Phelan, S.K. & Kinsella, E.A. 2013. Picture this … Safety, dignity, and voice—Ethical research with children: Practical considerations for the reflexive research. *Qualitative Inquiry*, 19(2):81-90. https://doi.org/10.1177%2F1077800412462987

Piispanen, M. & Meriläinen, M. 2019. The art-based methods in developing transversal competence. *International Electronic Journal of Elementary Education*, 12(1):87-92. https://doi.org/10.26822/iejee.2019155340

Pillay, J. 2014. Ethical considerations in educational research involving children: Implications for educational researchers in South Africa. *South African Journal of Childhood Education,* 4(2):194-212. http://www.scielo.org.za/pdf/sajce/v4n2/12.pdf

Pithouse-Morgan, K., De Lange, N., Mitchell, C., Moletsane, R., Olivier, T., Stuart, J., Van Laren, L. & Wood, L. 2013. Creative and participatory strategies for teacher development in the age of AIDS. In: Kirk, J., Dembélé, M. & Baxter, S., eds. *More and better teachers for*

quality education: Identity and motivation, systems and support, pp. 75-90. Collaborative Works.

Pollock, P.H., Hamann, K. & . Wilson, B.M. 2011. Learning through discussions: Comparing the benefits of small-group and large-class settings. *Journal of Political Science Education*, 7(1):48-64. https://doi.org/10.1080/15512169.2011.539913

Prion, S. & Adamson, K.E. 2014. Making sense of methods and measurements: Rigor in qualitative research. *Clinical Simulation in Nursing*, 10(2):107-108. https://doi.org/10.1016/j.ecns.2013.05.003

Rau, M., Kennedy, K., Oxtoby., Bollom, M. & Moore, J. 2017. Unpacking "active learning": A combination of flipped classroom and collaboration support is more effective but collaboration support alone is not. *Journal of Chemical Education*, 94:1406-1414. https://doi.org/10.1021/acs.jchemed.7b00240

Rehman, A.Am & Alharthi, K. 2016. An introduction to research paradigms. *International Journal of Educational Investigations*, 3(8):51-59. http://www.ijeionline.com/attachments/article/57/IJEI.Vol.3.No.8.05.pdf

Riyami, T.A. 2015. Main approaches to educational research. *International Journal of Innovation and Research in Educational Sciences*, 2(5):2349-5219. https://ijires.org/administrator/components/com_jresearch/files/publications/IJIRES_361_Final.pdf

Roberts, K. 2018. South Africa, HIV/AIDS, and education. (Master's dissertation, University of San Francisco).

Saavedra, A.R, & Opfer, V.D. 2012. Learning 21st-century skills requires 21st-century teaching. *The Phi Delta Kappan*, 94(2):8-13. https://doi.org/10.1177%2F003172171209400203

Salazar, M del C. 2013. A humanizing pedagogy: Reinventing the principles and practice of education as a journey towards liberation. *Review of Research in Education*, 37(1):121-148. https://doi.org/10.3102%2F0091732X12464032

SANAC (South African National Aids Council). 2018. South Africa's National Strategic Plan for HIV, TB and STIs. Let our actions count. https://sanac.org.za/wp-content/uploads/2017/06/NSP_FullDocument_FINAL-1.pdf (Accessed 26 July 2020).

Sargeant, J. 2012. Qualitative research Part II: Participants, analysis and quality assurance. *Journal of Graduate Medical Education*, 4(1):1-13. http://dx.doi.org/10.4300/JGME-D-11-00307.1

Scotland, J. 2012. Exploring the philosophical underpinnings of research: Relating ontology and epistemology to the methodology and methods of the scientific, interpretive, and critical research paradigms. *English Language Teaching*, 5(9):9-16. http://files.eric.ed.gov/fulltext/EJ1080001.pdf

Sherr, L., Hensels, I.S., Tomlinson, M., Skeen, S. & Macedo, A. 2018. Cognitive and physical development in HIV-positive children in South Africa and Malawi: A community-based follow-up comparison study. *Child: Care Health and Development*, 44:89-98. https://doi.org/10.1111/cch.12533

Sherr, L., Skeen, S., Hensels, I.S, Tomlinson, M. & Macedo, A. 2016. The effects of caregiver and household HIV on child development: A community-based longitudinal study of young children. *Child: Care, Health and Development*, 42(6):890-899. https://doi.org/10.1111/cch.12387

Sidibé, S., Delamou, A., Kaba, M.L., Magassouba, A.S., Samake, A.T., Dongo, Y.S.A., Kadio, K.J.Olivier, Dimio, S.S., Camara, L.M. & Babalola, S. 2018. The effects of nutritional supplementation on body mass index and CD4 count among adult people living with HIV AIDS on antiretroviral treatment in Conakry, Guinea. *Journal of Public Health in Africa*, 9(708):36-41. https://dx.doi.org/10.4081%2Fjphia.2018.708

Sigelman, C.K. 2018. Children's thinking about HIV/AIDS casuality, prevention and social interaction. *Journal of Child and Family Studies*, 27:3288-3299. https://doi.org/10.1007/s10826-018-1152-y

Silalahi, R.M. 2019. Understanding Vygotsky's zone of proximal development for learning. *Polyglot: Jurnal Ilmiah,* 15(2):169-186. http://dx.doi.org/10.19166/pji.v15i2.1544

Simelela, N., Venter, W.D., Pillay, Y. & Barron, P. 2015. A political and social history of HIV in South Africa. *Current HIV/AIDS Reports*, 12:256-261. https://doi.org/10.1007/s11904-015-0259-7

Sivhabu, V. & Visser, M. 2019. Constructions of sexuality and HIV risk among young people in Venda, South Africa: Implications for HIV prevention. *African Journal of AIDS Research*, 18(2):158-167. https://doi.org/10.2989/16085906.2019.1630449

Skeen, S., Sherr, L., Tomlinson, M., Croome, N., Gandhi, N., Roberts, J.K. and Macedo, A. 2017. Interventions to improve psychosocial well-being for children affected by HIV and

AIDS: A systematic review. *Vulnerable Children and Youth Studies*, 12(2):91-116. https://doi.org/10.1080/17450128.2016.1276656

Skovdal, M. & Campbell, C. 2015. Beyond education: What role can schools play in the support and protection of children in extreme settings. *Journal of Educational Development,* 41:175-183. https://doi.org/10.1016/j.ijedudev.2015.02.005

Sorcar, P., Strauber, B., Loyalka, P., Kumar, N. & Goldman, S. 2017. Sidestepping the elephant in the classroom: Using culturally localized technology to teach around taboos. Proceedings of the 2016 CHI Conference on Human Factors in Computing Systems, Chapter 17, 2792-2804. https://doi.org/10.1145/3025453.3025958

South African Schools Act 84 of 1996.

South African National Aids Council Trust (SANAC Trust). 2018. Annual performance plan 2018/19. https://sanac.org.za/wp-content/uploads/2019/11/Annual-Performance-Plan-2018-2019-APP.pdf (Accessed 19 March 2021).

Stangl, A.L., Lloyd, J.K., Brady, L.M., Holland, C.E. & Baral, S. 2013. A systematic review of interventions to reduce HIV-related stigma and discrimination from 2002 to 2013: How far have we come. *Journal of the International AIDS Society*, 16(2):18734. https://dx.doi.org/10.7448%2FIAS.16.3.18734

Stats SA (Statistics South Africa). 2018. Mid year population estimates: July 2018. (Statistical release P0302). https://www.statssa.gov.za/publications/P0302/P03022018.pdf (Accessed 03 Mar. 2020).

Stats SA (Statistics South Africa). 2019. Mid year population estimates: July 2019. (Statistical release P0302). http://www.statssa.gov.za/publications/P0302/P03022019.pdf (Accessed 03 Mar. 2020).

Stats SA (Statistics South Africa). 2021. Mid year population estimates: July 2021. (Statistical release P0302). http://www.statssa.gov.za/publications/P0302/P03022021.pdf (Accessed 05 Dec. 2021)

Stecanela, N. Zen, A. & Pauletti, F. 2019. Action research and teacher education: The use of research in a classroom for the transformation of reality. *International Journal of Action Research*, 2:132-156. http://dx.doi.org/10.3224/ijar.v15i2.04

Sun, S. & Farber, E.W. 2020. An intersectionality-informed psychotherapy approach to reduce HIV stigma. 2020. *Psychotherapy,* 57(1):23-28. http://dx.doi.org/10.1037/pst0000265

Swart, E. & Pettipher, R. 2013. A framework for understanding inclusion. In: Landsberg, E., Kruger, D. & Swart, E., eds. *Addressing barriers to learning*. 2nd ed., pp. 3-26. Pretoria: Van Schaik.

Susanto, D. 2015. HIV/AIDS in Indonesia and its theological dimensions. *International Journal of Public Theology*, 9:94-110. https://doi.org/10.1163/15697320-12341381

Musingarabwi, S. & Blignaut, S. 2018. Teacher views of the implementation of HIV/AIDS curriculum in Zimbabwean primary schools. *South African Review of Education with Education Production*, 24(1):58-73. https://hdl.handle.net/10520/EJC-15ad891cf1

Theron, C. Greyer, S. Strydom, H. & Delport, R. 2010. Visual methodology to build resilient 'communitas'. *Education as Change*, 14(1):85-101. https://doi.org/10.1080/16823206.2010.517933

Thiollent, M. 2011. Action Research and Participatory Research: An Overview. *International Journal of Action Research*, 7(2), 160-174. https://nbn-resolving.org/urn:nbn:de:0168-ssoar-414079

Tomal, D.R. 2010. Action research for educators. Foreword by J Dennis Hastert. *Action research for educators (The Concordia University Leadership Series).* 2nd edition. Maryland, MD: Rowman & Littlefield Education.

Torstensson, G. & Brundrett, M. 2011. The impact of HIV/AIDS on primary education in Botswana: Educating children as agents of change. *Education 3-13 International Journal of Primary, Elementary and Early Years Education*, 39 (4):395-413. https://doi.org/10.1080/03004271003727549

Treves-Kagan, S., El Ayadi, A., Pettifor, A., MacPhail, C., Twine, R., Maman,S., Peacock, D., Kahn, K. & Lippman, S. 2017. Gender, HIV testing and stigma: The association of HIV testing behaviors and community-level and individual-level stigma in rural South Africa differ for men and women. AIDS Behaviour, 21:2579-2588. https://doi.org/10.1007/s10461-016-1671-8

Tuli, F. 2010. The basis of distinction between qualitative and quantitative research in social science: Reflection on ontological, epistemological and methodological perspectives. *Ethiopian Journal of Education and Science*, 6(1):97-108. https://doi.org/10.4314/ejesc.v6i1.65384

UNAIDS (Joint United Nations Programme on HIV/AIDS). 2014. Guidance note: Reduction of HIV-related stigma and discrimination. https://www.unaids.org/sites/default/files/media_asset/2014unaidsguidancenote_stigma_en.pdf (Accessed 16 April 2021).

UNAIDS (Joint United Nations Programme on HIV/AIDS). 2020a. The global information and education on HIV and AIDS. https://www.unaids.org/en/regionscountries/countries/southafrica (Accessed 16 Feb. 2021).

UNAIDS (The Joint United Nations Programme on HIV and AIDS). 2020b. Global HIV & AIDS statistics-2020 fact sheet. https://www.unaids.org/en/resources/fact-sheet (Accessed 26 July 2020).

UNESCO (United Nations Educational, Scientific and Cultural Organization). 2017. HIV and AIDS. http://www.unesco.org/new/hiv-and-aids/ (Accessed 24 July 2020).

UNICEF (United Nations International Children's Emergency Fund). 2018. Working to end AIDS for every child. https://www.unicef.org/sites/default/files/2018-07/UNICEF-Advocacy-Brochure.pdf (Accessed 24 July 2020).

Vaismoradi, M. & Snelgrove, S. 2019. Theme in qualitative content analysis and thematic analysis. *Forum: Qualitative Social Research*, 20(2), art #23. https://doi.org/10.17169/fqs-20.3.3376

Van Laren, L. Pithouse-Morgan, K. & Masinga, L. 2019. Containing HIV and AIDS: Creating a readers' theatre script for professional learning in higher education. *South African Journal of Higher Education*, 33(3):222-240. https://doi.org/10.20853/33-3-2964

Visser, M. 2018. Change in HIV-related stigma in South Africa between 2004 and 2016: A cross-sectional community study. *AIDS Care*, 30(6):734-738. https://doi.org/10.1080/09540121.2018.1425365

Visser, M. Makin, J. Vandormael, A. Sikkema, K. & Forsyth, B. 2009. HIV/AIDS stigma in a South African community. *AIDS Care*, 21(2):197-206. https://doi.org/10.1080/09540120801932157

Vreeman, R.C., Scanlon, M.L., McHenry, M.S. & Nyandiko, W.M. 2015. The physical and psychological effects of HIV infection and its treatment on perinatally HIV-infected children. *Journal of the International AIDS Society*, 18(7S6), 20258. https://doi.org/10.7448/IAS.18.7.20258

Wabiri, N. & Taffa, N. 2013. Socio-economic inequality and HIV in South Africa. *BMC Public Health*, 13:1037. https://doi.org/10.1186/1471-2458-13-1037

Walliman, N. 2011. *Research methods: The basics*. Oxon: Routledge.

Wang, V.C.X. & Torrisi-Steele, G. 2015. Online teaching, change and critical theory. *New Horizons in Adult Education and Human Resource Development,* 27(3):18-26. https://doi.org/10.1002/NHA3.20108

Wang, Q., Coemans, S., Siegesmund, R. & Hannes, K. 2017. Arts-based methods in socially engaged research practise: A classification framework. *Research International: A Transdisciplinary Journal*, 2(2):5-39. https://doi.org/10.18432/R26G8P

Ward, K.S. 2014. Creative arts-based pedagogies in early childhood education for sustainability: Challenges and possibilities. *Australian Journal of Environmental Education,* 29(2):165-181. http://dx.doi.org/10.1017/aee.2014.4

Wood, L., De Lange, N. & Mkumbo, K. 2013. Drawing AIDS: Tanzanian teachers picture the pandemic. Implications for re-curriculation of teacher education programmes. *Perspectives in Education,* 31(2):1-13.

Xiao, X., Chen, C., Gao, C., Wang, H. & Reynolds, N. 2020. Ways of coping mediate the relationship between self-efficacy for managing HIV and acceptance of illness among people living with HIV. *Journal of Advanced Nursing*, 76(11):2945–2954 https://doi.org/10.1111/jan.14488

Zinyemba, T., Pavlova, M. & Groot, W. 2019. Effects of HIV/AIDS on children's educational attainment: A systematic literature review. *Journal of Economic Surveys*, 34(1):35–84. https://doi.org/10.1111/joes.12345

Zuber-Skerritt, O. & Wood, L. 2019. *Action learning and action research: Genres and approaches*. Bingley, UK: Emerald.

Zuma, K., Shisana, O., Rehle, T.M., Simbayi, L.C., Jooste, S., Zungu., N., Labadarios, D., Onoya, D., Evans, M., Moyo, S. & Abdullah, F. 2016. New insights into HIV epidemic in South Africa: Key findings from the National HIV prevalence, incidence and behaviour survey, 2012. *African Journal of AIDS Research*, 15(1):67-75. http://hdl.handle.net/20.500.11910/9537

Annexure A

DRAW AND WRITE ACTIVITY

Draw and write activity

Name: _____**Date:** _____

Draw a picture to show what you know about HIV and how you feel about people associated with HIV. Give your picture a title and write a few lines explaining it.

Title:_____

_____

_____

_____

_____

_____

_____

_____

_____

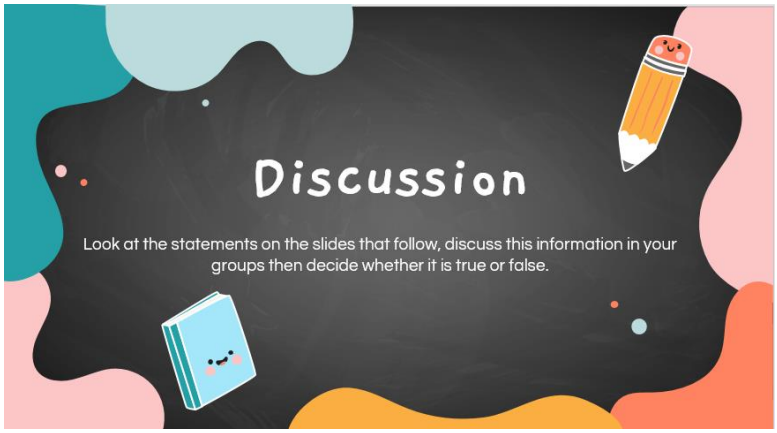
_____

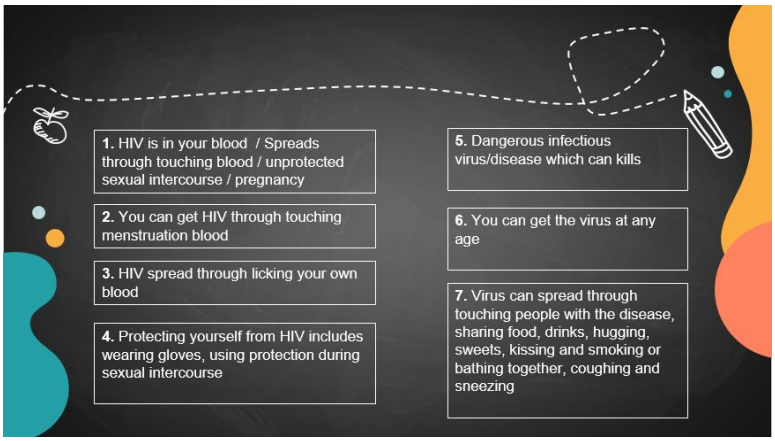
_____

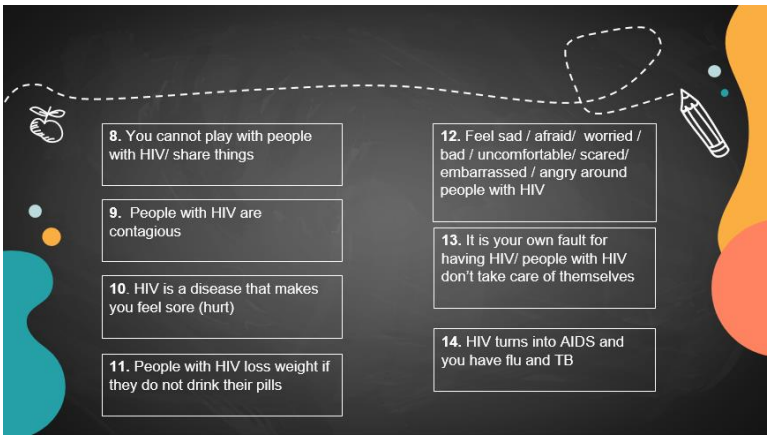
_____

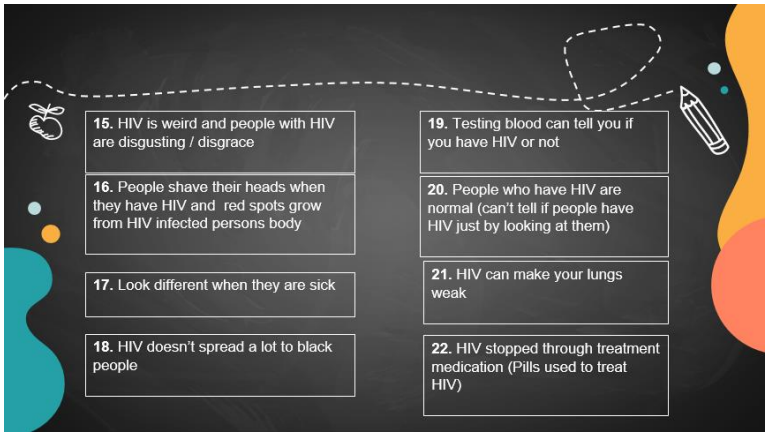
Annexure B

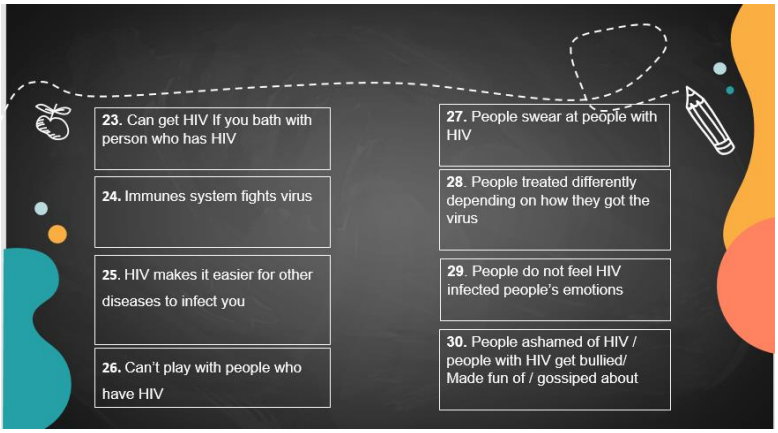
POWERPOINT PRESENTATION

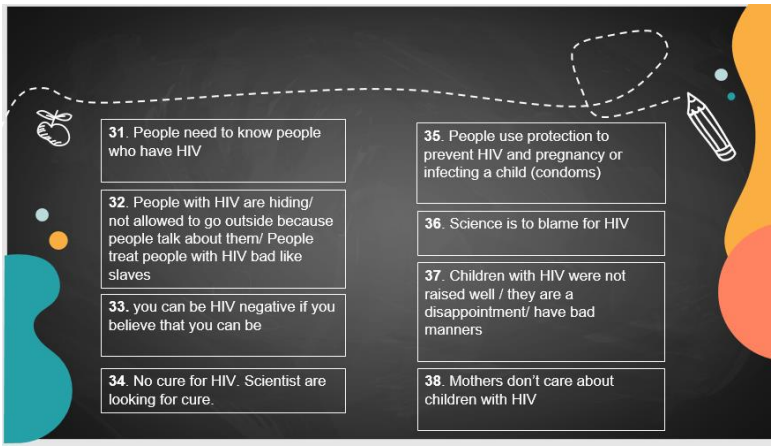







15. HIV is weird and people with HIV are disgusting / disgrace
16. People shave their heads when they have HIV and red spots grow from HIV infected persons body
17. Look different when they are sick
18. HIV doesn't spread a lot to black people
19. Testing blood can tell you if you have HIV or not
20. People who have HIV are normal (can't tell if people have HIV just by looking at them)
21. HIV can make your lungs weak
22. HIV stopped through treatment medication (Pills used to treat HIV)

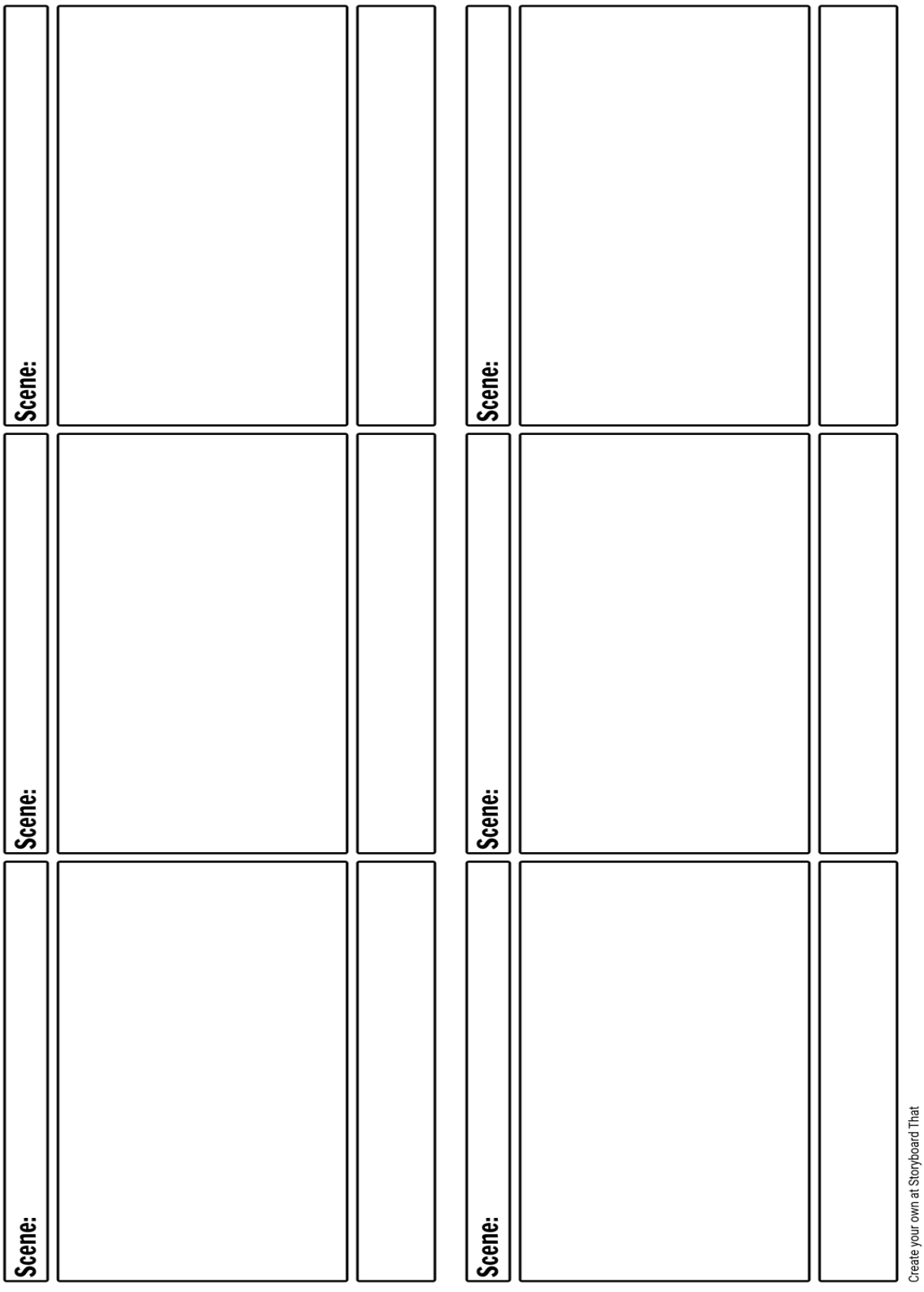

23. Can get HIV If you bath with person who has HIV
24. Immunes system fights virus
25. HIV makes it easier for other diseases to infect you
26. Can't play with people who have HIV
27. People swear at people with HIV
28. People treated differently depending on how they got the virus
29. People do not feel HIV infected people's emotions
30. People ashamed of HIV / people with HIV get bullied/ Made fun of / gossiped about


31. People need to know people who have HIV
32. People with HIV are hiding/ not allowed to go outside because people talk about them/ People treat people with HIV bad like slaves
33. you can be HIV negative if you believe that you can be
34. No cure for HIV. Scientist are looking for cure.
35. People use protection to prevent HIV and pregnancy or infecting a child (condoms)
36. Science is to blame for HIV
37. Children with HIV were not raised well / they are a disappointment/ have bad manners
38. Mothers don't care about children with HIV

Annexure C

STORYBOARDING ACTIVITY

Storyboard activity https://www.storyboardthat.com/blog/e/what-is-a-storyboard



Annexure D

PERMISSION LETTER WITH ETHICAL REFERENCE NUMBER NWU-01118-20-S2

Private Bag X1290, Potchefstroom
South Africa 2520

Tel: 086 016 9698
Web: http://www.nwu.ac.za/

North-West University Education, Management and Economic Sciences, Law. Theology, Engineering and Natural Sciences Research Ethics Office (NWU-EMELTEN-REC)

Tel: +2718 299 4707
Email: lukas.meyer@nwu.ac.za

24 November 2020

Dear Prof Wood

ETHICS APPROVAL LETTER OF STUDY

Based on approval by the North-West University Education, Management and Economic Sciences, Law. Theology, Engineering and Natural Sciences Research Ethics Committee (NWU-NWU-EMELTEN-REC) on 23 November 2020, the NWU-EMELTEN-REC hereby approves your study as indicated below. This implies that the NWU-EMELTEN-REC grants its permission that, provided the general and specific conditions specified below are met and pending any other authorisation that may be necessary, the study may be initiated, using the ethics number below.

Study title: Reducing HIV stigma through arts-based pedagogies in the Life Skills class: an action research approach

Principal Investigator/Study Supervisor/Researcher: Prof Lesley Wood

Student: Ms Vernique Diedricks

Ethics number: N W U - 0 1 1 1 8 - 2 0 - A 2
Institution Study Number Year Status

Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation

Application Type: Single study
Commencement date: 23/11//2020
Expiry date: 22/11/2021

Risk: Greater than minimal risk, but provides the prospect of direct benefit

Approval of the study is provided for a year, after which continuation of the study is dependent on receipt and review of a twelve-monthly monitoring report and the concomitant issuing of a letter of continuation.

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, the following general terms and conditions will apply:

- *The principal investigator/study supervisor/researcher must report in the prescribed format to the NWU-EMELTEN-REC:*
  - *twelve-monthly on the monitoring of the study, whereby a letter of continuation will be provided annually, and upon completion of the study; and*
  - *without any delay in case of any adverse event or incident (or any matter that interrupts sound ethical principles) during the course of the study.*
- *The approval applies strictly to the proposal as stipulated in the application form. Should any amendments to the proposal be deemed necessary during the course of the study, the principal investigator/study supervisor/researcher must apply for approval of these amendments at the NWU-EMELTEN-REC, prior to implementation. Should there be any deviations from the study proposal without the necessary approval of such amendments, the ethics approval is immediately and automatically forfeited.*

Annexure E

PERMISSION LETTERS

MULBARTON PRIMARY SCHOOL
P.O. Box 1209, Mulbarton, 2059 ● 16 Archibald Avenue, Mulbarton Ext.3, Johannesburg
Telephone: (011) 432-3288/9 ● Fax: (011) 432-2849 ● Email: admin2@mulbartonprimary.co.za

21 June 2021

Dear Mrs. V. Diedricks

Re: Request for Permission To Conduct Research At Mulbarton Primary School.

Please note that permission is hereby granted for you to conduct your fieldwork and research at Mulbarton Primary School for your Master in Education Degree. Please note that your fieldwork or research should not conflict with your normal course of duties as an educator at Mulbarton Primary School.

Please note further that permission also needs to be obtained from the Gauteng Department of Education with regards to the above fieldwork or research.

Yours in education

Kistadoo

Mr. L. Kistadoo
Principal

MULBARTON PRIMARY SCHOOL
P.O. Box 1209
Mulbarton 2059
Tel: 011 432-3288
Fax: 011 432-2849

L. Kistadoo
Principal

MULBARTON PRIMARY SCHOOL
16 Archibald Ave, Mulbarton Ext 3, 2058 – PO Box 1209, Mulbarton 2059
Telephone: (011) 432 3288 / 9 – Fax: (011) 432 2849 – E-mail: admissions@mulbartonprimary.co.za

01 July 2021

Dear Mrs Diedricks

RE: Request for permission to conduct research at Mulbarton Primary School

The School Governing Body of Mulbarton Primary School has acknowledged your request for fieldwork to be conducted at the school for your Master in Education study. This letter serves to inform you that your request is approved and permission is granted for you to conduct your fieldwork and research at Mulbarton Primary School.

Best wishes.

Yours in Education,

School Governing Body
SECRETARY

Mr. L. Kistadoo – Principal

GAUTENG PROVINCE
Department: Education
REPUBLIC OF SOUTH AFRICA

8/4/4/1/2

GDE RESEARCH APPROVAL LETTER

Date:	**06 July 2021**
Validity of Research Approval:	**08 February 2021– 30 September 2021** **2021/187**
Name of Researcher:	**Diedricks VL**
Address of Researcher:	**Unit 7 2 Os Street**
	Bassonia
Telephone Number:	**084 847 9597**
Email address:	**Vernique.j@gmail.com**
Research Topic:	**Reducing HIV Stigma through art-based pedagogies in the life Skills class ; an action research approach**
Type of qualification	**Master in Special Needs Education**
Number and type of schools:	**1 Primary School**
District/s/HO	**Johannesburg South**

Re: Approval in Respect of Request to Conduct Research

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved to conduct the research. A separate copy of this letter must be presented to both the School (both Principal and SGB) and the District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted.

06/07/2021

The following conditions apply to GDE research. The researcher may proceed with the above study subject to the conditions listed below being met. Approval may be withdrawn should any of the conditions listed below be flouted:

1. *Letter that would indicate that the said researcher/s has/have been granted permission from the Gauteng Department of Education to conduct the research study.*

Office of the Director: Education Research and Knowledge Management
7th Floor, 17 Simmonds Street, Johannesburg, 2001
Tel: (011) 355 0488
Email: Faith.Tshabalala@gauteng.gov.za
Website: www.education.gpg.gov.za

2. *The District/Head Office Senior Manager/s must be approached separately, and in writing, for permission to involve District/Head Office Officials in the project.*
3. ***Because of COVID 19 pandemic researchers can ONLY collect data online, telephonically or may make arrangements for Zoom with the school Principal. Requests for such arrangements should be submitted to the GDE Education Research and Knowledge Management directorate. The approval letter will then indicate the type of arrangements that have been made with the school.***
4. ***The Researchers are advised to make arrangements with the schools via Fax, email or telephonically with the Principal.***
5. *A copy of this letter must be forwarded to the school principal and the chairperson of the School Governing Body (SGB) that would indicate that the researcher/s have been granted permission from the Gauteng Department of Education to conduct the research study.*
6. *A letter / document that outline the purpose of the research and the anticipated outcomes of such research must be made available to the principals, SGBs and District/Head Office Senior Managers of the schools and districts/offices concerned, respectively.*
7. *The Researcher will make every effort obtain the goodwill and co-operation of all the GDE officials, principals, and chairpersons of the SGBs, teachers and learners involved. Persons who offer their co-operation will not receive additional remuneration from the Department while those that opt not to participate will not be penalised in any way.*
8. *Research may only be conducted after school hours so that the normal school programme is not interrupted. The Principal (if at a school) and/or Director (if at a district/head office) must be consulted about an appropriate time when the researcher/s may carry out their research at the sites that they manage.*
9. *Research may only commence from the second week of February and must be concluded before the beginning of the last quarter of the academic year. If incomplete, an amended Research Approval letter may be requested to conduct research in the following year.*
10. *Items 6 and 7 will not apply to any research effort being undertaken on behalf of the GDE. Such research will have been commissioned and be paid for by the Gauteng Department of Education.*
11. *It is the researcher's responsibility to obtain written parental consent of all learners that are expected to participate in the study.*
12. *The researcher is responsible for supplying and utilising his/her own research resources, such as stationery, photocopies, transport, faxes and telephones and should not depend on the goodwill of the institutions and/or the offices visited for supplying such resources.*
13. *The names of the GDE officials, schools, principals, parents, teachers and learners that participate in the study may not appear in the research report without the written consent of each of these individuals and/or organisations.*
14. *On completion of the study the researcher/s must supply the Director: Knowledge Management & Research with one Hard Cover bound and an electronic copy of the research.*
15. *The researcher may be expected to provide short presentations on the purpose, findings and recommendations of his/her research to both GDE officials and the schools concerned.*
16. *Should the researcher have been involved with research at a school and/or a district/head office level, the Director concerned must also be supplied with a brief summary of the purpose, findings and recommendations of the research study.*

The Gauteng Department of Education wishes you well in this important undertaking and looks forward to examining the findings of your research study.

Kind regards

.....

Mr Gumani Mukatuni
Acting CES: Education Research and Knowledge Management

DATE: 06/07/2021

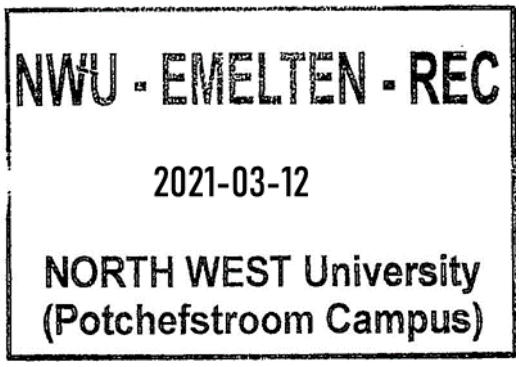
Office of the Director: Education Research and Knowledge Management
7th Floor, 17 Simmonds Street, Johannesburg, 2001
Tel: (011) 355 0488
Email: Faith.Tshabalala@gauteng.gov.za
Website: www.education.gpg.gov.za

Annexure F

ASSENT DOCUMENT FOR CHILDREN AND CONSENT FORM FOR PARENTS

Private Bag X1290, Potchefstroom
South Africa 2520
Tel: +2718 299-1111/2222
Fax: +2718 299-4910
Web: http://www.nwu.ac.za

The Faculty of Health Sciences Ethics Office of the North-West University is acknowledged for the use of their document with minor adjustments made by the North-West University Education, Management and Economic Sciences, Law, Theology, Engineering and Natural Sciences Research Ethics Committee (NWU-EMELTEN-REC).



NWU-EMELTEN-REC Stamp

ASSENT FORM FOR LEARNER

TITLE OF THE RESEARCH STUDY: Reducing HIV stigma through arts-based pedagogies in the Life Skills class: An action research approach

ETHICS REFERENCE NUMBER: NWU-01118-20-S2

PRINCIPAL INVESTIGATOR: Prof Lesley Wood

POST GRADUATE STUDENT: Ms Vernique Diedricks

ADDRESS: 54 Valiant Street, Eden Park

CONTACT NUMBER: 0848479597

My name is Ms Vernique Diedricks and I would like to invite you to take part in a research study about what you know about HIV. Your parents already know that I will be talking to you about this study. This form will tell you more about the study to make it easier for you decide whether you will allow me to use your Life Skills class work about HIV for this study. You can decide whether you want your Life Skills class work to be used and you will not be treated negatively if you decide that your Life Skills class work may not be used for this study.

Why have you been chosen to participate in this study?

You have been chosen to participate in this study because you are in Grade 5 and you need to complete work on HIV and HIV-related stigma in Life Skills. This study will take place during your Life Skills lessons.

What will you have to do in this study?

1. You will be asked to draw a picture to show what you know about HIV. You will have to write a few sentences explaining your drawing.

2. We will talk about your drawings and pictures in class to discuss your views on HIV and HIV-related stigma. The class discussion will be recorded.

3. The class will be split into groups where you will have to create and participate in a story board activity (puppet show) where you will show how HIV stigma is incorrect and misplaced. You will be given the format of the storyboard activity and you will be given a hand puppet to complete this activity.

4. You will present your puppet show to the class. You will be given a specific place to stand while presenting.

What will happen with your work?

Your work will be used to assist me with information on what children think about HIV and HIV-related stigma. I will report on your work in this study and your name will not be known. Only people working with this research will see your work.

What are the benefits for you taking part in this study?

If you take part in this study, it will improve your knowledge on HIV and HIV-related stigma, your way of thinking about it may change and you will have completed the component of HIV and HIV-related stigma in Life Skills.

What are the risks for you taking part in this study?

You may personally know someone who is infected with or affected by HIV. If what we do or say in the class makes you feel unhappy or sad, somebody will be available to help you with your unhappiness or sadness. You do not have to share any personal information with me, or the rest of the class. If COVID-19 regulations still exist at the time of the study, we will follow all the COVID-19 procedures that you are used to at school.

Do you have to be part of this study?

No, you do not have to be part of this study. The choice is up to you. No one will get angry or upset if you do not want your Life Skills class work to be used for the study. You are also allowed to change your mind anytime if you do not want to be part of the study anymore. If you decide not to be part of the study, you will still be required to complete the activities but your Life Skills class work will not be included in the results of the study.

What if you have questions?

- If you have any questions, you may ask your parents, you can speak to the person who explained the research to you or you can speak to Ms Vernique Diedricks.

Declaration by learner participant

I ……..…….

I declare that:

- The research was clearly explained to me.
- I have had a chance to ask questions about the research.
- I know that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I can choose to not be part of this study at any time during the research. I will not be treated negatively if I do not want my Life Skills class work to be used for the study.

☐ I **give** permission that my Life Skills class work may be used for the research study.

☐ I **do not** give permission that my Life Skills class may be used for the research study.

Signed at (*place*) .....…….. on (*date*) ……...…….. 20....

.....

Signature of learner participant

Declaration by person obtaining consent

I *(name)* ……..…… declare that:

- The information in this document is clear and explained in detail to …….
- I did/did not use an interpreter.
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I gave him/her time to discuss it with others if he/she wished to do so.

Signed at (*place*) .....…….. on (*date*) ……...…….. 20....

.....

Signature of person obtaining consent

Declaration by researcher

I *(name)* ……..…… declare that:

- The information in this document was explained to ……
- I did/did not use an interpreter
- I was available should he/she want to ask any further questions.
- The informed consent was obtained by an independent person.
- I am satisfied that he/she adequately understood all aspects of the research, as described above.
- I am satisfied that he/she had time to discuss it with others if he/she wished to do so.

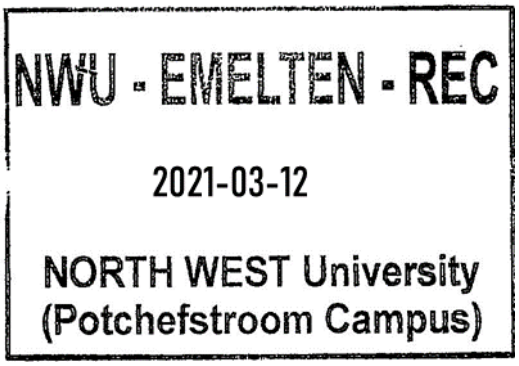
Signed at (*place*) .....…..…….. on (*date*) ……...…….. 20....

.....

Signature of researcher

Private Bag X1290, Potchefstroom
South Africa 2520
Tel: +2718 299-1111/2222
Fax: +2718 299-4910
Web: http://www.nwu.ac.za

The Faculty of Health Sciences Ethics Office of the North-West University is acknowledged for the use of their document with minor adjustments made by the North-West University Education, Management and Economic Sciences, Law, Theology, Engineering and Natural Sciences Research Ethics Committee (NWU-EMELTEN-REC).



NWU-EMELTEN-REC Stamp

INFORMED CONSENT DOCUMENTATION FOR PARENTAL CONSENT

TITLE OF THE RESEARCH STUDY: Reducing HIV stigma through arts-based pedagogies in the Life Skills class: An action research approach

ETHICS REFERENCE NUMBER: NWU-01118-20-S2

PRINCIPAL INVESTIGATOR: Prof Lesley Wood

POST GRADUATE STUDENT: Vernique Diedricks

ADDRESS: 54 Valiant Street, Eden Park

CONTACT NUMBER: 084 847 9597

Your child has been invited to take part in a **research study** that forms part of a master's study. Please take some time to read the information presented here, which will explain the details of this study. Please ask the researcher or person explaining the research to you any questions about any part of this study that you do not fully understand. It is very important that you are fully satisfied and that you clearly understand what this research is about and how your child will be involved. Also, you giving permission for your child to participate is **entirely voluntary** and you are free to say no to your child participating in the research. If you say no, this will not affect your child negatively in any way whatsoever. You are also free to withdraw your child from the study at any point, even if you initially gave permission for your child to take part in the study.

This study has been approved by the **North-West University Education, Management and Economic Sciences, Law, Theology, Engineering and Natural Sciences Research Ethics Committee (**NWU-01118-20-S2**)** and will be conducted according to the ethical guidelines and principles of Ethics in Health Research: Principles, Processes and Structures (DoH, 2015) and other international ethical guidelines applicable to this study. It might be necessary for the research ethics committee members or other relevant people to inspect the research records.

What is this research study all about?

- *I plan to use arts-based activities namely drawing, writing and puppetry to gather information on children's perceptions of HIV and HIV-related stigma with the aim of reducing any negative perceptions.*
- *This study will be conducted at school during the Life Skills lessons over three weeks in term 1. The study will be conducted by an experienced educator and 30 learners will participate in this study.*

Why has your child been invited to participate?

- *Your child has been invited to be part of this research because they are in Grade 5 and are required to complete a component on HIV and HIV-related stigma within their Life Skills curriculum.*

What will be expected of your child?

- *Your child will be expected to participate in two activities. In the first activity learners will need to draw a picture displaying what they know about HIV. They will be asked to write a few sentences explaining their drawings. A class discussion will be held on the misconceptions learners might have about HIV and HIV-related stigma. The class*

discussion will be recorded. In the second activity, in groups, learners will need to complete a storyboard activity where they will design a puppet show that shows how HIV stigma is incorrect and misplaced. They will perform their different puppet shows to each other in class. Learners will be provided with hand puppets.

Will you or your child gain anything from taking part in this research?

- By participating in this study your child will gain more insight into HIV and HIV-related stigma and the misconceptions they might have had will possibly be rectified.
- The other gains of the study are that your child's participation will assist the researcher in gaining knowledge about reducing HIV-related stigma through arts-based activities in the Life Skills class.

Are there risks involved in your child taking part in this research and what will be done to prevent them?

- The risks to your child in this study are that they may experience some emotional discomfort as they may know somebody who has been affected by or infected with HIV. By the time this research commences, learners would have already completed a component on coping with their emotions as stipulated in the Life Skills Curriculum and Assessment Policy Statement. I am an experienced educator and I am equipped to deal with situations that could occur during the teaching and learning process. Should the need arise for further professional support to learners, the School Psychologist will be contacted to render the necessary psychological support.
- Should this research commence during a COVID-19 context, the prescribed departmental protocols and procedures will be strictly followed to minimize the possibility of COVID-19 infections.
- There are more gains for your child in participating in this study than there are risks as they will gain skills such as critical and creative thinking, as well as various social skills during the group work activities.

How will we protect your child's identity and who will see your child's data?

- *The privacy and anonymity of your child's data will be protected by assigning pseudonyms / code names when reporting on data. The results will be kept confidential by the researcher. Only the researcher and principal investigator will be able to look at your child's data. Data will be kept safe by locking hard copies in locked cupboards and electronic data will be saved on password protected computers. Data will be stored for a period of five years, after which it will be destroyed.*

What will happen with the data ?

- *The data gathered in this study will be used for the purposes of this study and could also be* used for publication in research articles, book chapters or presented at conferences*.*

How will you know about the results of this research?

- *The results of this research will be shared with you by means of an information pamphlet once the study has been concluded.*

Will you or your child be paid to take part in this study and are there any costs for you?

You or your child will not be paid to take part in the study because it will form part of the daily teaching and learning in the Life Skills class and is based on content stipulated in the Grade 5 school curriculum.

There will thus be no costs involved for you, if you do give permission for your child take part in this study. Even if you do not give permission, your child will still take part in the activities but I will not analyse their artefacts (drawings/puppet show storyboard and performance) for the purposes of this research.

Is there anything else that you should know or do?

- You can contact Vernique Diedricks at vernique.j@gmail.com or on 084 847 9597, or Prof Lesley Wood at Lesley.wood@nwu.ac.za or on 082 296 9202 if you have any further questions or any concerns about your child participating in the research.
- You can also contact the North-West University Education, Management and Economic Sciences, Law, Theology, Engineering and Natural Sciences Research Ethics Committee via Mrs Villera le Roux at 018 299 4707 or villera.leroux@nwu.ac.za if you have any concerns that were not answered about the research or if you have complaints about the research.
- You will receive a copy of this information and consent form for your own purposes.

Declaration by parent of participant

By signing below, I ……..…… give permission for my child …… to take part in the research study titled: *Reducing HIV stigma through arts-based pedagogies in the Life Skills class: an action research approach*.

I declare that:

- I have read this information/it was explained to me by a trusted person in a language with which I am fluent and comfortable.
- The research was clearly explained to me.
- I have had a chance to ask questions to the person getting the consent from me, or the researcher and all my questions have been answered.
- I understand that giving permission for my child to take part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to withdraw my child from the study at any time and I will not be, nor will my child be handled in a negative way if I do so.
- I understand that my child may be asked to leave the study before it has finished, if the researcher feels it is in his/her best interest, or if he/she does not follow the study plan, as agreed to.

Signed at (*place*) .....…….. on (*date*) ……...…….. 20....

.....

Signature of parent of participant

Declaration by person obtaining consent

I *(name)* ……..…… declare that:

- The information in this document is clear and explained in detail to

  …….
- I did/did not use an interpreter.
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I gave him/her time to discuss it with others if he/she wished to do so.

Signed at (*place*) .....…….. on (*date*) ……...…….. 20....

.....

Signature of person obtaining consent

Declaration by researcher

I *(name)* ……..…… declare that:

- I explained the information in this document to ……
- I did/did not use an interpreter
- I was available should he/she want to ask any further questions.
- The informed consent was obtained by an independent person.
- I am satisfied that he/she adequately understands all aspects of the research, as described above.
- I am satisfied that he/she had time to discuss it with others if he/she wished to do so.

Signed at (*place*) .....…..…….. on (*date*) ……...…….. 20....

.....

Signature of researcher

Annexure G

PAMPHLET

Reducing HIV stigma using arts-based pedagogies

Key words:

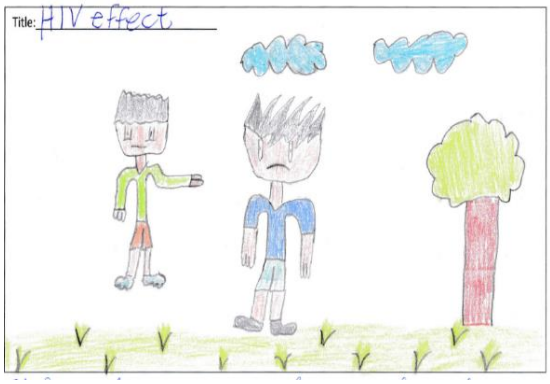
HIV- Human Immunodeficiency Virus

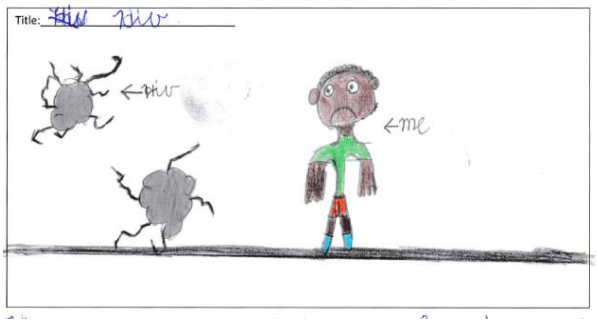
Stigma-Negative attitudes, thoughts or

Introduction

Thank you for allowing your children to participate in the study titled: Reducing HIV-related stigma through arts-based pedagogies in the Life Skills class: An action research approach, children's knowledge on HIB and related stigma was explored and more empathetic understandings the disease was encouraged through using arts-based pedagogies (draw and write, class discussions storyboarding and puppetry).

What were children's perceptions?





- Children had an understanding of the biomedical facts and were aware of the stigma surrounding the disease, but their feelings about it and awareness of the social implications differed.
- Children were conscious that HIV carried stigma since they indicated that people with HIV are treated differently because they have the disease. They perceived HIV to be a contagious disease hence they had reservations about being friends with an infected person although they understand and have knowledge of how the disease spreads.
- Although some children were hostile towards those with HIV, others fortunately did show signs of being empathic towards those infected. They feel sad and sorry for people infected with the disease. They understand the seriousness of the disease and are afraid that they may be exposed to the disease

Abstracts from children's stigmatising views children expressed

People with HIV are contagious/ disgusting/ disgrace

People with HIV are hiding/ not allowed to go outside because people talk about them/ People treat people with HIV bad like slaves

It is your own fault for having HIV as people with HIV don't take care of themselves.

Children with HIV were not raised well / they are a disappointment/ have bad manners

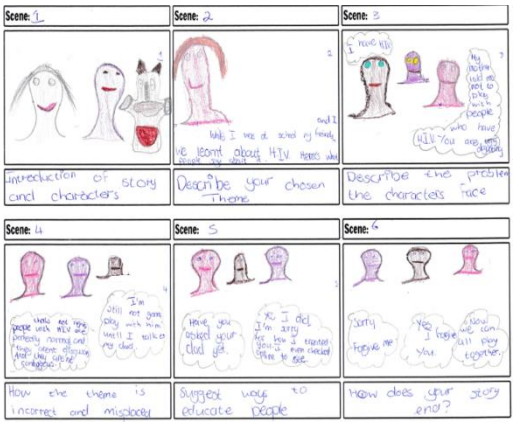
HIV doesn't spread a lot to black people

People ashamed of HIV / get bullied/ made fun of / gossiped about

HIV don't take care of themselves.

How did using arts-based tools encourage the teaching and learning process?

- Arts-based pedagogies encouraged a differentiated method of learning in the classroom.
- Arts-based pedagogies encouraged children to use their critical and creative thinking skills to collaboratively model more positive behaviours and attitudes about how they would respond to misconceptions and misinformation when confronted with them in their social environments.
- Arts-based pedagogies assisted children in embodying positive responses when confronted with stigmatising attitudes. Children are open to voicing their opinions on HIV and related stigma and are willing to learn more as well as educate others on the topic.



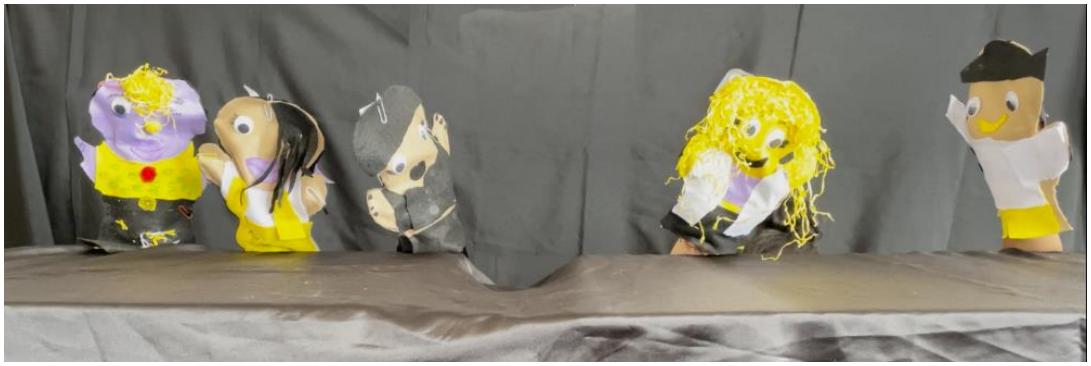
Contributions of this study

1. Enable children to question existing stereotypes and stigmatising assumptions about HIV and develop a more nuanced and intersectional understanding that contributes to reducing stigma associated with HIV infection and encourage children to become informed, responsible citizens
2. Develop pedagogical strategies to change mind-sets, utilising arts-based methods in Life Skills classrooms to aid in reducing HIV stigma among children
3. Inform the school, government and the policy sector on the views of primary school children on HIV and related stigma and offer guidance in how to alleviate stereotypical views.

Helpful videos to assist in explaining HIV and related stigma to children:

- HIV AIDS Education and Awareness (ItsAFactCaribbean. 2014a) https://www.youtube.com/watch?v=EqlyEYOI754
- HIV AIDS Stigma and Discrimination (ItsAFactCaribbean. 2014b) https://www.youtube.com/watch?v=BTcsZl7u4DY
- HIV: How to Protect Yourself and Others (Amaze Org, 2017) https://www.youtube.com/watch?v=xK-VPgmn-18&t=5s

Should you have an further questions please do not hesitate to contact me Vernique Diedricks at vernique.j@gmail.com or on 084 847 9597



Annexure H

GROUP DISCUSSION POINTS

Name of group: _____

Statement	True or false
1. HIV is in your blood / Spreads through touching blood / unprotected sexual intercourse / pregnancy	
2. You can get HIV through touching menstruation blood	
3. HIV spread through licking your own blood	
4. Protecting yourself from HIV includes wearing gloves, using protection during sexual intercourse	
5. Dangerous infectious virus/disease which can kills	
6. You can get the virus at any age	
7. Virus can spread through touching people with the disease, sharing food, drinks, hugging, sweets, kissing and smoking or bathing together, coughing and sneezing	
8. You cannot play with people with HIV/ share things	
9. People with HIV are contagious	
10. HIV is a disease that makes you feel sore (hurt)	
11. People with HIV loss weight if they do not drink their pills	
12. Feel sad / afraid/ worried / bad / uncomfortable/ scared/ embarrassed / angry around people with HIV	
13. It is your own fault for having HIV/ people with HIV don't take care of themselves	
14. HIV turns into AIDS and you have flu and TB	
15. HIV is weird and people with HIV are disgusting / disgrace	
16. People shave their heads when they have HIV and red spots grow from HIV-infected persons body	
17. Look different when they are sick	
18. HIV doesn't spread a lot to black people	
19. Testing blood can tell you whether you have HIV or not	

Statement	True or false
20. People who have HIV are normal (can't tell if people have HIV just by looking at them)	
21. HIV can make your lungs weak	
22. HIV stopped through treatment medication (Pills used to treat HIV)	
23. Can get HIV If you bath with person who has HIV	
24. Immunes system fights virus	
25. HIV makes it easier for other diseases to infect you	
26. Can't play with people who have HIV	
27. People swear at people with HIV	
28. People treated differently depending on how they got the virus	
29. People do not feel HIV-infected people's emotions	
30. People ashamed of HIV / people with HIV get bullied / made fun of / gossiped about	
31. People need to know people who have HIV	
32. People with HIV are hiding/ not allowed to go outside because people talk about them/ People treat people with HIV bad like slaves	
33. you can be HIV-negative if you believe that you can be	
34. No cure for HIV. Scientist are looking for cure.	
35. People use protection to prevent HIV and pregnancy or infecting a child (condoms)	
36. Science is to blame for HIV	
37. Children with HIV were not raised well / they are a disappointment/ have bad manners	
38. Mothers don't care about children with HIV	

Annexure I

TEACHER PUPPET SHOW TRANSCRIPTION

Class discussion transcription

Researcher: Hello everyone!

Participants: Hello!

Researcher: Okay, this is a puppet. Okay. Now I'm going to give you a scenario of a show. So, I have a little lady over here and I have a little boy. You need to listen carefully.

So, this little lady was just walking along looking for friends to play with, alright, then she found a wolf.

Lady– "Hello, can I please play with you?"

Wolf– "Who, me? Never! You have HIV! You are disgusting, you're a disgrace! I don't ever want to speak to you, don't even come close to me. I'm going to move further away. Who do you think you are asking me to play with you? I don't play with people who are HIV-positive. Imagine!"

Lady– "Please don't be like that, I know I am not contagious."

Wolf– "Of course, you are contagious! Think about it, you have the disease. And I might just get it if I play with you. And also, I'm black so I probably won't get it but, I still don't want to play with you. Disgusting, get away from me!"

Lady - Hmmm

Right, now I want you guys to tell me how did you feel about this show?

Participant 10: Sad

Researcher: Sad, why were you feeling sad?

Participant 10: Because, ma'am, the wolf is treating the lady like someone that's not part of this world, like and alien.

Researcher: Like an alien. Okay. What other feelings do you have about the show?

Participant 17: Ma'am I feel sad ma'am because, ma'am the wolf ma'am why is he treating the girl so bad, she's just a normal person.

Researcher: Exactly. And what else?

Participant 11: I felt that because no one would want to play with the girl she would feel that she doesn't belong.

Researcher: She doesn't belong, yes.

Participant 16: I felt that it was so unnecessary for the wolf to say that even though he is not going to get infected.

Researcher: Yes, he did say that.

Participant 5: Black people can't get HIV, they can get HIV.

Researcher: Because it can spread to?

Participants: Anyone.

Researcher: Anyone. Isn't it? So, what was absolutely incorrect about the show?

Participant 2: Everything!

Researcher: Everything, why?

Participant 1: Because he's not telling the correct thing about HIV.

Researcher: Okay, so…yes?

Participant 5: It's wrong when he says that HIV is contagious.

Researcher: Okay, now if you guys could, what would you say to the wolf to correct him? Yes?

Participant 10: Tell him how HIV is actually spread.

Researcher: Okay, and how does it spread?

Participant 5: By blood, sexual intercourse.

Researcher: Okay, what else? What would you say to this wolf? How could he treat this person? Or how should he have treated this person? How should he have treated this person?

Participant 17: With respect, show that she's part of this world, and how to be a friend to that person and with kindness.

Researcher: Okay, what else?

Participant: Make …(Inaudible) her feel as if she belongs.

Researcher: Okay, how do you think this lady feels after hearing all these things about what the wolf said? Yes?

Participant 17: Ma'am she must be feeling so sad ma'am, she wants to stay away from the wolf ma'am because, if she goes back ma'am she going to get treated badly again.

Researcher: She's going to get treated badly, yes.

Participant 10: Ma'am sad and angry at the same time.

Researcher: Sad and angry. Why do you say sad and why do u say angry?

Participant 10: Because ma'am, they've said bad words to her so she's sad. And the second thing ma'am, she's getting furious and irritated that's why she's angry.

Researcher: Okay, and all she wanted to do was?

Participants: Play

Researcher: Play isn't it.
Okay so that's what you'll say to this puppet, isn't it? What will you say to this puppet about this puppet treated the other one?

Participant 5: Ma'am I would tell that puppet don't treat that girl like that ma'am because she's normal, she's a normal person.

Researcher: And what else would you do? Yes?

Participant 16: I would tell him that you shouldn't treat a person badly from what they've heard.

Researcher: From what they've heard? So, you're saying this puppet heard something?

Participant: Yes

Researcher: Okay. Where do you think this puppet would have heard these things? Yes?

Participant 17: Ma'am, from his friends.

Researcher: From his friends, where else?

Participant 6: From his family.

Researcher: Family, where else?

Participant 17: From strangers.

Researcher: Strangers

Participant 10: Maybe when he was passing by the little guy.

Researcher: Okay, what else?

So, you guys know that the situation was incorrect isn't it. And now you know how you would fix it. Do you think this situation represents HIV stigma?

Participants: (Talking among themselves) yes.

Researcher: Thank you, I wanted to get some feedback from you guys.

Annexure J

LANGUAGE EDITING

Letter of Confirmation

DORATHEA (DORA) DU PLESSIS
Technical & Language Editing

PO Box 38917
Langenhovenpark 9300

082 635 0214
technicalediting.dora@gmail.com

23 November 2021

CONFIRMATION OF EDITING AND PROOFREADING

I hereby confirm that I have done the technical layout and language editing for the following master's dissertation:

Student:	Vernique Diedricks
Title:	Reducing HIV-related stigma through arts-based pedagogies in the Life Skills class: An action research process
Degree:	Master of Education in Special Needs Education
University:	North-West University

My work for the student included the technical layout of the document on a specific Microsoft Word template that I created for the student. I checked all acronyms and abbreviations for consistent use in the text. Language editing included grammar, punctuation, spelling, and sentence structure. I tried to keep as much as possible of the student's own writing style, while making sure that the student's intended meaning was not altered in the process. All amendments were tracked with the Microsoft Word track changes feature. The student thus had the option to accept or reject the changes.

I also cross-checked the list of references making sure that dates, spelling, and names used in the text are consistent with those listed in the reference list. I also Googled the references where necessary and added URLs and DOI numbers where possible. The student was notified of references that were not included in the reference list.

I have more than 40 years of experience in typing, editing, and proofreading for postgraduate students from universities all over South Africa. I gained my experience during the years I was typing student dissertations and theses and while working at different departments at the UFS from 1978 to 1981 and again from 1998 to 2014. The period in between, I was doing typing for postgraduate students and lecturers while my children were still at school. I also assisted in compiling a document on technical layout and referencing methods for the Centre for Environmental Management (CEM) and have presented guest lectures on referencing methods to postgraduate students at CEM and the Department of Urban and Regional Planning at the UFS.

Disclaimer: The ultimate responsibility for accepting or rejecting the amendments and recommendations made by means of track changes rests with the student. The editor cannot be held responsible for any changes in terms of the format and style due to subsequent additions or deletions to the document or any language issues that may have emerged as a result of subsequent changes to the text.

Yours sincerely

Dorathea M du Plessis
Technical & Language Editor