

Exploring and changing Grade 11 learners' hegemonic narratives about HIV and AIDS using art-based methods

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DECLARATION

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

Signed: 

01 August 2021

Date:

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ABSTRACT

HIV and AIDS education in South Africa has been included in Life Orientation (LO) content for over a decade now. The outcomes mostly focus on prevention education and support for those who are HIV infected and affected. However, research indicates that learners still hold negative and simplistic hegemonic narratives about HIV and AIDS which fail to reflect the complex, intersectional nature of the pandemic. In addition, literature also reveals that HIV education often does not engage learners, as it does not relate to their lived experiences. The challenge is thus twofold: first, to use LO teaching strategies that foster self-reflective, critical participation that make the learning content relevant to participants' lives and enable them to speak about difficult issues; second, there is a need to disrupt the rigid, simplistic and stigmatised thinking about HIV among youth so that they begin to understand HIV from an intersectional, socio-structural perspective rather than a biomedical perspective which puts the blame on the individual or the disease. The aim of this study was to use art-based methods to explore and change the hegemonic HIV and AIDS narratives of the Grade 11 learners in my LO class in a traditional KZN village school.

Informed by a transformative research paradigm, I used an action research design and art-based methods to enable participants to be actively involved in changing their negative frames of reference to more inclusive perspectives. I worked with 10 Grade 11 learners between the ages of 17 to 21. The main research question was as follows: How can art-based methods be used to explore and change the hegemonic HIV and AIDS narratives of Grade 11 learners in a traditional KZN village school to facilitate an intersectional understanding of HIV and AIDS? The study was divided into two cycles. In Cycle One, participants made drawings and wrote short narratives that reflected their perspectives of HIV and AIDS at the time. The analysis revealed that participants expressed gendered narratives, were influenced by patriarchal cultural narratives, and that stigma and discrimination related to HIV were still rife in the community. The findings were critically discussed in class, where I used the principles of transformative learning theory to disrupt the narratives of the participating learners and help them to construct more inclusive and less stigmatising perceptions of HIV and HIV-positive people.

In Cycle Two, participants made storyboards that reflected positive alternatives of the narratives they presented in the first cycle. Their narratives in this cycle were more nuanced and reflected an intersectional view of female vulnerability. Their storyboards countered the gendered narrative of HIV and reflected their belief that education is essential to reduce stigma and change cultural taboos. Participants shared that this study was helpful as they learnt how to be open-minded and more accepting of people infected and affected by HIV. They also experienced the art-based methods as more engaging and interesting and expressed the wish that teachers in other subjects

would also adopt such methods. The findings provide insight into how teachers may use various art-based methods to make their teaching more relevant to the lives of the learners in their specific community. The suggested guidelines may help teachers to develop LO lessons that open up space for the life experiences and local knowledge of learners in rural communities to be heard.

Keywords: hegemonic narratives, HIV and AIDS, HIV stigma, intersectional understanding, art-based research

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CHAPTER 1: CONCEPT CLARIFICATION, BACKGROUND, AND RATIONALE

1.1 Introduction

The prescribed South African textbooks are rich with HIV and AIDS content aimed at educating learners about the disease to decrease infection rates in the country. However, the country still faces challenges in fighting this pandemic, especially in rural areas. This is because rural schools are marginalised and under-resourced, and as a result, learners in these schools find it hard to integrate the curriculum content into their daily lives (Du Plessis & Mestry, 2019), which hinders HIV and AIDS education. Hence, this study aimed to explore the narratives of Grade 11 rural learners about HIV and AIDS through art-based activities, which made the experience more meaningful and relatable to learners.

This chapter outlines how this study was conducted. First, I discuss the background and rationale for this study. Second, I outline the research questions, aims and objectives of this study, provide a clarification of concepts, and explain the theoretical framework. Third, I discuss the research methodology, trustworthiness, ethical considerations and my research competence and integrity in this study. Finally, the contribution of this study is discussed, and the chapter outline is provided.

1.2 Background and rationale

South Africa is one of the countries with the highest HIV and AIDS rate worldwide. According to Statistics South Africa (Stats SA) (2018), approximately 13,1% of the South African population was HIV positive in 2008, with teenagers and young adults making up 5,5% of this population. The total number of people living with HIV in South Africa has since increased to 7,52 million in 2018. The increasing number of HIV cases illustrates that the efforts made to educate youth about HIV and how to live a healthy life are probably not as successful as we would like them to be. The high number of people living with HIV indicates that there is a pressing need to ensure proper HIV and AIDS education in South African schools in order to reduce the prevalence of the pandemic and foster responsible citizenship. Stigma is one of the main drivers of HIV infection (Pantelich, 2012), specifically in rural settings.

According to Wood and Hendricks (2017), for children to become responsible citizens, as stipulated by the Department of Basic Education (DBE) policy (Department of Education [DOE], 2011), they should learn to understand complex social issues from various perspectives and be comfortable to voice their own opinions and allow others to do the same. To be able to do this, children should first develop nuanced, complex understandings of issues such as HIV and AIDS.

One of the main drivers against developing such an understanding is the prevalence of stigmatised and discriminatory hegemonic narratives (Pantelicon, 2012). Narratives are complex discourses and can change and shape people's minds and perceptions and, hence, determine the flow of power and the construction of a particular way of understanding HIV and AIDS (Whooley, 2006).

Various hegemonic narratives lead to stigmatisation and marginalisation of specific groups. For example, the *gay narrative* implies that HIV originated with and was spread by homosexuals (Mpofu & Jacobs, 2015); the *black narrative* ascribes the blame for the pandemic to the immoral behaviour of African people, poverty and race (Mpofu & Jacobs, 2015); the *conspiracy narrative(s)* ascribes HIV to witchcraft or a plot by Western powers to decimate Africa (Brown, 2016); and the *religious narrative* positions HIV as a punishment for transgressing the Word of God, as prescribed by specific religions, or a lack of morality (Nyatsanza et al., 2015). According Kehler et al. (2017), a lack of knowledge about HIV has led communities to maintain these rigid biased narratives and fears about this pandemic. This means that much still needs to be done to eradicate negativity around the pandemic and facilitate a more complex, intersectional understanding.

As a teacher in a South African rural context at the time of this study, I had experience of the hegemonic negative, stigmatised and simplistic narratives learners held about HIV and AIDS. Most of them seemed to believe in the morality narrative – that is, that HIV is a result of promiscuous behaviour, particularly on the part of females. Such a narrative leads to a reinforcement of the feminisation of the pandemic, negating the role that other complex social issues – such as gender inequality, poverty and patriarchy – play (Drimie, 2002). Kanabus (2018) states that, in 2017, HIV prevalence amongst women was recorded at 30%, with females aged 15 to 19 comprising 5,8% of the population. Women bear the brunt of the HIV burden; however, this is as a result of multiple levels of oppression and not due to their own “bad” choices.

In South Africa, HIV and AIDS is addressed in the national curriculum, mostly in the subject Life Orientation (LO). According to the Curriculum and Assessment Policy Statement (CAPS) (DBE, 2011, p. 4), “the CAPS curriculum aims to ensure that children acquire and apply knowledge and skills in ways that are meaningful to their own lives. In this regard, the curriculum promotes knowledge in local contexts, while being sensitive to global imperatives.”

This means that teachers should relate the content to local contexts. Moreover, section C further states that “it seeks for *social transformation*, and promotes *active and critical learning*” (DoE, 2011, p. 4). This implies that teachers should adopt learner-centred teaching approaches. *Learner-centred teaching approaches* refer to pedagogical strategies that allow learners to

engage in critical discussions on issues to generate knowledge that is useful to them (Abdelmalak, 2013). However, this approach is not the norm in South African LO classrooms (Awotibebe et al., 2014). Rutenberg et al. (2011) emphasise that HIV and AIDS life-skills programmes are too classroom-based and offer little space for adolescents to be critically and actively involved. Consequently, it is doubtful whether LO practices in South African schools actually achieve the DoE goal of social transformation – in this case, the reduction of HIV stigma through active and critical learning.

The current LO national curriculum with regard to HIV and AIDS education, underpinned by behaviourist theory, assumes that behaviour can be changed by educating people about the dangers of specific behaviour (Peel, 2005). Hence, under the LO topic *Development of the Self in Society* in the Further Education and Training (FET) phase, HIV and AIDS education has been included under risky behaviours that can contribute to ill health. 'Risky' implies that people can choose whether to engage in such behaviours – however, in an unjust and unequal society, not all people have the privilege of freedom of choice. Such an approach ignores the intersectionality of HIV with other pressing social problems that fuel the pandemic and are, in turn, fuelled by it. People who are HIV positive are thus blamed for engaging in risky behaviour rather than being supported. The failure to address HIV from an intersectional perspective contributes to the marginalisation and stigmatisation of individuals living with HIV (Sathiparsad & Taylor, 2006).

In addition, teachers seem reluctant to engage learners in discussions about HIV and other related issues such as responsible sexuality. This was evident in the study conducted by Chaka (2017), who found that adolescents lack knowledge of how to practise safe sex. The reluctance may be because teachers feel uncomfortable teaching about sexuality (Wood & Rolleri, 2014). Moreover, Wood et al. (2016) explain that HIV and AIDS is not approached from an intersectional perspective in higher education and is thus not integrated into the curriculum across disciplines in a meaningful way; therefore, teachers are not well prepared to teach about the pandemic at the school level.

Furthermore, another problem is that the topic of HIV has been reduced to 'another lifestyle disease' under the *Development of the Self in Society* topic (DBE, 2011, p. 4). As a result, it is not treated as a serious *social* issue that intersects with other social problems to create cycles of oppression. Rushton and Lindstrom (2013) define *intersectionality* as the interconnection of various social categorisations such as race, class and gender that create overlapping and interdependent systems of disadvantage. For example, a prevalent narrative around HIV is that women are to blame. This negates the role unequal gender roles play and the power men in certain cultures hold over women, which, in turn, makes women more vulnerable to HIV because

they do not have control over when and how they have sexual intercourse, particularly if they are married (Saethre & Stadler, 2009).

Changing such hegemonic narratives requires the implementation of different teaching and learning methods to enable learners to participate critically and creatively in the deconstruction and reconstruction of knowledge (Marikar et al., 2017). Children need to have a voice in HIV and AIDS educational programmes in order to change the negative, stigmatising narratives about the pandemic that increase marginalisation through perpetuating stigma and discrimination. This implies that, in terms of HIV and AIDS education, children should develop nuanced, complex understandings of the pandemic to increase their ability to live in harmony with their fellow humans in an increasingly diverse, unjust world. A didactic, facts-based approach to HIV and AIDS education in schools does not enable the development of interpretation of social problems.

At the time of the study, I had been teaching LO for two years in a rural context, and I knew that learners whose home language was not English found it difficult to express their opinions in English, and when they did, some could not find the right words to get their point across clearly. Lowe and Jones (2010) add that, even if learners are fluent in the language of instruction, they are often hesitant to engage in discussions around sensitive matters. This leads to them being passive rather than active learners. Thus, a teaching and learning strategy is required that would enable learners to participate freely, engage with sensitive issues and develop critical thinking in a creative, fun and non-threatening way. One approach to doing this is humanising, or critical pedagogy, which encourages active participation of learners in the educational process (Salazar, 2013). According to Savin-Baden and Wimpenny (2015), a solution to the passivity, inactivity and language barriers of learners in classrooms is the use of critical, art-based pedagogy. Through drawings, collages, poetry, drama, cellphlms and other art-based methods, learners find new constructive ways to express, explore and share their narratives and experiences in a non-threatening and fun way (De Lange & Mitchell, 2013; Lloyd, 2017; Schuster & Aldana, 2013). The use of art-based research methods to explore learners' narratives is deemed one of the most reputable qualitative research methods, ensures the richness and authenticity of the data that emerge from the creative expressions, and makes learning about the complex causes of HIV and AIDS child-friendly (Andrews et al., 2013; Riessman, 2008). Furthermore, using art-based pedagogy helps to reduce prejudice among learners while developing their critical thinking, leadership and social skills (Power, 2014).

The value of art-based methods is that it allows participants to deal with 'controversial' issues, such as HIV and AIDS, as it enables them to tap into their emotions, which makes learning more authentic (Brown, 2016). Taylor et al. (2012) also explored the effectiveness of roleplays in changing societal behaviours and found it to be an effective and creative tool to teach and model

good sexual choices to help protect learners from contracting diseases such as HIV. Other studies used cellphlms as a participatory art-based method (De Lange & Mitchell, 2013) and made valuable contributions to addressing misconceptions about HIV in rural areas, for example, that it is caused by witchcraft. This study contributed to the reduction of HIV stigma and contributed to the understanding of HIV from an intersectional perspective and not merely from a simplistic behaviourist and biomedical narrative. Clearly, when considering the rate of the pandemic in South Africa, the behaviourist view that knowledge about the dangers of something would bring about change (Peel, 2005) is too simplistic.

The challenge is thus twofold. First, we need to use LO teaching strategies that foster self-reflective, critical participation that makes the learning content relevant to participants' lives and enables them to speak about difficult issues. Second, there is a need to disrupt the rigid, simplistic and stigmatised thinking about HIV among youth so that they begin to understand HIV from an intersectional, socio-structural perspective rather than a biomedical perspective that puts the blame on the individual or the disease. Therefore, this study, as part of my daily teaching imperative as an LO teacher, allowed me to engage with learners and gave me an opportunity to deconstruct and reconstruct their narratives on and perspectives of HIV together in class. I would like to express my hope that this approach would contribute to social transformation, as it would assist in providing learners with information that would hopefully change stigmatised narratives and open up their minds to understand HIV from an intersectional perspective. This study also encourages the use of active and critical teaching and learning methods, as other teachers may learn from them. Thus, teachers would be in a better position to encourage artistry, social construction of knowledge and evoke learners' creative thinking and self-reflection skills in the process while ensuring that teaching aids are relevant to them as adolescents.

1.3 Main and secondary research questions

The following main question underpinned this research:

How can art-based methods be used to explore and change the hegemonic HIV and AIDS narratives of Grade 11 learners in a traditional KZN village school to facilitate an intersectional understanding of HIV and AIDS?

The secondary questions were as follows:

- a) What are the hegemonic HIV and AIDS narratives prevalent among Grade 11 learners?
- b) How can art-based pedagogies change learners' narratives towards a less stigmatising view of HIV?

1.4 Aim and objectives

- a) The main aim of this qualitative study was to use art-based methods to explore and change the hegemonic HIV and AIDS narratives of the Grade 11 learners in my Life Orientation class in a traditional KZN village school.
- b) The objectives were as follows:
 - to explore the hegemonic HIV and AIDS narratives of the Grade 11 learners in my Life Orientation class by means of art-based methods;
 - to challenge their existing hegemonic narratives through critical dialogue to facilitate a more intersectional understanding of HIV and AIDS;
 - to use art-based methods to help learners represent their changed understanding of HIV and AIDS.

1.5 Key concepts

In this section, the key terms are defined.

1.5.1 Hegemonic

According to the Merriam-Webster. (n.d.), the term *hegemonic* originates from the Greek word 'hegemon', which means 'leader' and refers to a dominant force or the dominance of one over another. In the context of this study, *hegemonic* referred to the domination of simplistic, discriminatory and stigmatising HIV and AIDS narratives over more non-stigmatised narratives and an intersectional understanding. A hegemonic narrative thus referred to a dominant narrative.

1.5.2 Narrative

Cambridge Advanced Learner's Dictionary (2003, p. 824) defines a *narrative* as a story describing a series of events. According to Ryan (n.d., para 1), a narrative consists of material signs and discourses that fulfil a certain social function and focuses on human experience. Narratives in this study entailed the description of learners' perspectives or understanding of HIV and AIDS.

1.5.3 HIV and AIDS

Felman (2018, para 1) defines HIV (human immunodeficiency virus) as "a virus that attacks immune cells called CD4 cells, which are type of T cell". T-cells are white blood cells that move around the body and detect faults and anomalies in cells as well as infections that weaken the body's immune system. AIDS (acquired immunodeficiency syndrome) is the last stage of HIV infection that occurs when the body's immune system is severely damaged because of the HIV virus (Felman, 2018).

1.5.4 HIV stigma

Florum-Smith and De Santis (2012, p. 9) provide a working definition of HIV stigma:

... the collection of adverse attitudes, beliefs and actions of others against people living with or affected by HIV, which may result in deleterious internalized beliefs or actions taken by persons living with or affected by HIV infection that may result in negative health outcomes.

HIV self-stigma is when a person living with HIV internalises perceived negative public attitudes towards people living with HIV and accepts them as applicable to themselves by evoking strong feelings of shame and worthlessness (Pantelicon, 2012). Pantelicon (2012, p. 2) further states that “HIV stigma refers to the extent to which people living with HIV anticipate negative public attitudes or differential treatment related to their HIV status”. In this study, *HIV stigma* referred to the attitudes that youth held about HIV-positive persons.

1.5.5 Intersectional understanding

An intersectional understanding, for the purpose of this study, entailed moving beyond the simple imparting of information on biomedical understandings of HIV and AIDS to promoting an understanding of how the disease affected and interacted with various dimensions of social life (HEAIDS, 2010). According to Brown and Wood (2018, p. 154), an intersectional approach “explains the HIV pandemic as a result of the interplay of various racial, gender, class, and sexual inequalities at macro, meso and micro levels of society”. In the case of this study, HIV infection was viewed as a social–structural challenge that had an impact on and affected every citizen.

1.5.6 Art-based research

According to Barone and Eisner (2012), art-based research is a form of research with an educational element that aims to refine, deepen and broaden educational policies and practices, with the aim of social transformation. Finley (2008) defines *art-based research* as a method usually used by radical, revolutionary, socially responsible people to address social inequalities through participative, action-orientated methods that enquire about human perspectives. Hence, for this study, drawings and narratives and storyboards were utilised as data generation methods to explore learners’ narratives on or perspectives of HIV and AIDS.

1.6 Theoretical framework

Transformative learning theory was used as theoretical framework in this study. The argument underpinning this theory is that individuals may hold poorly articulated worldviews that are informed by their upbringing, life experiences, culture and education (Christie et al., 2015). Transformative learning theory is concerned with disrupting rigid worldviews to make them more

inclusive, reflective and open and enabling people to be emotionally capable of changing (Mezirow, 2009). Similarly, Laros et al. (2018) state that the aim of transformative learning theory is to ensure holistic transformation (culturally and spiritually) through engaging in participatory activities, such as art-based methods and storytelling, on a personal and social level. Hence, I used art-based methods to explore and change the hegemonic HIV and AIDS narratives of Grade 11 learners in my LO class, and I was able to transform these into intersectional understandings of the pandemic so that these learners could become non-discriminatory and responsible members of society.

1.7 Research methodology

This study was conceptualised using the transformative research paradigm, which, according to Romm (2014), refers to a pragmatic way in which research can make a positive change to complex social issues. As regards the ontology (worldview) of the transformative paradigm, Chilisa and Kawulich (2012, p. 12) state that researchers believe “reality has multiple layers and that it is historically bound and is constantly changing, depending on social, political, cultural and power based factors”. The epistemology that informs this paradigm is that knowledge is useful if it can be used as a practice to empower people and promote social justice within society (Chilisa & Kawulich, 2012). The transformative paradigm further requires an active and participatory research methodology (Kivunja & Kuyini, 2017). Therefore, in this study, an action research design and participatory art-based research methods were employed to generate data and to transform the thinking of the learner participants regarding HIV and related issues so as to promote equal rights and fair social practices by learners in their everyday lives in future.

1.7.1 Research approach

A qualitative research approach was adopted. Qualitative research methodology is inherited from the social sciences perspective, which aims to define why people behave the way they do and explore their beliefs, attitudes and fears. According to Hossain (2011), qualitative research takes place in a natural setting. I thus engaged with my Grade 11 learners in the LO class and school context as a normal part of my teaching duties and employed the proposed data generation methods.

1.7.2 Research design

A research design is the methods and techniques chosen by the researcher in a reasonably logical manner so that the research problem is efficiently addressed (Creswell, 2014). In this study, the overarching research design was action research because such a design engages participants in actively constructing their own knowledge (Herr & Anderson, 2014). According to

Fals-Borda and Rahman (1991), action research is a collective, self-reflective way of inquiry participants undertake to understand and improve the situations in which they find themselves. Action research unfolds in iterative cycles of reflection and action (McNiff, 2017). Each cycle is informed by reflection on the current situation, identifying what needs to be changed, planning and implementing action for change, and evaluating the success of the change (Kemmis et al., 2014). Figure 1 outlines the basic processes followed in each cycle.

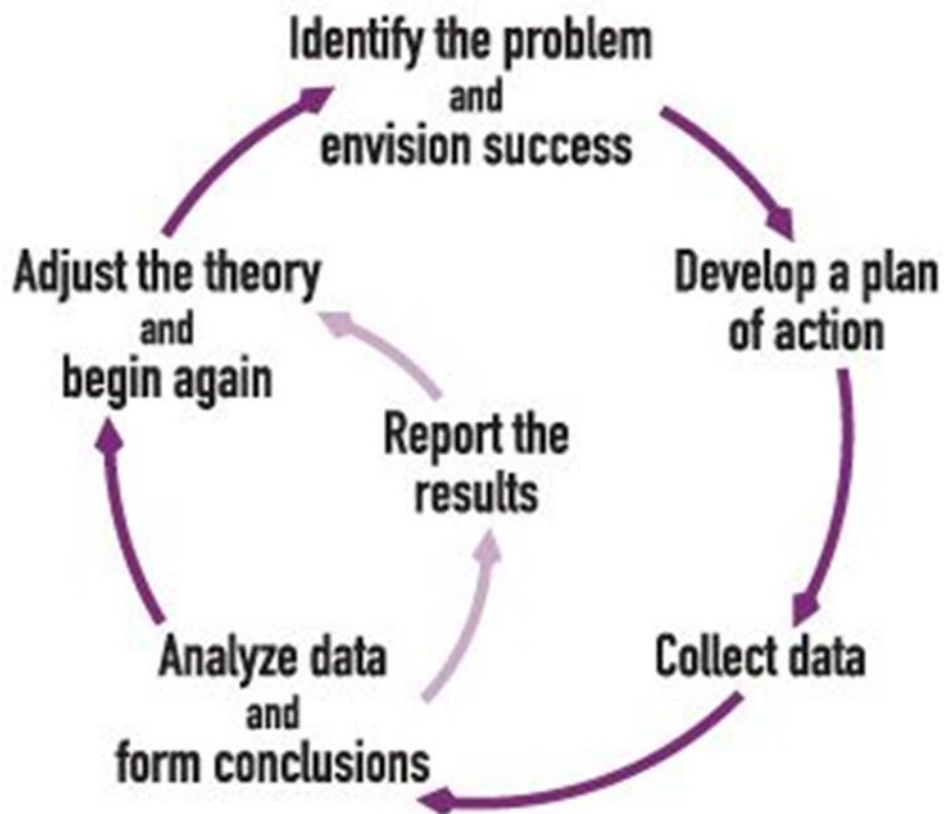


Figure 1.1: Action research cycles (Applied Social Psychology, 2020)

Cycle One: I noticed that the learners in my class still held stigmatising and hegemonic views of HIV and AIDS (*identification of the problem*). I used art-based pedagogy to transform their thinking into a more intersectional view (*plan of action*).

I asked my LO class to make drawings of their understanding of the causes and consequences of HIV and AIDS as part of my usual class, and then I discussed these with them. I chose 10 drawings that best represented the problem. After recruiting these learners (see Recruitment of Participants), I facilitated *reflection* on the drawings and short explanations by the participants and led them in a critical discussion of what their views represented as regards the causes and consequences of HIV and AIDS and related issues such as race, gender, etcetera (*data*

generation and analysis). I challenged their views and assisted them to see other viewpoints and taught them about the social aspects of HIV and intersectional oppression (*action*). Then we identified myths and stigmatised understandings they wanted to change (*form conclusions*). They formed smaller groups and chose one stigmatised view they wanted to debunk by sending a more positive message (*adjusted thinking to inform next cycle*).

Cycle Two: In groups, the participants designed storyboards that represented the drama they would have performed if COVID-19 restrictions were not in place (*action*). Each group presented their storyboard to the other groups to get their feedback and to facilitate more discussion (*continual analysis of data to form conclusions*). I facilitated the critical discussion throughout this process to help them reconstruct their thinking around HIV and AIDS as a social problem (*continual analysis of data and forming conclusions*). The discussion allowed participants to further discuss what they had learnt from each storyboard. Participants in action research should be given the opportunity to have the knowledge they have created acknowledged (McNiff, 2017).

1.7.3 Research methods

1.7.3.1 The research setting

As I was working with the learners in my class, it is appropriate to give some context in this regard. The research site was located in a deep rural area in Pongola, KwaZulu-Natal, near the Swaziland border. The village strove towards traditional leadership and culture – this was evident in how they honoured chieftaincy through abiding by the rules and attending meetings called by the chief. Traditional ceremonies included slaughtering cattle to appease ancestors, and patriarchy was enforced, which was evident in cultural gender roles which often favoured men and suppressed women. For instance, young girls were encouraged to be submissive so that they would be good wives. Although they strove towards culture, locals were also relatively religious, with Christianity as the most dominant form of religion; however, most villagers often sought help from traditional healers when they were ill due to the prominent belief in the village that sickness (including HIV and AIDS) was often caused by witchcraft. The belief in witchcraft was evident in the school: those learners who seemed to do well did not want to be recognised because they believed they would be bewitched by other jealous learners. People with better jobs often emigrated due to the fear of witchcraft.

The village was poverty-stricken, with most locals surviving on social grants and working in the sugarcane fields. In one of the LO classrooms, I learnt from learners that they often dropped out because they realised that having three to four babies enabled them to get more social grant which they used to sustain themselves. Most learners came from child-headed homes. As a result, education was not a priority, not only for children from child-headed homes but also for

those from two-parent homes. The school established the latter through parents' lack of involvement in the education of their children; parents did not attend school meetings and did not collect report cards.

The school (the research site) was established in 2015. The locals were not well educated because they would have had to travel long distances to get to school or had to relocate to another village, which often proved difficult due to financial constraints. Therefore, the majority of the population were high school dropouts, and tertiary education was not common until the first group of matriculants that was produced by the school in 2017. At the time of the study, the school had an enrolment of 264 learners, five female teachers, eight male teachers (including the school principal and two heads of department) and seven general staff members (the clerk, security guards and cleaning ladies). Although it was a relatively poor school, most learners had textbooks and there was enough furniture to accommodate the learners.

1.7.3.2 Recruitment of participants

I first wrote letters to the gatekeepers – i.e., the District Director in Zululand and the school governing body (SGB) – and requested permission to conduct research in the school. After obtaining permission from the SGB and the DOE (Appendix A), I asked all learners in my LO class to make a drawing that represented their views of HIV and AIDS and to write a short narrative to explain their drawing. Prior to this activity, I communicated to learners that this activity would be used to recruit participants for my research study and that parental consent forms would be extended to learners whose drawings had been chosen for permission to use their work for research purposes. After making the drawings, learners were given the chance to discuss their drawings in groups, and I later facilitated a classroom discussion. As I had 84 learners in my LO class at the time, I used purposive sampling (Creswell, 2014) to select the drawings used in this study. The following criteria were adopted to select 20 drawings:

- they had to clearly convey an aspect of hegemonic thinking about HIV and AIDS;
- they had to have a caption and sufficient explanation to understand the meaning.

A week later, I notified the participants whose drawings had been chosen, and they were invited by the other female LO teacher (who was my research assistant) to a meeting at break time during which she explained the research and discussed the adolescent consent letters with them. I (the researcher) made sure that she fully understood the project before she met with learners, and I was also on hand during the meeting to answer questions, if any. The teacher asked learners who wanted to participate in the study to write their names and parents' contact details on a piece of paper and to deposit it into a sealed box outside the school reception office within two days.

After we obtained the names, the LO teacher wrote letters to each parent, explaining the project to them and the contents of the parental permission form and then added the cell phone number of the school that parents could call in case they needed further help signing the forms. This was done to keep contact with stakeholders outside the classroom at a minimum, given the conditions related to COVID-19. The teacher asked learners to take the permission letter home and sign it if they were interested and to send it back in a sealed envelope (which was provided with each letter) with their child. The parents were told that they had one week to make a decision after receiving the sealed envelopes. The permission letters were kept in a designated box for 48 hours before they were handled. The final group (consisting of 10 group members) volunteered and had parental permission to participate. After completing this process, I arranged the first meeting with the participants and agreed to a time and place to meet after school and to answer any questions they had. Learners who had changed their mind regarding participation were not obligated to attend the meeting. For all interaction between the participants and me, safety guidelines issued by the DBE with regard to COVID-19 were adhered to (see § 1.9.6).

1.7.4 Data generation

A research method refers to the way the researcher generates and analyses the data (Chilisa & Kawulich, 2012). In this study, art-based methods were used to generate knowledge. According to Savin-Baden and Wimpenny (2015), art-based research methods entail various forms of art – ranging from drawings, collages, poetry, pictures, drama, etcetera – to express, explore and share their human narratives and experiences. Savin-Baden and Wimpenny (2015, p. 4) further state that “arts-based research focuses on both the final representation, as well as on the process and expression of the work in context”. The process of using artefacts intersects research and art in a sense that the participants use art to explore their personal narratives while constructing research data to be analysed and presented in the conclusion of the study. Participants use these art-based forms and then, in collaboration with the researcher (in this case, the teacher), examine, interpret and make meaning of their artefacts.

I employed the draw-and-write technique and storyboarding for drama as data generating methods. These methods were selected because art makes it easier for individuals to express meaning and emotions, which are hard to communicate verbally and also, as mentioned above, art-based research approaches ensure richness and authenticity of the data (Andrews, 2004; Andrews et al., 2013; Riessman, 2008; Riessman & Quinney, 2005).

The two cycles of data generation in this study involved the following:

Draw-and-write activity: Drawings, together with a short narrative, allow research participants to plan for and respond to the research questions on their own terms and time while they form

their personal narratives (Duncan, 2013). Drawings also afford participants the opportunity to revise and discard some of the representations after critical reflection (Horne et al., 2017).

Before the drawing activity, I gave learners the following prompt: Draw a picture representing what HIV means to you, or what you think the causes and consequences are; and give your drawing a title and write a short explanation at the bottom of the page describing how the drawing represents your perspective of HIV and AIDS. Learners discussed these in small groups, and each group presented their discussion points to the whole class for discussion (This was part of normal teaching and not data generation).

Transcription of discussions: After recruiting participants, as described above, we discussed the drawings in depth, highlighting the narratives that emerged from each drawing and their implications for stigma. I encouraged critical thinking and challenged the learners' assumptions where necessary. I then introduced the idea of intersectionality and how HIV was one of a complex web of connected social issues that had led to oppression and stigmatisation. The discussion was audio-recorded, and I transcribed the discussion verbatim (Appendix C).

Storyboarding for drama: According to Athiemoolam (2018), in the context of education, drama is defined as a reform pedagogy that emphasises learning by activity, problem solving and discovery by experience, where students use their existing knowledge to make meaning of the world and solve problems through dramatising real-life issues. According to Kaovere and Mbaukau (2018), one of the advantages of using drama is that it fosters social interaction, and learners who participate in drama activities improve their social and critical awareness skills. This is because drama enables learners to think beyond the confines of the classroom and, as a result, their critical thinking skills develop. Drama activities teach learners how to understand different perspectives and raise their interest in the topic (Jarvis et al., 2002). Hence, participants were asked to work in small groups and create drama using storyboards to present their new narratives on the intersectionality of HIV and AIDS.

I asked learners to identify specific messages aimed at reducing stigmatising narratives on HIV that they would like to create, based on their learning from Cycle One. Learners were divided into small groups and were asked to create a storyboard of a drama to convey that message to others. Mitchell et al. (2011) define storyboarding as a planning process of shots showing a sequence of a short drama using drawings. I facilitated the process by teaching them about storyboarding and ensuring they worked collaboratively to design a well-structured storyboard. Each group presented the storyboard, and I led a discussion aimed at determining how their views had changed and why, as well as how they had experienced the process of working collaboratively in a group. The group discussions were audio-recorded.

1.7.5 Data analysis

According to Sunday (2012), data analysis refers to the process whereby the collected data are interpreted to obtain an understanding of the situation or people that were investigated, and in qualitative research, data are based on interpretative research. Braun and Clarke (2006) state that in qualitative research, data can be analysed by means of thematic analysis; the latter is defined as a method used to identify, analyse and report data patterns.

In this study, thematic analysis was used to identify themes that answer the research questions specific to each cycle. The captured data (i.e., drawings with written descriptions, storyboards, and transcriptions of the audio-recordings) were examined after their respective cycles to identify meaningful thematic contents. The themes about hegemonic views of HIV and AIDS emerged from the first cycle, and then in the second cycle, we focused on designing more positive and less stigmatising messages about HIV and AIDS and how they could be conveyed through storyboards. I used the following steps: I familiarised myself with the data; generated initial codes; explored themes in the data; reviewed themes; defined and named themes; and produced a report, as outlined by Caulfield (2019):

- a) I read the data multiple times; I viewed the drawings produced in Cycle One, listened to the recorded audio of the classroom discussion, read the transcriptions, viewed and read the storyboards, and I highlighted phrases to create codes and become familiar with the data.
- b) I explored themes in the coded data by categorising the data in themes in a table.
- c) I reviewed the themes for the second time against the raw data in order to ensure that the themes I had captured were an excellent representation of the original data.
- d) I then defined and named the identified themes.
- e) Finally, I wrote a report (see chapter 4).

1.7.6 Dissemination of the results

Due to the COVID-19 pandemic, learners were divided into five different classrooms in order to adhere to the rules of social distancing. LO periods were reduced to one period a week, and unfortunately, we experienced a high rate of absenteeism, therefore, results were only shared with participants. To keep visitors to the school to a minimum, a report written in IsiZulu was issued to parents to inform them about the results (Appendix E).

1.8 Trustworthiness

Connelly (2016) defines *trustworthiness* as the confidence in the data and interpretations and methods used to generate the data to maintain the quality of the study. In qualitative research, the following pillars are used to establish trustworthiness in research: credibility, dependability, confirmability, and transferability (Connelly, 2016). These and how they were achieved in this study are discussed below.

1.8.1 Credibility

Anney (2014) describes *credibility* as the confidence associated with the research findings, and researchers can use the following methods to ensure credibility of the data: prolonged and varied field experience; time sampling; reflexivity; triangulation; member checking; peer examination; interview technique; establishing authority of the researcher; and structural coherence.

I decided to conduct this study because I taught in a rural setting at the time of the study. I had been there for over two years, had experienced the local culture and tradition, and had exposure to the myths and stereotypes about various societal issues, including HIV, common in the village population. I thus had *prolonged field experience*, and the insights I had gained helped me to ascertain if participants were truthful and honest with me.

I also used *member checks* as a second strategy to ensure credibility. As the participants were continually reflecting on and analysing the visual data they had generated, they were able to check that the data were interpreted accurately. Moreover, the audio-recording enabled me to continuously listen to the recordings so that I did not misquote or introduce personal bias when reporting the findings. Finally, I used *peer examination* through *reflexive* sessions with my supervisor after each contact session with participants.

1.8.2 Dependability

To ensure dependability, the research participants evaluate the findings, interpretations and recommendations that emerged from the study to make sure that these are supported by the data provided by them (Anney, 2014). This is achieved through an audit trail, a code–recode strategy, stepwise replication triangulation, and peer examination or iterator comparisons (Anney, 2014). With an audit trail, the researcher accounts for the decisions made in the study, ranging from the methodology, theoretical framework, research activities, etcetera, through to completion of the study (Carcary, 2009). I explained and justified the process clearly in the final report. Anney (2014) describes *stepwise replication* as the process whereby two or more researchers evaluate the same data and compare their findings to overcome any inconsistencies in the data. My supervisor and I analysed the data separately and came to a consensus.

Finally, Anney (2014) defines *peer examination* as the process in which the researcher holds discussions with peers – such as other master’s or doctoral peers – and this is helpful because it makes the researcher more reflective of their findings, and peers may help the researcher identify shortcomings in the research that the researcher was not aware of. As part of a larger project, I had the opportunity to do this several times throughout the course of this study.

1.8.3 Transferability

Nowell et al. (2017) define *transferability* as the generalisability of inquiry. Anney (2014) describes this as the degree to which the results of qualitative research can be transferred to other contexts with other respondents. I gave a clear explanation of the research process and data that would be meaningful to readers of the research by providing in-depth details about the research participants and the research setting, Mboloba village, where the study was conducted. This gives readers of the research a rich description of HIV narratives in the context of village life in South Africa.

1.8.4 Confirmability

Connelly (2016) defines *confirmability* as the degree to which findings are consistent and could be repeated. According to Anney (2014, p. 26), confirmability is “concerned with establishing that data and interpretations of the findings are not figments of the inquirer’s imagination, but are clearly derived from the data”. To ensure confirmability, I kept all the recordings and artefacts to ensure that the data were not misquoted.

1.9 Ethical considerations

The study was granted ethical approval from the relevant research committee (NWU-00089-16-S1) (Appendix A). The following ethical considerations were applicable to this study:

1.9.1 Beneficence

Akaranga and Makau (2016) define *beneficence* as a research ethic which ensures that the research benefits the research participants by promoting their welfare and avoiding any form of deception. Akaranga and Makau (2016) state that the role of the primary researcher is to explain to research participants the purpose and benefits of the study. Therefore, I ensured that I explained to learners that participating in this study would help develop their research and critical skills by observing how I conducted the research and would also develop them to become conscious, critical and responsible citizens, which were traits that may help them become community leaders in the near future. The consent letter contained a detailed description of the risk and benefits to participants.

1.9.2 Non-maleficence

De Angelis (2009) defines *non-maleficence* as the principle which stipulates that no harm – whether physical, emotional, psychological, or economic – should be done during the research. Therefore, I made sure that I conducted the research in a safe classroom that gave learners enough space to move around, minimising any form of physical harm. Secondly, as regards emotional and psychological harm, I arranged for another teacher to be available to talk to any learners that expressed a need for support. She was allowed to refer such a learner to a local social worker of the Department of Social Development if necessary. Lastly, there was no financial harm as the research was conducted at school, and I met material needs by providing crayons and pencils. Refreshments were also provided, as the learners had to remain after school.

1.9.3 Voluntary participation and freedom to withdraw

Voluntary participation falls under informed consent, which means that participants should be volunteers in the research, and they should not be deceived and coerced to participate in any way (Roth & Von Unger, 2018). For participants to volunteer, they should understand that they are participating in research and what the research requires of them, and then each participant should sign a consent form before participating. Hence, I asked my colleague to conduct the recruitment process (§ 1.7.3.2), and to explain to the participants the purpose of the research, research methods and risk level for participants in the study, and the research aims. Thereafter, participants were given time to decide whether they wanted to consent to participating. She also conducted a similar process to obtain parental permission.

Participants were given the freedom to withdraw at any stage of the project without negative consequences. This was clearly stated in the consent letters and explained to participants and parents. As there could have been conflict of interest – since I was their teacher and was also conducting the research for degree purposes – I was not involved in recruitment and, therefore, coercion or intimidation to participate did not take place.

1.9.4 Privacy

Fouka and Mantzorou (2011) describe *privacy* as the freedom research participants have to decide the time, general circumstances and extent to which their private information may or may not be shared with others. Invasion of privacy occurs when participants' opinions and beliefs are shared without their knowledge. As a result, before commencement of the study, the recruiting teacher briefed the participants, informing and requesting them to allow me to use their opinions, arguments and class work as data for the research project. Also, those who decided to participate in the research were informed that I could only guarantee privacy when reporting the data, but

during the actual research process, privacy could not be guaranteed because they were to share information in the group. However, I pleaded with them to set group norms that made them comfortable to share information in the group.

1.9.5 Justice, anonymity, and confidentiality

Gibson et al. (2012) state that justice, anonymity and confidentiality are ethics that are mainly aimed at protecting research participants' wellness through the research process as well as at the final presentation of the study. In action research, anonymity and confidentiality cannot be ensured completely, except if the group agree to keep the generated data confidential and not to talk outside the group. Learners could set group norms, but it is important to note that, regardless of whether they set norms, there is no stopping them when they are outside class in discussion with other peers. However, in this dissertation and forthcoming publications, the participants are and will be completely anonymous. I thus removed identifiers, such as names and surnames, as well as the specific names of the class and the school.

1.9.6 Risk level and mitigation of risk

According to the NWU (2016), any form of research which may involve a possibility of discomfort and the discussion of controversial and sensitive issues, such as HIV and AIDS, etcetera, and working with adolescents over the age of 14 years, is regarded as medium risk. Therefore, this was a medium-risk study with direct benefits to the participants. To overcome any risks, learners were given information about the aims, objectives, methods, possible benefits and risks associated with the research. Thereafter, parents signed consent forms, giving learners permission to participate in the research. During the research, I ensured that I used language that would not be offensive to research participants. The need for psychological support could not be denied during the completion of the research, therefore, Prof L Wood, a trained social worker, arranged a Zoom meeting with me and my colleague who taught LO to train us on strategies to utilise to contain learners' feelings and how to identify cases that need referral. I made arrangements with the Department of Social Development in Pongola, and a qualified social worker was identified who assisted learners if they need extensive psychological support. She signed a confidentiality form. Moreover, I ensured participants' anonymity by not using their names during the capturing of the data. Also, if participants felt uncomfortable, they had the freedom to withdraw from the project at any given time by not engaging in project-related activities. Finally, to mitigate the risks associated with the recent outbreak of COVID-19, the following precautions were put in place to lower the risk of infection among the research participants:

- The participants were given A4 plastic bags to use when returning their consent forms. The consent forms were isolated for a period of 72 hours prior to opening them.
- The classroom that was used for the research study was sanitised and vacant 48 hours prior to each meeting with the research participants. An 80% alcohol-based sanitiser was available for participants to use during the project meeting.
- At school, I was part of the committee that ensured that all learners had access to sanitiser and sanitised continuously and, therefore, before each meeting, I ensured that research participants sanitised and were wearing their cloth face masks correctly. There was a thermometer to check body temperature, and participants who recorded 38 degrees or presented with certain symptoms (i.e., fever, dry cough, diarrhoea, loss of smell or taste, shortness of breath, or sore throat) were not allowed to participate. There was a screening form that participants filled in before each meeting. Participants who presented with any of the above-mentioned symptoms were advised to isolate and seek professional help.
- All classrooms were marked to ensure the two-metre distance (for social distancing); the projects meetings were not an exception.
- I bought markers and crayons for each research participant in order to ensure that there was no sharing among participants.
- A box of tissues and a black plastic bag were available for the disposal of used tissues.
- Sealed refreshments, such as bottled juice, in disposable packaging were provided to learners, and the refreshments were sanitised and kept in isolation for 72 hours prior consumption.

1.9.7 Research competence and integrity

My competence as a researcher was developed through workshops that I attended at the NWU. The first workshop was presented on 26 January 2019 for all master's and doctoral students. The second workshop – which really contributed to competencies needed to complete this study – was presented by Prof Lesley Wood and Dr Doret Kirsten at the NWU (Potchefstroom Campus) on 18 May 2019. The workshop was directed at developing researchers' skills. Attendees were equipped with knowledge and skills required for this specific study; therefore, I am a competent researcher.

Additionally, as a researcher, I was bound to the SACE code of ethics. According to SACE (n.d.), a professional teacher must respect learners' constitutional rights, which include their right to privacy and confidentiality. Therefore, through the course of this study, I ensured that learners' rights were not compromised. This was done by having one-on-one time with learners who were willing to share their narratives but were not willing to do so in the presence of other pupils. Also,

as a researcher, I ensured that I did not force information from learners who are not willing to participate. The participants' identities were kept anonymous.

1.10 Chapter outline

Chapter 1 – Concept clarification, background, and rationale

Chapter 2 – A critical review of the concepts and theory that guided this study

Chapter 3 – A theoretical discussion of the methodological choices

Chapter 4 – Interpretation of the data and discussion of the findings

Chapter 5 – Summary, conclusion, and suggestions for further research

1.11 Chapter summary

In this chapter, I provided an overview of this study. This study aimed to explore the hegemonic narratives of Grade 11 learners and if negative, change them to more inclusive narratives that reflected an intersectional understanding of HIV and AIDS with other social issues. I discussed the background and rationale of this study and stated that the prevalence of negative hegemonic narratives in society about HIV and AIDS signals that there is a problem which still needs to be addressed in HIV and AIDS education. Moreover, I discussed the theoretical framework, research design, data generation methods, measures to ensure trustworthiness and ethical considerations. Lastly, I discussed my competency to conduct this study, and provided an outline of chapters that follow. The next chapter provides a critical review of the main concepts used and the theory guiding the study.

CHAPTER 2: A CRITICAL REVIEW OF THE CONCEPTS AND THEORY THAT GUIDED THE STUDY

2.1 Introduction

A literature review is an overview of major work previously developed around a specific topic, providing insight into what is already known or unknown about the topic (Shunda, 2007). For the purpose of this study, I reviewed literature on hegemonic narratives about HIV and AIDS and suggested how transformative learning theory could be used to disrupt such thinking and introduce learners to more positive, inclusive and intersectional narratives. This literature review gives an overview of the hegemonic HIV narratives prevalent in Sub-Saharan Africa and particularly in rural areas in South Africa. The idea of an intersectional approach to HIV infection – which positions it as a social problem rather than a personal failing – is introduced. The main theory informing this study is transformative learning theory, which, according to Wood (2020), refers to learning practices that enable people to question their assumptions and explore more positive alternatives if needed. In this chapter, I first define the term *hegemonic narratives* and then discuss the predominant narratives, namely gender, morality, culture, religion and witchcraft narratives with regard to how they relate to the HIV and AIDS pandemic and implications they present in HIV and AIDS education. Second, I discuss HIV and AIDS from an intersectional understanding, looking at how it intersects with other social issues such as patriarchy, race, gender, and poverty. I also underscore how Life Orientation (LO) teachers can integrate such critical discussions into the LO syllabus using art-based pedagogies. Finally, I discuss how transformative learning theory can be used to disrupt hegemonic narratives and explain the change in thinking.

2.2 Hegemonic HIV narratives in Sub-Saharan Africa

The term *hegemonic* is used to describe norms and ideas that are dominant over others and that tend to legitimise a specific way of thinking or social system (Rosemond, 2016). As outlined in the first chapter, *hegemonic* in the context of this study refers to simplistic and stigmatised ideas that learners in my Grade 11 class held about HIV. Narratives are ways of articulating and presenting a phenomenon and reflect a certain set of values. In this study, *narratives* refer to how learners viewed and understood HIV and AIDS, including the causes and consequences thereof. The Sub-Saharan Africa region comprises 46 countries that are home to various societal problems, such as the HIV and AIDS pandemic, poverty, civil war, etcetera (Ramgee & Daniels, 2013). In 2018, Southern and East Africa were the epicentres of HIV, with 20,6 million people living with the disease and 800,000 new infections; South Africa alone had 240,000 new cases (Avert, 2018).

The prevalence of HIV and AIDS in the region can be ascribed to various issues, such as poverty, the prevalence of sex workers serving migrant labourers, the culture of men having multiple sexual partners, negative attitudes towards condom use and various other cultural practices (e.g., postpartum sexual abstinence of the wife, wife inheritance, etc.) as well as social violence and myths around safe sex practices (Nweze et al., 2017). Thus, HIV and AIDS is part of the social fabric of Southern Africa, and in particular South Africa, and various narratives, or ways to explain the prevalence of the disease, have arisen. Next, hegemonic HIV narratives are discussed, with a specific focus on social factors – namely gender, morality, witchcraft, culture, and religion – that are deemed appropriate in rural South Africa (the setting selected for this study).

2.2.1 “Women are to blame”: Narratives of gender and morality

Sub-Saharan Africa is the epicentre of HIV and AIDS globally, with 38% of new infections recorded in the region in 2017. South Africa accounted for 39%, Mozambique 15%, and Tanzania 10% of those infections (SADEC Gender Protocol Barometer, 2018). Young women between the ages of 15 and 24 constitute 10% of the population, but 26% of the 38% new infections in 2017 were young women in this age category (SADEC Gender Protocol Barometer, 2018). In 2016, HIV prevalence among females between the ages of 14 and 19 was standing at 5,6 %, whereas males only reached 5,6% by the ages of 20 to 24, and by then, statistics for females had tripled (AIDS Foundation South Africa, 2016). As a result, women are often blamed for their “bad” behaviour that leads to HIV infection. While women are unduly vulnerable to HIV, this is not due to immoral behaviour but because their physiology makes it easier for the virus to enter their bloodstream during sexual intercourse.

Unlike men, women have more mucosal surfaces that are exposed to deadly bacteria and viruses during sexual intercourse, hence, making them more vulnerable to diseases (Ramgee & Daniels, 2013). Ramgee and Daniels (2013) further state that it is difficult to diagnose sexually transmitted infections (STIs), such as syphilis, in women; therefore, they are more likely to contract HIV, because STIs increase the risk of contracting the disease. Additionally, high progesterone levels due to chemical methods of birth control contribute to high HIV infection among women (Ramgee & Daniels, 2013). Boodhram et al. (2019) found that young women who use depot medroxyprogesterone acetate, a hormonal contraceptive, showed most vulnerability to HIV, with a 40% increase of HIV infection among young women using this form of contraceptive. This is because high progesterone contributes to cell susceptibility to HIV and enhances replication in infected cells (Boodhram et al., 2019). Cabrera-Munoz and Camacho-Arroyo (2012) state that progesterone tampers with CCR5 and CXCR4 expression in HIV-infected and -uninfected women, consequently increasing vulnerability to HIV during the luteal phase of the menstrual cycle, during pregnancy, lactation, and menopause.

In addition to women being more physiologically susceptible to HIV, patriarchal social norms increase the vulnerability of women. In most African societies, patriarchy is used to enforce oppressive rules and roles on women, which limit their ability to negotiate how, when and with whom they have sex, particularly in the case of married women. Women in rural areas, such as the site of this study, are regarded as rude when they confront or question their husbands, meaning their views are often unheard (Nyatsanza, 2015). Patriarchal values in African communities position females as inferior, thus making them more vulnerable to HIV infection (Wood, 2012). Men believe that women cannot deny them sex (Wood, 2012) and most men refuse to wear condoms when they are with their wives. In the community where my school is situated, patriarchal values are enforced through culture. Mboloba village is a traditional community dominated by Zulu and Swati culture, where men are viewed as having the right to order their wives, and other women, to do as they please. Females thus do not have the power to negotiate safe sexual practices (Nweze et al., 2017).

This situation is due to the social norms that children learn from a young age, where a girl is taught to take care of and obey instructions from a male figure so that they would make a good wife someday (Wood, 2012). Hence, they grow up oppressed and unable to negotiate safe sexual practices, exposing them to various forms of exploitation such as intergenerational and transactional sex. Young girls in rural areas are often treated as economic commodities and married off to older men with wealth (cows and money) who are already infected with HIV (Underwood et al., 2011). Some girls engage in intergenerational-transactional sex, either because they have no other means to feed themselves or their families, or because they want the same luxury goods that other young people have (Fox, 2012). Women are also often economically dependent on men, and this limits their freedom to leave when they are subjected to abuse. Nweze et al. (2017) found that seven out of 10 women who tested positive for HIV had been subjected to forced sexual intercourse. South Africa had on average 114 rapes per day in 2018/19; the rape rate increased from 70,5% in 2017/18 to 72,1% in 2018/19 (The Citizen, 2019).

In addition, the culture of silence in various African households, where there is lack of communication about sex and HIV-related issues, fuels the HIV prevalence among young women (SADC HIV and AIDS Strategic Framework, 2009). Remes et al. (2010) point out that adolescents' risky behaviours are often due to parents' lack of involvement in their children's life as far as providing emotional support and open communication about sex are concerned. Adolescent girls may then turn to older partners who play these roles, and this fuels HIV infection, as older partners usually do not want to wear a condom. These findings are relevant to this study, because from my experience as an LO teacher in a rural area, I am aware that parents seldom teach their children about safe sex practices. As a result, the practice of young women engaging in unsafe

sexual intercourse with older men continues. I have learnt this through open dialogues with learners during LO lessons. Young girls often communicate that they date older men who can give them material things and also have intelligent, adult conversations they think young boys their age cannot have. The children in my class have often told me that what they learn in LO is only useful to pass tests and is not applicable to their daily lives – a failing that has been found in many studies (Brown & Wood, 2018; George et al., 2018).

Gilbert and Walker (2010) state that individuals who have been diagnosed with HIV are often blamed in society for their condition, and many people believe HIV could be avoided if individuals make better moral decisions. This pushes the moral narrative that HIV infection is prevalent only among promiscuous individuals that fail to make the “right” decisions that are accepted as good practice in society. Hence, those infected are stigmatised and treated as outcasts. For example, in Zambia, people living with HIV had their utensils separated from the others and some community members used the clapping of hands when greeting them instead of the standard handshake (French et al., 2014).

Moreover, in a study conducted by Viljoen (2017, p. 865), various narratives were found in society, such as the ‘good women’, ‘bad women’, and ‘vulnerable woman’. The ‘good woman’ narrative refers to women who abstain from sex and are faithful to their husband, attend religious gatherings and are good caregivers as exempt from contracting the disease (Viljoen, 2017, p. 865). In contrast, the ‘bad women’ narrative refers to unmarried and promiscuous women. However, the most vulnerable group in South Africa in terms of infection is married women. This is because of the belief that, after paying the bride price, women are men’s property and men are entitled to women's bodies and are the only ones who decide the conditions of sexual intercourse, including refusing to use condoms (Madiba & Ngwenya, 2017). Denis (2014) found that people in KwaZulu-Natal, the site that was selected for this study, hold stigmatised narratives, for example, women who ‘sleep around’ are the ones who contract HIV and spread the disease. Men either refuse to test, or if they tested, they would hide their HIV status from their partners and then later blame them for the disease (Denis, 2014).

Ngcobo (2011) highlights that, in the Zulu culture, a man that has multiple sexual partners is usually praised and called ‘isoka’ (a man with several girlfriends), but if a woman is known to have more than one boyfriend, she is labelled as ‘isifebe’ (a promiscuous, loose and unworthy woman). This was evident in an incident that occurred in 2017 in my class, where a fight broke out between two teenage girls who were impregnated by the same boy. They were insulted by classmates for their behaviour, while the boy, who had unprotected sex willingly with both female pupils, was praised for being a ‘real man’ with ‘good semen’ and gained popularity in school. Another narrative that leads to stigmatisation in rural areas is the witchcraft narrative.

2.2.2 “They have been cursed”: The witchcraft narrative

In many traditional African cultures, sickness is believed to be caused by ancestral spirits, bad magic, or witchcraft (Ashforth & Watkins, 2015). It is believed that a person can cast a spell on others to bring about misfortune. Harries (2010) states that the witchcraft phenomenon is deeply imbedded in most African communities, which means many people believe that witchcraft exists. The belief that HIV infection is due to witchcraft means that people do not go for testing or medical treatment (Ncube, 2016). They also do not take preventative measures, such as protected sex, since they do not believe that the virus is sexually transmitted (Tenkorang et al., 2011). In the latter study, the witchcraft narrative was dominant among men, even with secondary level education, and among both males and females from poor African rural settings, such as the one in which the school in this study is situated. This presents challenges in HIV education because people do not follow the necessary precautions and neglect medical information given to them. Hence, they continue to spread the disease, contributing to a rise in HIV infection and AIDS-related deaths. From an educational perspective, individuals who believe in witchcraft are not receptive to HIV education because it is mostly westernised, and they believe that it deters their way of life and erases witchcraft as a form of HIV transmission, which is something they believe in (Ncube, 2016). The witchcraft narrative is closely linked with the cultural narrative.

2.2.3 “We have always done it this way”: The cultural narrative

Culture refers to a specific way of life with reference to the food, art, clothing, ceremonies, values, beliefs and institutions that are passed on from one generation to the next (B. Haddad & B.G Haddad, 2011). Ncube (2016) defines culture as everything that is learnt in society, including music, dancing, language, behaviour, etcetera. The Sub-Saharan Africa region is rich in numerous beautiful cultures, but some cultural practices, such as widow inheritance, postpartum sexual abstinence, and multiple sexual partners, fuel the HIV and AIDS pandemic (Nweze et al., 2017). According to Rooth et al. (2011), wife inheritance – known as “ukungena” – refers to the process where the siblings of a man inherit his wife should he die. This practice is believed to preserve wealth within the family and ensures that children are raised with similar values. This fuels HIV infection because, if the husband dies from AIDS-related causes, the wife may be infected and may pass it on to the new husband and any children that may ensue from such a union.

Additionally, postpartum sexual abstinence also contributes to the prevalence of HIV. This is a phase in which a woman is expected to abstain from sex while pregnant and breastfeeding (Nweze et al., 2017). Through interactions with learners in my LO class, I learnt that the expected period of abstinence for women in the village is three months, and some extend it for up to six

months. Some women prefer to breastfeed their children for up to 12 months, which means a year of abstinence, and it is believed that this helps to create space between births (Nweze et al., 2017). This contributes to HIV prevalence because men may find alternative sexual partners to meet their needs while their wives are practising abstinence.

Moreover, especially among the Zulu culture, men practise polygamy. In this case, a man has more than one wife; the basic principle guiding polygamy is that a man wants to expand his family name (Rooth et al., 2011). After marriage, a wife may give birth to female children only or may struggle to fall pregnant, and in traditional societies, this would be reason for the man to consider polygamy, which presents grounds for unprotected sex with multiple partners and contributes to the prevalence of HIV. In rural areas (such as the location selected for this study), most men work in urban areas; therefore, they may engage in sexual practices with other women in big cities, be infected and infect all three or four wives with HIV upon their return to the village during holidays (Mswela, 2009). Similarly, one of the wives may branch out of the polygamous marriage while the husband is away working in big cities and infect the husband, who would then sleep with the other wives and infect them as well (Mswela, 2009). These cultural and traditional norms present implications during LO lessons on topics such as sexual education. These norms are 'sensitive' in African tradition, and they create barriers if the teacher is a rigid traditionalist. In most African households and South African classrooms, teachers nor parents talk about sexual intercourse, because it is against their culture (Namisi, et al., 2009). Therefore, teachers often choose to teach what is in line with their personal values, which often is to scare learners from having sexual intercourse to avoid contracting diseases such as HIV (Francis & De Palma, 2013). Drawing on personal experience, growing up in my household, my father never spoke about sex with any of us (children), whereas my mother would speak about it only in passing and would usually warn us of the dangers of having sex rather than how to have safe sex. Hence, some teachers, instead of having open discussions about sex, they focus on 'restoring morality' by encouraging abstinence until marriage. As they refrain from providing sexuality education, the pandemic is fuelled because learners remain ignorant about how to make healthy sexual decisions and the importance of practising safe sex (Helleve et al., 2011). Related to the cultural narrative is the religious narrative, which also advocates for abstinence in order to avoid HIV infection.

2.2.4 “HIV is a curse from God”: The religious narrative

In many churches, the HIV and AIDS pandemic is mostly linked to the moralistic view that it is a disease that can be prevented if people make better moral decisions, such as not having sexual intercourse before marriage. This is because pre-marital sex is regarded as a sinful deed; God thus punishes individuals through HIV infection (Aghaeia et al., 2020). Reyes-Estrada et al. (2018) claim that religious communities make moral judgements about those living with HIV and,

consequently, people with HIV are stigmatised, as it is believed that they disturb the social order. Such stigmatisation also extends to religious healthcare professionals who blame and judge people living with HIV, as they believe that the latter contracted the disease because of 'sin', such as pre-marital sex, injection drug users, homosexuals, and sex workers.

The reality in most South African classrooms in rural areas and townships is that there are about 60 to 70 learners from different religious affiliations which promote various ways of life. Teachers often feel uncomfortable teaching about HIV because the subject requires sexuality education, and they are afraid of being labelled as insensitive to the teachings of other religions (Ahmed et al., 2009). In addition, teachers are also religious people – therefore, they hold the same stigmatised views themselves (Ponzetti, 2016).

The above narratives all explain HIV infection as the fault of the individual who is seen to be deviant or lacking in some way. In order to reduce stigma, a more nuanced, intersectional understanding of the causes of HIV infection is required.

2.3 Looking at HIV and AIDS from an intersectional perspective

The above-mentioned narratives form intersecting grounds of oppression for specific groups. Crenshaw first mooted intersectionality theory in 1989. Intersectionality theory was grounded in black feminism and critical race theories and was used to identify multiple systems of marginalisation such as race, gender, sexual orientation and class that black women are exposed to, thereby limiting social and economic opportunities (Carbado et al., 2013). HIV infection adds another level of oppression, as explained in the preceding sections. From the discussion about the different narratives, it is clear that HIV and AIDS, culture, religion, witchcraft and socio-economic status are inextricably intertwined in South Africa, resulting in black women being most vulnerable to HIV infection and other forms of oppression.

Intersecting oppressions

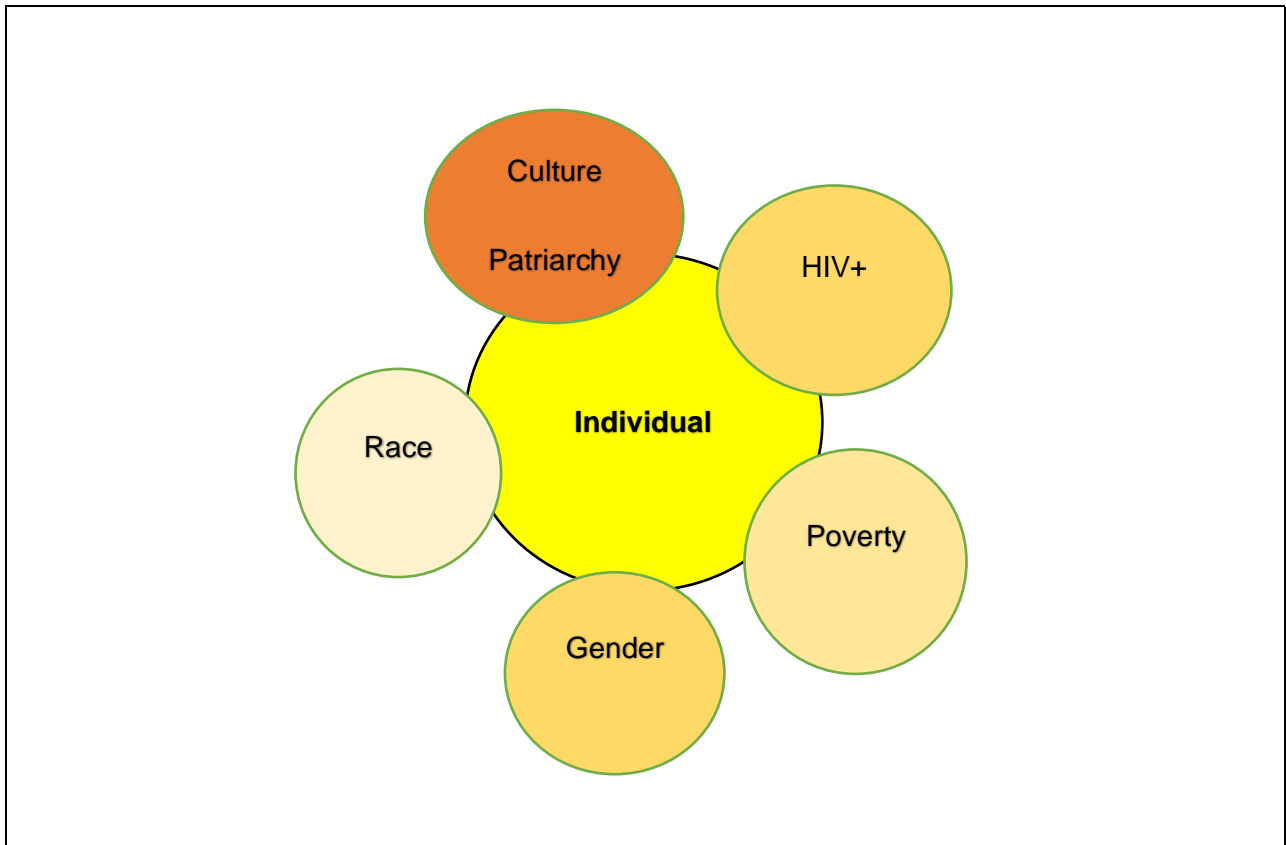


Figure 2.1: Intersecting forms of oppression experienced by individuals

Figure 2.1 depicts five interwoven forms of social issues in society that can be used to stigmatise and oppress people living with HIV. Jackson-Best and Edwards (2018) define stigma as a dynamic process which stems from various structures and individuals and manifests as social inequality and devalues the stigmatised individuals. Stigma is a challenge to people living with HIV because it creates barriers for them in accessing education, employment, and healthcare services (Jackson-Best & Edwards, 2018). This marginalisation elevates HIV and AIDS from just a personal failing to a societal problem, as it fuels other forms of oppression evident in society which are based on race, gender, social class, and patriarchy. Brown (2016) found that HIV is perceived as a racialised disease in South Africa that only affects poor black people.

In 2012, an estimated 12,2% of the South African population was living with HIV, and prevalence was relatively high among black Africans, especially black females, compared to other races (Mabaso et al., 2019). However, this is rooted in contextual inequalities such as education, distribution of resources, unemployment, etcetera, that render black people more vulnerable to HIV infection (Mabaso et al., 2019). Thus, the more privileged tend to stigmatise and internalise negative stereotypes of black people. For example, Nduma and Mendes (2010) found that white

adolescents perceived HIV as a black disease and alluded to black males as being stupid, irrational, promiscuous and germ-carrying individuals who spread the disease by having sexual intercourse with various females without using a condom.

Recently, the human rights abuse of HIV-positive women in public hospitals made headlines. Fifteen public hospitals in KwaZulu-Natal and Gauteng were investigated following complaints lodged by 48 women that, upon giving birth through caesarean section, they were sterilised without their consent. Those who signed consent forms said they were forced by healthcare workers who communicated that “they were tired of HIV positive people having babies” (Mabuza, 2020). This involuntary sterilisation is often done to women from low economic backgrounds whom healthcare professionals believe cannot afford to have more children and also to avoid mother-to-child HIV transmission (Du Toit, 2018). This violates women’s human rights to rightfully enjoy their reproductive health and adds to the stigmatisation and oppression experienced by women (Du Toit, 2018). In traditional societies, such as the one in this study, women's worth is measured by their fertility and the gender of the babies they conceive (Yusuf, 2018). Hence, sterilisation and subsequent inability to conceive introduce another ground for stigmatisation.

Kontomanolis et al. (2017) state that, in some social settings, the discrimination against women is so severe that they may be considered as not being able to function normally; hence, they are stripped of their occupational responsibilities. In some Nigerian industries, employers deliberately used HIV testing to exclude employees living with HIV (Dipeolu, 2016). This was also evident in a large construction company in Uganda which forced female employees to test for HIV, and employees who tested positive were fired (Fallon, 2017). Moreover, people living with HIV were also refused life insurance policies, and applicants were scrutinised and approved based on gender, expected life span, age, etcetera (Health24, 2016). This meant that women endured multiple forms discrimination when applying for insurance due to the higher rate of HIV among females. Earnshaw et al. (2013) further claim that people living with HIV are also subjected to verbal and physical abuse.

The stigma associated with HIV leads to the spread thereof, as people may be anxious and hide their status, thus not taking the necessary precautions to stop transmission. In Zambia, fear of rejection and discrimination led to adolescents refraining from communicating their HIV status to their sexual partners (Cataldo et al., 2014). This is because adolescents are at an age where their interpersonal relationships are particularly important to them (Cataldo et al., 2014). Therefore, they fear losing relationships as well as being shunned and bullied in the community (Mpofu & Jacobs, 2015). Hence, they suffer from self-imposed shame (Pantelic, 2017). This is due to the negative moral narratives prevalent in society where young adults diagnosed with HIV are often regarded as promiscuous. These adolescents may consequently continue to engage in unsafe

sexual practices with their partners without disclosing their HIV status, which contributes to the high rate of HIV prevalence in Sub-Saharan Africa (Offerdahl et al., 2014).

Although intersectionality was a theory developed to explain the subjugation that women faced, it can also be used to show how HIV vulnerability and subsequent infection result from social and structural oppression (Wood et al., 2016). Understanding this can reduce the stigma attached to the disease. Thus, it is important that adolescents are exposed to an intersectional view of HIV so that they develop more nuanced, complex understandings that can reduce the stigma associated with the disease. They need to learn how gendered and patriarchal practices, racist views, religious and cultural beliefs, and other forms of rigid belief systems fuel the pandemic in order to reduce stigma and break the silence. This is what I aimed to do in this study using art-based methods during LO lessons.

2.4 Prevention education in the Life Orientation classroom

The best way to reduce HIV prevalence is to provide comprehensive education about HIV and related social issues in order to increase the social literacy of young people (Wood et al., 2016). This is vital because HIV is regarded as a sociological disease that intersects with issues of power, privilege, and distribution of resources. *Social literacy* entails that learners are aware of social issues affecting their immediate environment, they consciously work hard to challenge the status quo and think critically to create a non-discriminative and inclusive society (Wood et al., 2016). Through developing social literacy, students would develop critical thinking skills, which will help them to understand how HIV and AIDS intersects with other social issues, such as poverty, culture, among others. This would foster positive change because it would enable learners not to view HIV causes and consequences as an individual failing but a social and structural issue. The Life Orientation (LO) curriculum is an ideal place to challenge learners' stigmatised views of HIV and AIDS and related issues.

In the South African context, HIV and AIDS education forms part of the compulsory subject LO (Wood & Roller, 2014). Life Orientation aims to guide learners to make informed decisions about their health and well-being as well as that of others (DBE, 2011). This subject deals with various sub-topics, such as culture, sexuality, diversity, socio-economic issues, moral issues, and so forth (DBE, 2011). Tables 2.1 and 2.2 summarise LO topics that cover HIV and AIDS content from Grade 8 to 12:

Table 2.1: Overview of HIV and AIDS topics covered in Grade 8 and 9

Topic		Grade 7	Grade 8	Grade 9
1.	Development of the self in society	<ul style="list-style-type: none"> - Concept: self-image - Changes in boys and girls: puberty - Peer pressure - Concepts: personal diet and nutrition 	<ul style="list-style-type: none"> - Concepts: self-concept formation and self-motivation - Concept: sexuality - Relationships and friendships 	<ul style="list-style-type: none"> - Goal-setting skills: personal lifestyle choices - Sexual behaviour and sexual health - Challenging situations: depression, grief, loss, trauma, and crisis
2.	Health, social and environmental responsibility	<ul style="list-style-type: none"> - Substance abuse - Concept: environmental health - Common diseases: TB, diabetes, epilepsy, obesity, anorexia, HIV and AIDS 	<ul style="list-style-type: none"> - Social factors that contribute to substance abuse - Environmental health issues - Decision-making about health and safety: HIV and AIDS 	<ul style="list-style-type: none"> - Concept: volunteerism - Health and safety issues related to violence
3.	Constitutional rights and responsibilities	<ul style="list-style-type: none"> - Human rights as stipulated in the South African Constitution - Fair play in a variety of sports activities - Dealing with abuse - Role of oral traditions and scriptures of major religions 	<ul style="list-style-type: none"> - Nation building - Concept: human rights violations - Concept: gender equity - Concept: cultural diversity in South Africa - Contributions of organisations from various religions to social development 	<ul style="list-style-type: none"> - Issues relating to citizens' rights and responsibilities - Constitutional values - Contributions of various religions to promoting peace - Sport ethics

4.	World of work	<ul style="list-style-type: none"> - Importance of reading and studying - Career fields - Simulation of career-related activities - Value and importance of work in fulfilling personal needs and potential 	<ul style="list-style-type: none"> - Different learning styles - Six career categories - Relationship between performance in school subjects and interests and abilities - Decision-making process 	<ul style="list-style-type: none"> - Time-management skills - Reading and writing for different purposes - Options available after completing Grade 9 - Knowledge of the world of work - Career and subject choices - Study and career funding providers - Plan for own lifelong learning
5.	Physical Education	<ul style="list-style-type: none"> - Participates in fitness programme - Plays community or indigenous games that include the concept of invasion - Performs a sequence of physical activities - Participates in an outdoor recreational programme - Safety issues 	<ul style="list-style-type: none"> - Participates in physical activities that promote components of fitness - Plays target games - Programme to improve movement techniques - Participates in an outdoor recreational activity - Safety issues 	<ul style="list-style-type: none"> - Improves own physical wellness level - Executes a game plan for individual or team sports - Refines own and peer performance in movement activities - Refines own performance in an outdoor recreational activity - Safety issues

Source: DOE (2011)

Table 2.2: Overview of HIV and AIDS topics covered in the FET phase (Grade 10–12)

Topic		Grade 10	Grade 11	Grade 12
1.	Development of the self in society	<ul style="list-style-type: none"> - Self-awareness, self-esteem, and self-development - Power, power relations, and gender roles - Value of participation in exercise programmes - Life roles: nature and responsibilities - Changes towards adulthood - Decision-making regarding sexuality - Recreation and emotional health 	<ul style="list-style-type: none"> - Plan and achieve life goals: problem-solving skills - Relationships and their influence on well-being - Healthy lifestyle choices: decision-making skills - Role of nutrition in health and physical activities - Gender roles and their effects on health and well-being 	<ul style="list-style-type: none"> - Life skills required to adapt to change as part of ongoing healthy lifestyle choices - Stress management - Conflict resolution - Human factors that cause ill-health - Action plan for lifelong participation in physical activity
2.	Social and environmental responsibility	<ul style="list-style-type: none"> - Contemporary social issues that impact negatively on local and global communities - Social skills and responsibilities to participate in civic life 	<ul style="list-style-type: none"> - Environmental issues that cause ill-health - Climate change - Participation in a community service addressing an environmental issue 	<ul style="list-style-type: none"> - Environments and services that promote safe and healthy living - Responsibilities of various levels of government - A personal mission statement for life
3.	Democracy and human rights	<ul style="list-style-type: none"> - Diversity, discrimination, human rights, and violations - National and international instruments and conventions 	<p>Democratic participation and democratic structures</p> <p>Role of sports in nation building</p> <p>Contributions of South Africa's diverse religions and belief</p>	<p>Responsible citizenship</p> <p>The role of the media in a democratic society</p> <p>Ideologies, beliefs and worldviews on</p>

		<ul style="list-style-type: none"> - Ethical traditions and/ or religious laws and indigenous belief systems of major religions - Biases and unfair practices in sports 	systems to a harmonious society	construction of recreation and physical activity across cultures and genders
4.	Careers and career choices	<ul style="list-style-type: none"> - Subjects, career fields, and study choices: decision-making skills - Socio-economic factors - Diversity of jobs - Opportunities within career fields - Trends and demands in the job market - The need for lifelong learning 	<ul style="list-style-type: none"> - Requirements for admission to higher education institutions - Options for financial assistance for further studies - Competencies, abilities, and ethics required for a career - Personal expectations in relation to job or career of interest - Knowledge about self in relation to the demands of the world of work and socio-economic conditions 	<ul style="list-style-type: none"> - Commitment to a decision taken: locate appropriate work or study opportunities in various sources - Reasons for and impact of unemployment, and innovative solutions to counteract unemployment - Core elements of a job contract - Refinement of portfolio of plans for life after school
	Study skills	<ul style="list-style-type: none"> - Study skills and study methods - Process of assessment: internal and external - Annual study plan 	<ul style="list-style-type: none"> - Study styles and study strategies - Examination writing skills - Time-management and annual study plan - Goal-setting skills 	<ul style="list-style-type: none"> - Reflection on own study and examination writing skills - Strategies to follow to succeed in Grade 12
	Physical Education	<ul style="list-style-type: none"> - Physical fitness: programmes to promote well-being - Skills in playground and/or community and/or indigenous games 	<ul style="list-style-type: none"> - Improvement of current personal level of fitness and health - Umpiring and leadership skills in self-designed and modified games (teach peers) 	<ul style="list-style-type: none"> - Achievement of own personal fitness and health goals - Long-term engagement in traditional and/or non-traditional sports or playground and/or

		<ul style="list-style-type: none"> - Environmentally responsible outdoor recreational group or individual activities - Skills in traditional and/or non-traditional sports - Safety issues 	<ul style="list-style-type: none"> - Various leadership roles in a self-designed recreational group activity - Umpiring and leadership skills in self-designed and modified sports (teach peers) - Safety issues 	<ul style="list-style-type: none"> community and/or indigenous games or relaxation and recreational activities - Safety issues
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Source: DOE (2011)

As shown in the above tables, the topic 'HIV and AIDS' has substantial content varying per grade. In the context of this research, focus was placed on Grade 8 to 12 content. The underlying principle of the LO curriculum is to ensure that it provides content that promotes human rights, social justice and inclusivity, and it aims to identify and solve problems in society through creative and critical thinking (DOE, 2011). Hence, the content aims to equip learners with intersectional understanding of HIV and AIDS together with other social issues, mainly gender inequality, poverty, and intergenerational sex. In South Africa, a teacher is regarded as a curriculum interpreter, learning mediator, and a designer of learning activities and materials (Kimathi & Rusznyak, 2018). Consequently, teachers' interpretation of the curriculum and learning activities is often informed by their personal values. Therefore, during teaching and learning, teachers often approach the HIV content from a behavioural standpoint related to sexual behavioural patterns and decision-making, which positions it as an individual failing rather than a societal problem. Some LO teachers find it difficult to discuss HIV-related topics because their culture(s) or religion(s) do not allow them to talk about 'taboo' topics in public or with learners for fear that they may be perceived as 'immoral' teachers (Christie et al., 2015). In addition, some teachers hold hegemonic HIV narratives themselves which are often related to culture and prevent them from having open discussions about the pandemic in class (Wood, 2009).

Moreover, most LO teachers in the South African context are not qualified to teach the subject because of the basic narrative around LO content which positions it as an easy subject that can be taught by anyone; as a result, teachers lack subject knowledge and strategies to successfully deliver content to learners (Sydney, 2018). For instance, teachers normally use textbooks and narrate the content to learners. This prevents creativity in the learning process and, therefore, learners are often uninterested during lessons. Some teachers are, however, qualified to teach the subject content but they lack creativity when delivering content during lessons. This can be ascribed to poor pre-service teacher training on how they can approach and successfully teach sexuality, HIV and AIDS, and other related issues (Wood & Hendricks, 2017).

The consequence of the above is that learners do not develop a comprehensive understanding of HIV or receive sufficient sexuality education to enable them to make healthy sexual decisions. Hence, to overcome such shortcomings experienced by teachers in HIV education, Wilmot and Wood (2012) suggested that the topic of HIV and AIDS should form part of teacher education programmes throughout the completion of the degree and should be included across various modules. This may contribute to competent teaching of HIV and AIDS. Holderness (2012) shared the same sentiment, saying that the best way to equip teachers for HIV education is to teach current teacher educators so that they would be able to positively impact student teachers as regards HIV and AIDS education. Some teachers argue that learners are there to pass exams and thus refrain from talking about issues they regard as personal and private that should be dealt

with by parents (Bhana, 2012). Bhana (2012) advocates for a holistic approach to sexual and HIV and AIDS education during teacher training. During teacher training, pre-service teachers' past frames of reference need to be taken into consideration, they should be assessed, and if they hold negative views in this regard, new ways should be found in which they can unlearn their traumas regarding teaching HIV and AIDS education, with the hope that this would enable them to respond positively when teaching sensitive issues once in the education system. Another solution to this challenge is the utilisation of scripted lesson plans, forcing teachers to deviate from their rigid ways of teaching informed by their personal experiences (Francis & De Palma, 2013).

In light of the above, HIV prevention education has to encourage questioning of social norms and cultural practices that fuel the HIV pandemic (Francis & De Palma, 2013). This can be achieved through art-based methods as critical pedagogy which encourage open discussions rather than content which is informed by teachers' social, cultural, and religious norms (Brown & Wood, 2018). Additionally, to address the narrative that HIV infection is because of personal failing, HIV education should encourage the development of empathy and an ethics of care. Furthermore, as many teachers avoid so-called 'sensitive' topics they are supposed to address in LO, adopting a narrative lens to teaching about HIV allows these issues to emerge from the knowledge and experience of learners rather than the teacher having to create a lesson specifically on that topic. Art-based pedagogies also create space to engage learners in discussion to disrupt and transform their previously unquestioned beliefs and assumptions (Barone & Eisner, 2012).

2.5 Transformative learning theory

Transformative learning theory refers to a process that explains how people identify, challenge and refine assumptions about worldviews that inform their actions and decisions (Mezirow & Taylor, 2009). These assumptions are acquired uncritically during childhood through socialisation in a child's immediate environment (home, friends and school), hence, they become engrained in a child's psychology and are reflected through a child's actions and values (Cox, 2017). Transformative learning theory is concerned with how learning intersects with these unquestioned schemata (Cox, 2017). Transformative learning is geared towards changing learners' perspectives through engaging them in active and critical thinking to form functional, critically reflective, and inclusive frames of references (Dass-Brailsford & Serrano, 2010). Although first developed in the field of adult learning, it can easily be applied to understand and transform how adolescents view social problems.

Transformative learning is best achieved through experiential learning (Dass-Brailsford & Serrano, 2010). Centrality of experience is placed at the centre of transformative learning theory,

where people explore their thinking, feelings and behaviour in relation to a particular experience (Aguiar & Silva, 2011). Hence, in the transformative theory, learners are challenged to evaluate their past experiences and to start thinking critically to form new, liberating and inclusive worldviews. Aguiar and Silva (2011) noted that transformation is a complex process, which makes it difficult for the teacher to identify whether learners' perspectives have changed. However, the use of art-based methods overcomes this challenge, as the artefacts learners make and their explanations of them provide evidence of change and encourage them to think critically about their perspectives, both during and after the creative process.

Critical thinking refers to the art of analysing and evaluating thinking with the objective to improve various aspects of one's life (Berg et al., 2019). In transformational learning, critical thinking is essential because it develops the skills required to process new information and form new values, systems of belief, and enables changed behaviour. This manifests in critical reflection in the transformative phases, which encourages learners to think critically about their past beliefs, values and assumptions, and hopefully brings about changed behaviour through engaging in rational discourse about the topic in question by keeping an open mind and maintaining mutual respect when sharing ideas (Sahini & Dogantay, 2018). Mezirow (2006) outlined 10 phases of the critical thinking process leading to the transformational process:

Phase 1: A disorienting dilemma

Phase 2: A self-examination with feelings of guilt or shame

Phase 3: A critical assessment of epistemic, sociocultural or psychic assumptions

Phase 4: Recognition that one's discontent and the process of transformation are shared and that others have negotiated a similar change

Phase 5: Exploration of options for new roles, relationships, and actions

Phase 6: Planning a course of action

Phase 7: Acquisition of knowledge and skills for implementing one's plan

Phase 8: Provisional trying of new roles

Phase 9: Building of competence and self-confidence in new roles and relationships

Phase 10: A re-integration into one's life based on conditions dictated by one's perspective.

(adapted from Owen, 2016).

In reference to this study, transformative learning theory was used to inform my teaching practices, which aimed to transform learners' hegemonic HIV and AIDS narratives. From the review of literature, it was evident that most of the population in Sub-Saharan Africa hold biased, stigmatised and uninformed narratives about HIV and AIDS that tend to put the blame for infection on individual behaviour rather than seeing it as a consequence of a number of intertwined, complex social problems. From what I have heard in class discussions, learners in my Grade 11 class also held these frames of reference. I aimed to change such frames of reference by introducing a more intersectional understanding of this complex social phenomenon. I intended to disrupt their hegemonic narratives to reduce the associated stigma.

The first phase of transformative learning (i.e., disorienting dilemma) refers to the process of revising any form of worldview in question, which leads to the second phase of self-examination and may evoke feelings of regret and shame. In this study, these two phases were conducted in the first cycle in which learners were asked to draw and explain their narratives about HIV and AIDS. In the following discussion, which related to phases 3 and 4, the adolescents were challenged to question their existing stigmatised narratives about HIV and AIDS. In phases 5 and 6, I introduced new ideas that encouraged critical thinking about HIV from an intersectional perspective.

The last four phases, as outlined above (from phase 6 to 10), were catered for in the second cycle of the study. Here, learners identified messages about HIV which reflected their new thinking, and they designed a short drama to convey these messages. This enabled them to work together to plan how they would demonstrate their new narratives using storyboards. This process was effective in assisting learners to develop inclusive and intersectional narratives about HIV. Hopefully, they would embody these in their lives, thereby reducing stigma around HIV.

Although transformative theory comprises 10 phases, evaluation of these steps shows that learners are individuals and, therefore, they cannot all undergo similar phases as outlined by Mezirow (Aguilar & Silva, 2011). Some learners may skip one or two phases, some may need to return to a prior phase, whereas for some, one phase may be enough to contribute to perspective transformation (Cox, 2017). Therefore, Mezirow's model is not a one-size-fits-all model. Newman (2012) also argues that, with transformational learning, there is no indication to determine if real change has occurred. However, in this study, the latter was not the aim; I wanted to investigate if a critical pedagogy, using art-based methods, can help to transform learners' thinking about HIV. I understood that this would require a long-term study, but for the purposes of this study, I just wanted to understand how the learners' art-based creations represented a change in thinking and the reasons for this.

2.6 Chapter summary

Life orientation (LO) is a unique and broad subject concerned with the holistic development of a learner, and it aims to develop confident learners who are actively involved in developing a democratic society that embraces all differences (DBE, 2011). Hence, it is vital that learners participate in activities that aim to eradicate marginalisation of vulnerable groups, such as people living with HIV. It is important to work towards creating positive narratives around important social issues within the LO classroom by engaging learners in transformative activities that advocate for change. In this chapter, I outlined the stigmatised gendered, moral, witchcraft, cultural and religious narratives and how they inform the narratives about HIV and AIDS in South African rural areas and presented challenges in HIV and AIDS education. Prevalence of stigmatised narratives adds interwoven forms of oppression in society because they present other grounds for discrimination. However, it is important that LO teachers assist learners to view the HIV and AIDS pandemic through an intersectional lens. They can do this by using transformative techniques that encourage critical thinking skills (such as art-based methods) to contribute towards transforming learner narratives about HIV. The next chapter elaborates on the selected research methodology for this study.

CHAPTER 3: A THEORETICAL DISCUSSION OF THE METHODOLOGICAL CHOICES

3.1 Introduction

A theoretical framework is defined as a roadmap that provides insight into how the researcher will approach the dissertation philosophically, epistemologically, methodologically, and analytically (Grant & Osanloo, 2014). In chapter 2, I discussed hegemonic HIV and AIDS narratives prevalent in the site of study, Mboloba village in KwaZulu-Natal, as regards their implications in HIV and AIDS education, their intersectionality with other social issues, and how transformative learning theory can be utilised to provide insight and hopefully transform stigmatised narratives. The main aim of this qualitative study was to use art-based methods to explore and change hegemonic HIV and AIDS narratives of Grade 11 learners in my LO class. The methodological choices made to achieve the main aim are discussed in this chapter. First, I discuss the transformative paradigm and justify why it is appropriate considering the research rationale and aims of this study, as outlined in the first chapter. Second, I justify action research as a suitable design for this study by critically discussing elements as well the pros and cons associated with such a design. Third, an in-depth discussion of the sampling method, data collection and data analysis is provided. I discuss how trustworthiness was ensured. Finally, the ethical considerations applicable to this study are explained.

3.2 Research paradigm

A *research paradigm* refers to a belief system and agreement about how to view and address social problems, and it informs the researcher's interpretation of the study (Nieuwenhuis, 2016; Kuhn, 1970). In this study, I proceeded from a transformative paradigm. *Transformative paradigm* refers to the rational way that research can make a positive change to complex social, economic and political issues that cause marginalisation and unequal power-sharing (Kivunja & Kuyini, 2017). In the South African context, various social issues – such as discrimination based on social class, race, HIV and AIDS status, sexual orientation, religious affiliation, cultural intolerance, etcetera – marginalise people. These forms of marginalisation are closely related to the historical social divides created through apartheid policies.

The axiology-informing practices of a transformative researcher are to conduct research that changes negative narratives in society and promotes human rights and social justice (Romm, 2016). For researchers to achieve this, they have to be fully imbedded in the society's way of life, which includes gaining information about the society's cultural practices, social norms, morals, values, and the daily activities of the specific group (Romm, 2016). This is significant because it

allows the researcher to identify the strengths of research participants before the research and utilise these during the research process (Romm, 2016). It also ensures that the research is conducted in a respectful manner that is sensitive to the culture of the society and societal norms (Romm, 2016). At the time of this study, I had been teaching in the selected rural community (Mboloba village in KwaZulu-Natal) since 2017 and had had the opportunity to learn about the daily life of people through my interaction with learners in class and via invitations to communal ceremonies such as funerals. This enabled me to interact and become familiar with the culture of this specific community.

The ontological assumptions of a transformative paradigm are that there are multiple realities that are informed by various environments an individual interacts with, particularly political, social, cultural, racial, disability, gender ethnic, economic status, etcetera (Mertens, 2017). The narratives people hold are extremely different, depending on their social hierarchy (Chilisa & Kawulich, 2012). Therefore, it is vital for researchers to identify the position of research participants in the social hierarchy prior to gathering data in order to establish aspects that have shaped their narratives (Room, 2016).

Learners in the school under study were mostly from disadvantaged backgrounds, with parents who had minimal education and held rigid cultural values. The community was characterised by extreme poverty, with households comprising one person providing for a family of six or more, or no one working at all. Most of the work available in the surrounding community was in non-skilled sectors, which meant low levels of pay. Education was not considered a high priority, as learners often dropped out of school to seek employment as farmworkers. In addition, numerous beliefs about witchcraft and patriarchy thrived. I thus kept this reality in mind as I interpreted the data through the lens of transformative learning theory.

The epistemological underpinning of a transformative paradigm is that knowledge is valid if it can be used successfully to empower and transform the lives of research participants (Chilisa & Kawulich, 2012). The use of emancipatory methods for data generation means that new knowledge is created through the participants' frames of reference. The researcher and research participants work together to create knowledge that would transform individuals' frames of reference, eventually leading to societal change (Mertens, 2017). Therefore, I used art-based methods. Art-based methods in this case enabled participating learners to be actively involved in representing their knowledge and to engage in critical dialogue before and after each art activity aimed at disrupting their assumptions and constructing new understandings of HIV and AIDS as a social issue.

3.3 Action research design

An action research design was employed in this study. Action research is informed by practical action to investigate a social phenomenon and bring about change in society through action-orientated and collaborative methods between the researcher and research participants (Zuber-Skerritt & Wood, 2019). According to Burns (2015), action research is commonly practised in studies that aim to (a) influence positive change; (b) generate theoretical and practical data on the specific phenomenon under investigation; (c) encourage the individuals affected by the research phenomenon to participate and work together to generate possible solutions to the phenomenon so that they would be more likely to accept the change; and finally (d) to encourage positive attitudes and continuous growth among research participants, which, in turn, leads to more positive outcomes. Action research requires participants to reflect critically on, among others, their current practices, attitudes, circumstances, feelings to raise their consciousness about the possibility for improvement and change (Zuber-Skerritt & Wood, 2019). In this study, I facilitated critical reflection on the hegemonic narratives that learners held about HIV and AIDS and worked with them to change those narratives to more positive understandings.

The aim of action research is transformation (McNiff & Whitehead, 2010). I became aware of the stigmatised narratives that learners held about HIV and AIDS through my interactions with them during LO lessons. Learners perceived HIV as a disease that results from a personal failing and, therefore, marginalised those they believed to be HIV positive. Action research is more than professional practice; it is about research and building knowledge in the process (Norton, 2019). In this study, the aim went beyond just investigating the hegemonic narratives learners held about HIV; I aimed to disrupt the stigmatised narratives in the hope of changing their understanding so that they, in turn, could influence the community at large.

Additionally, action research requires participants to be accountable for their actions. In this study, this was reflected in all the activities that learners engaged in, because after each activity, I asked questions that required them to think critically about the artefacts they had produced. The following cyclical diagram explains the process:

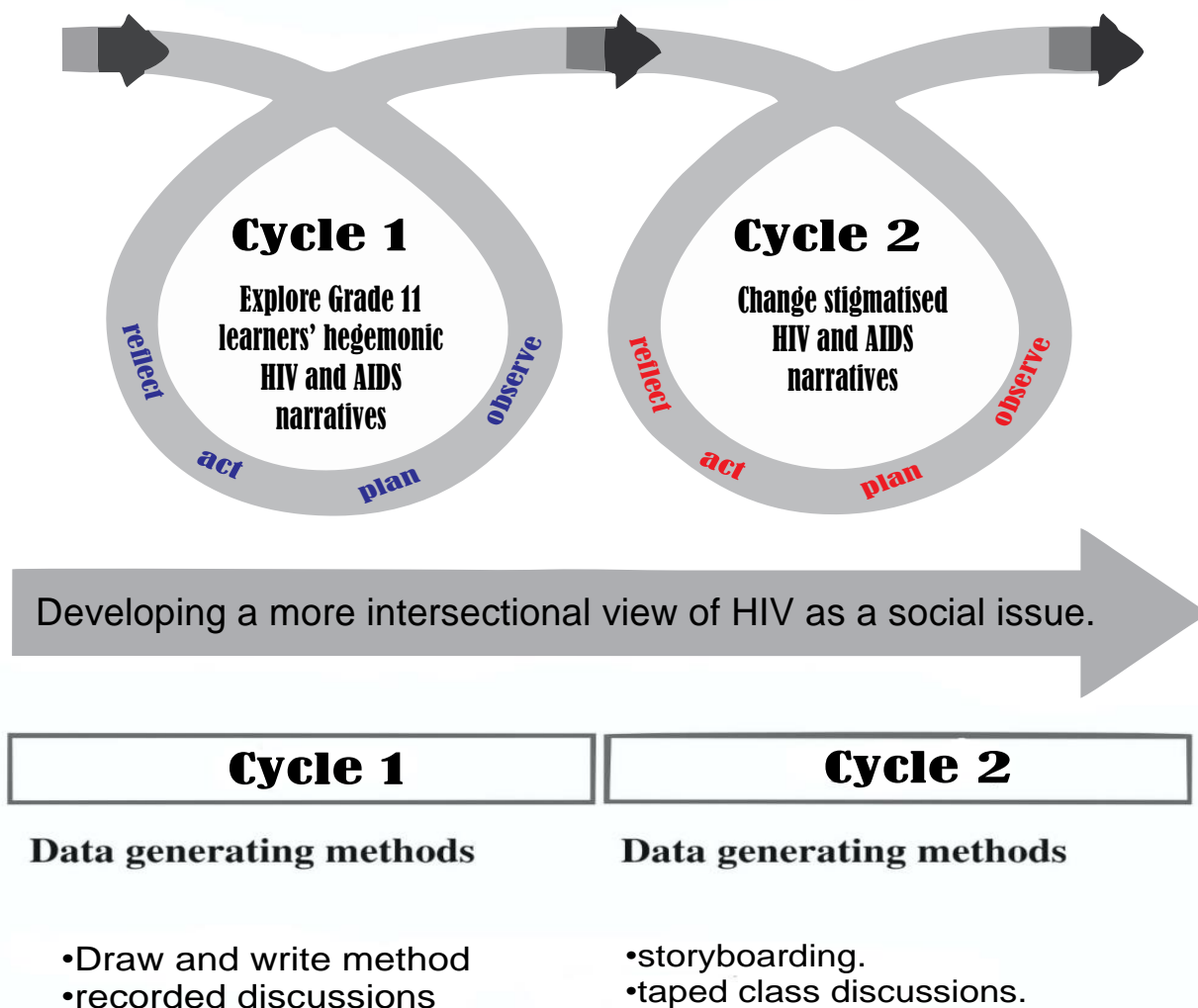


Figure 3.1: Action research process

The first step in the cyclical process of action research is to **observe**. The researcher consults literature or thinks about their practice and identifies a need to improve or a gap in knowledge (Johnson, 2011). In this step, the researcher asks questions like: What am I concerned about? Why does it concern me? What information is lacking about the phenomenon that I need to address through my research? (Glanz, 2016). In the school where I conducted this research, my concern emerged during LO classes while conducting lessons on the HIV and AIDS pandemic. Learners portrayed narratives that positioned HIV and AIDS as a disease of personal failing rather than a societal issue. This was evident in the gendered and moral narrative: learners mostly believed that HIV was a result of young promiscuous females and also observed the perspective

the community held that a sick person usually blames it on another person, as they believe that most sickness was due to witchcraft. From these narratives and a literature review on HIV and AIDS in South African rural areas, it was evident that there was a gap in HIV and AIDS education. Literature especially confirms that some LO teachers are not competent nor comfortable enough to teach about HIV due to their personal values. Therefore, I believed that this was something I could correct through engaging learners in action research to enable them to discover the implications associated with their stigmatised HIV narratives and then to come up with strategies to solve them.

The second step entails drawing up a detailed action **plan** specifying how the researcher intends to collect data, which means taking into consideration the research topic, questions, research design, types of data collection, and the actual implementation of the plan (Johnson, 2011). The plan for this study was to use art-based pedagogical strategies to change the thinking of learners.

After planning comes **acting** or implementation of the plan. This step requires the researcher to initiate action and work collaboratively with research participants to collect data (Burns, 2015). In the following sections, I explain how this was done in each cycle.

Finally, **reflection** refers to the process of critically examining research participants, decisions and activities that took place, leading to new perspectives and ideas emerging that can then be extended to another cycle (Burns, 2015).

3.3.1 Benefits and challenges associated with action research

The benefits of action research when conducted in the classroom are that it encourages in-depth learning through the knowledge learners' gain during the process, expands their experiences, and develops new skills (Streck, 2014). Action research enables teachers to develop their classroom practices because they engage with learners in practical work, which contributes towards their professional growth as lifelong learners (Mertler, 2014). Goodnough (2011) shared the same sentiment, saying that teachers who engage in action research show a deeper understanding of their professional practices.

Action research not only helps participants to gain new knowledge but also reduces the power relationship between the teacher and learner(s) (Jacobs, 2016). Traditional classrooms promote inequality: the teacher is a dominant figure, and learners are often passive and intimidated and, therefore, action research addresses power relations by enabling learners and teachers to engage at a level that requires them to change their perspectives of one another (Jacobs, 2016). This process promotes self-directed learning: it motivates learners to learn and seek more knowledge and allows them to have a voice in the teaching and learning process, and when this

happens, the teacher is then able to cater for each learner's needs and promote a positive classroom climate and inclusive learning (Brydon-Miller & Maguire, 2009; Goodnough, 2011).

However, action research can be time consuming – a potential drawback within a tight syllabus. According to Johnson (2011), teachers may spend a lot of time planning the research. Using this form of research as an integral part of the classroom presents challenges in curriculum coverage because learners may take time completing tasks, which causes delays and threatens the pass rate (Johnson, 2011). To overcome this challenge in this study, research was conducted after school hours and only with some of the learners, since I taught 84 learners in one class at the time. Secondly, the availability of resources in schools could pose challenges when conducting action research, which requires the researcher to be creative and use what is readily available in the school. This study was conducted in an under-resourced rural school. As a result, I bought all the material that learners were to use in the study (ranging from coloured pencils, markers, etcetera) in order to ensure that learners could participate.

3.4 Research methods

In qualitative research, the researcher is tasked with developing research methods that would give insight into how people see the world, and often the research methods require cooperation between the researcher and the research participants (Cropley, 2019). Hence, most qualitative studies occur in natural settings where research participants are mostly comfortable, allowing the researcher to experience participants' daily lives so he/she can understand the issue under investigation from the participants' perspective (Cropley, 2019). The choices regarding the method of sampling (i.e., purposive sampling), data generation methods (i.e., drawing and writing, and storyboarding) and thematic data analysis are explained in this section.

3.4.1 Purposive sampling

Effective sampling requires the researcher to be clear about the research question and aim of the study so that a suitable population can be identified from which to draw participants. The *target population* refers to the group that fits the criteria for the study (Alvi, 2016). After the target population has been selected, the sampling process commences (i.e., the process of selecting representatives in the target group), which makes the research process easier and accurate, and those representatives are called *research participants* (Showkat & Parveen, 2017). There are two types of sampling: probability and non-probability sampling. Probability sampling means that every person has an equal chance of being selected and participating in the study, and this sampling method is mostly used in quantitative, experimental studies; non-probability sampling, on the other hand, is suitable for qualitative research, research participants are selected knowingly, and this sampling method is usually used to study social issues that affect people in

their daily lives (Taherdoost, 2016). Non-probability sampling further involves the following types of sampling: quota sampling; snowball sampling; judgment sampling; and convenience (availability) sampling (Taherdoost, 2016).

The population in this study was the Grade 11 pupils to whom I taught LO at the time of the study. Purposive sampling refers to the researcher selecting research participants whom they believe are suitable to achieve the aim of the study, based on their judgement (Showkat & Parveen, 2017).

This study was a sub-study of a larger study which sought to obtain the current narratives learners around South Africa held about HIV and AIDS. This sub-study focused on a rural area, where I taught 84 learners in one class, hence the choice to use purposive sampling, as I could not involve all the learners. I gave a drawing-and-writing activity to the whole class and used the following criteria to choose drawings to include in the study: (a) they had to clearly convey an aspect of hegemonic thinking about HIV and AIDS; and (b) they had to have a caption and sufficient explanation to understand the meaning. I selected 20 drawings that met the criteria, but only ten participants were able to obtain consent from their guardians. The participants' profiles are tabulated below (Table 3.1).

Table 3.1: Participant profile

Name	Age	Narratives learners presented in their drawing
Portia	19	Cultural narrative
Simlindile	16	Gendered narrative
Nomzamo	17	Gendered narrative
Khethelo	19	Gender imbalance
Mabizela	21	Cultural narrative
Sbusiso	18	Stigma and discrimination
Sanele	20	Gendered narrative
Lindani	18	Gendered narrative
Sithelo	17	Stigma and discrimination
Zuzile	18	Gendered narrative

3.4.2 Data generation methods

Data generation is the process of gathering information from research participants in order to answer the research questions and analyse the results (Kabir, 2016). The main goal of data generation methods is to collect rich, quality data that answer the proposed questions (Kabir, 2016). In this study, I used the drawing-and-writing/tell method and storyboarding art-based methods to collect data. These data generation methods are discussed next.

3.4.2.1 Drawing-and-writing/tell method

Drawings are powerful research tools that enable research participants to communicate their narratives more clearly as compared to writing alone, and they are suitable for both adults and children (De Lange et al., 2011). According to Mitchell et al. (2011), drawings have been successfully utilised for data generation when dealing with sensitive issues such as HIV and AIDS. The use of drawings in research is especially useful for those who are not competent in the language in which the research is conducted or who find it difficult to articulate themselves clearly (Gameiro et al., 2018). The drawing-and-writing activity gives more power to research participants, especially learners, as it reduces the power differential between the teacher and learners and enables both parties to have holistic and uplifting real-life experiences during the research process, which enables the researcher to obtain raw, rich data (Horstman et al., 2008; Tanga et al., 2014). Drawings allow for multiple interpretations of an image; in this activity, the researcher should ensure that the environment is learner-friendly, and learners' interpretations are not optional but form a central part of the data generation process (Angell et al., 2014).

Drawings are an enjoyable and fun activity that enable learners to have a pleasant time while generating data and maintains research participants' attention throughout the process (Literat, 2013). While learners are having fun creating drawings, they develop or learn new creativity skills, and their emotional and social skills are also improved because they must explain their drawings to each other. The drawing-and-writing method was utilised in Cycle One. In a class consisting of 84 learners, activities (such as this one) that engage learners is hardly conducted due to time constraints and lack of space.

Learners were excited to participate in this activity. I divided them into two classes and asked another LO teacher to supervise the activity in the other class. This allowed the learners to have enough table space to draw. I bought crayons and markers for them, because learners in this school rarely had art and craft supplies, since it was a relatively poor school. Therefore, it was vital that I provided them with supplies. The following steps were followed:

- i.* The lesson topic was risky behaviours, as outlined in the Grade 11 LO annual teaching plan, and the HIV and AIDS forms part of this topic. I gave learners clean A4 sheets and

colouring pencils and markers and wrote the following prompt on the chalkboard: Draw a picture that shows what you think about HIV and AIDS – for example, its causes, what you think about HIV-positive people, how they are treated by others, etc. – then give your picture a title, and write a few lines to explain it. It does not matter how well you draw; you can use symbols or stick figures if you want.

I then used the above-stated criteria (see 1.7.3.2) to select 20 drawings. Some of these drawings belonged to learners who did not want to be part of the research but said that we could use their drawings only for the purpose of discussion and not to present them in the official report.

ii. *Working with drawings*

In this step, I followed the following six phases as guide to work with the drawings (Tanga et al., 2014):

(a) *Looking at the drawings.* I perused the 20 drawings in order ensure that they had accurate and interesting content for the activity.

(b) *Presenting the drawings to the rest of the group.* Each of the 20 learners was tasked with presenting and explaining their drawing to the group to eliminate ambiguity. In this phase, each learner had to answer the following questions:

- What did you draw, and why did you choose to use that drawing?
- How does your drawing reflect views of HIV and AIDS within your community?

(c) *Selecting and categorising activity.* The official 10 participants viewed all the drawings, analysed them, and categorised them into themes.

(d) *Developing a curatorial statement.* The participants were divided into two groups. Each group consisted of five members. Each group chose a theme they would like to work with and display, and they developed a chronological layout and labels for the exhibition, taking into consideration that they already knew their target audience (i.e., the other small group).

(e) *Creating a visual display.* The curated drawings were exhibited by Group A to Group B and vice versa.

(f) *Reflecting on the process.* I led a discussion aimed at disrupting the negative narratives by introducing new ideas on the intersectionality of social problems that contribute to HIV and AIDS and suggesting fewer stigmatising views.

3.4.2.2 Second cycle: Storyboarding

Storyboarding is a visual board demonstrating scenes of a participatory video in drawings showing how the video will be produced (De Lange et al., 2011). The most important aspect when working with storyboards is to first identify key issues that need to be addressed and then realise the complete concept of the storyboard (Andersson et al., 2011). This technique emerged in the early 20th century in the film industry as a pre-visualisation tool, providing a frame-by-frame visual scene that helps to give a clear concept before filming (Wikstrom, 2013). In this study, storyboarding was used to disseminate learners' changed narratives about HIV and AIDS. This activity formed part of the second cycle, which aimed at assessing whether learners' narratives had changed. The following sequence was administered for this cycle (De Lange et al., 2011):

- First, I emphasised to the research participants that, at that stage of the research process, they were required to create a storyboard. I asked them to imagine they were creating a short drama so as to present positive alternatives to the hegemonic narratives they identified in the first cycle. The drama was not to be performed nor filmed; it would only be a storyboard.
- I showed them a video titled *A play on HIV/AIDS: Zimbabwe* by Valhala Primary School (2014). I used this video as a prompt to model to them the type of educational narrative that was expected.
- After watching the prompt, I gave each participant an A4 sheet and tasked them choose any topic from the themes identified in Cycle One and brainstorm on positive alternatives of the theme they would like to make a video about. They then had to share their chosen topic and their ideas in their respective groups and decide as a group on one topic they would like to work with. De Lange et al. (2011) suggest discussion questions that encourage research participants to think about the storyboard:
 - Why do you think this topic is important?
 - In what ways is it important in the understanding of the HIV and AIDS pandemic?
 - Does the chosen topic intersect with other important social issues? If so, in what way?

After learners answered these questions, they had to create a storyboard. I showed them an example of a storyboard beforehand (see Appendix B).

Commence the second part: I explained that storyboarding is a visual aid consisting of simple drawings that depict the production of a video, ranging from the dialogue and characters involved in each scene, camera angles, and props used for each scene (De Lange et al., 2011). This means that, before storyboarding, it is important for the group to decide on the roles each member is to play and the props they are to use (De Lange et al., 2011). I then gave research participants flipcharts, markers, and pencils. After the discussion in their respective groups, I

asked them to draw storyboards that clearly conveyed their storyline scene by scene. I gave learners the following questions as prompts for storyboarding – as outlined by De Lange et al. (2011) – to help ease the process:

- Brainstorm an interesting title that would capture the essence of your drama.
- What is the most interesting way you can start the drama that would keep your audience interested in your drama?
- How are you going to get the message across? Think about the stigmatised narrative you aim to change and if your storyline provides an educational solution.
- What would be the best way to end the drama to ensure that your audience learnt something from it?

Research participants completed five storyboards. Then they were asked to share their storyboards with the other groups, who then gave their feedback. This encouraged reflective exercise and discussion among the two groups. I facilitated reflection by asking the following questions:

- How does this video make you feel?
- What have you learnt from it?
- How did taking part in this project help change your views about HIV and AIDS?
- Given the chance, would you encourage your peers to take part in this project in future, and if so, why?
- What would you change about the project?

3.4.3 Data analysis: Thematic analysis

Data analysis refers to the process of making sense of the collected data, and it is an ongoing process that begins as soon as the researcher has made contact with the research participants and has identified a theme (Butina, 2015). In action research, data analysis is a recurring process of constantly studying the data, searching for patterns, coding, and categorising (Glanz, 2016). One of the various qualitative analysis methods is thematic analysis, which is concerned with describing, analysing, organising and identifying themes that emerge from the qualitative data (Nowell et al., 2017). This form of analysis is often used in studies that seek to explore people's perceptions, opinions, experiences, or knowledge about social issues, and two approaches – the inductive and deductive approach – are used (Caulfield, 2019). In this study, I used the inductive approach, which requires the collection of data and then identifying themes therein (Caulfield, 2019).

The advantage of using thematic analysis is that it makes the data clear and easy to understand because similarities and differences are highlighted, especially when working with a large dataset that aims to gain different perspectives on a social phenomenon (Nowell et al., 2017). Thematic analysis entails six phases: familiarising oneself with the data; generating initial codes; exploring themes in the data; reviewing themes; defining and naming themes; and producing the report (Caulfield, 2019). These phases are illustrated in the diagram below (Figure 3.3) and discussed thereafter:



Figure 3.2: Phases in thematic analysis

i. Familiarising yourself with the data

The first step, familiarisation, involves obtaining a general overview of the collected data before starting the process of analysing (Caulfield, 2019). The researcher further simplifies and focuses the data by generating codes, which then makes the data easier to understand (Nowell et al., 2017). In this phase, all the material (data) is read (by the researcher) to ensure that significant details are not overlooked, and clear, interchangeable codes are created (Braun & Clarke, 2006). I highlighted phrases from each individual dataset (drawings, verbatim transcriptions, and storyboards) and created codes that fit the highlighted content. As each cycle progressed, I continually studied the different datasets in order to identify the learning and what needed to change in the following cycle.

ii. Exploring themes in the data

After completing the coding process, exploring themes initially follows. According to Braun and Clarke (2006) and Caulfield (2019), this involves categorising the collected data into themes, and that is achieved through studying the codes in the collected data and identifying patterns that then form the themes of the study. This can be done in various ways, including using techniques such as tables, mind maps and brainstorming in order to ensure that the themes are clear (Caulfield, 2019). After I had made general sense of the generated data, I read the data again, grouped data drawings with similar themes, and listened to the audio-recorded classroom discussion and transcribed the data again (the relevant categories) using tabulation.

iii. Reviewing themes

According to Butina (2015), this stage entails making meaning of the data – this can occur simultaneously with the coding – and obtaining general meaning of the data. In this study, this stage and the second phase of thematic analysis occurred simultaneously. It involves studying the themes that have been identified and revisiting the actual data in order to ensure that the identified themes represent the collected data; this allows the researcher to ensure that no information has been omitted or no phrases have been coded wrong (Caulfield, 2019). Hence, I reviewed the data for the second time against the codes I had identified in the second phase.

iv. Defining and naming themes

This phase involves the process of naming and defining the themes identified in step three (Caulfield, 2019). I identified and named the themes, and a detailed description of each is provided in chapter 4.

v. Writing a report

Finally, the researcher reports on the collected data by presenting the findings (Caulfield, 2019), which are provided in the next chapters. When reporting on findings, it is important to ensure trustworthiness and that ethical measures were administered.

3.5 Trustworthiness

This section outlines trustworthiness and ethical considerations when conducting research. In qualitative research, trustworthiness is achieved by presenting rigorous findings. To achieve this, the researcher needs to ensure that the findings are neutral, have truth value, are applicable to other settings, are consistent, and reflect integrity (Anney, 2014). The following strategies were

used in this study to ensure trustworthiness: credibility, dependability, conformability, and transferability. These strategies are discussed below.

3.5.1 Credibility

Credibility is concerned with the truth value of the findings; the aim is to ensure that the findings are a true interpretation and presentation of the research participants' original views (Korstjens & Moser, 2018). Strategies used to ensure credibility include the following: prolonged observation; reflexivity (field journal); triangulation; member-checking; peer examination; interview technique; establishing authority of the researcher; and structural coherence (Anney, 2014). I used each of these strategies to establish credibility in this study as follows:

- *Prolonged observation* refers to the process of spending time in the research environment and becoming familiar with the setting and learning the way of life of the research participants and their values and beliefs (Korstjens & Moser, 2018). This is vital because it enables the researcher to establish trust and test misinformation in the collected data (Korstjens & Moser, 2018). At the time of this study, I had been working at the site of this research for three years; therefore, I had prolonged experience of the participants and the daily life of the community. Seeing that it was the first time that I worked with a smaller number of individuals, I did prolonged observation by asking them questions such as how they were feeling, which sparked conversation and enabled them to ask for more clarity on the process. I believe that this allowed them to remain calm and trust me and each other more.
- *Reflexivity* refers to the researcher keeping a field journal and reflecting upon how their beliefs, ideologies and values affect the study and the interpretation of the findings, which helps limit subjectivity when reading the research findings (Berger, 2015). In my field journal, I wrote down all my ideologies about HIV and AIDS to enable the reader to understand how these may have affected my interpretation of the findings.
- *Triangulation* refers to differentiation in the data collection process, which include collecting data at different sites and times and varying the dynamics of research participants (Korstjens & Moser, 2018). Using triangulation to achieve data credibility enhances the findings – for instance, varying research participants may enable the researcher to obtain various perspectives and avoids biased findings (Korstjens & Moser, 2018). I employed triangulation in this study by using different forms of art-based methods in the data collection process, namely drawings and storyboarding. I established credibility by studying all the artefacts produced by research participants to ensure that they were not biased.

- *Member-checking* is the process whereby the participants are given a chance to listen to the researcher's interpretations of the data so they can correct wrong interpretations and omissions made during the data analysis process (Korstjens & Moser, 2018). After choosing the drawings in class, I interpreted them and then asked the research participants to provide corrections for incorrect interpretations. Finally, after analysing the data for the entire study, I called a meeting with the participants and presented my interpretation of the findings, and again participants had the opportunity to mend incorrect interpretations.
- *Peer examination* also forms part of credibility and is described as the process whereby the researcher seeks scholarly guidance from other academic personnel on procedures while conducting, analysing and reporting research data (Anney, 2014). During completion of this study, I received substantial guidance from my supervisor, Prof L. Wood, ranging from planning to the reporting of the collected data.

3.5.2 Dependability

Dependability is also vital to the trustworthiness of qualitative research and refers to the consistency of the findings over time (Korstjens & Moser, 2018). Cohen et al. (2011) state that dependability requires research participants to be involved in the evaluation of the findings and recommendations to ensure that there were no omissions or misinterpretations. To achieve dependability, an audit trail, a code–recode strategy, stepwise replication triangulation and peer examination methods are utilised. All of these methods were extensively discussed in chapter 1 (Anney, 2014). I utilised these strategies as follows:

- *Audit trail*: I kept all the documentation pertaining to each decision and observation made in this study. The classroom discussion was audio-recorded and transcribed verbatim (Appendices C and D), and I kept field notes of various observations, data collection, and raw data. All these were utilised as an audit trail.
- *Stepwise replication triangulation*: My supervisor and I analysed the data respectively until we came to a consensus conclusion.
- *Peer examination*: On completion of this study, I had the privilege to meet with my peers from other universities. This process allowed me to identify shortfalls in my findings and in the study as a whole, and I could rectify those mistakes in time.

3.5.3 Transferability

Transferability of findings refers to the applicability of the findings to other settings with other participants, and this is facilitated by providing thick descriptions of the research participants and research environment in order to enable the reader of the research to assess whether the findings of the study are applicable to the particular research context (Korstjens & Moser, 2018). Purposive sampling can also be employed to ensure transferability, because it focuses on respondents who are knowledgeable about the research topic and provide specific and useful information when answering questions. For instance, if a researcher wants to know what it is like to live with HIV and AIDS, they may purposively choose a hospice or support group consisting of people living with HIV and AIDS to gather data from participants who have first-hand experience of living with this pandemic. In this study, I wanted to learn how art-based methods could be utilised to explore and change hegemonic narratives about HIV and AIDS narratives among Grade 11 learners in a traditional KwaZulu-Natal village. Purposive sampling was employed to ensure transferability because the participants were directly from the village, and they provided specific and useful information to answer the main research question.

3.5.4 Confirmability

Confirmability means that the data derived from the collected data and not from the researcher's point of view and findings can be confirmed by other researchers using the same data (Korstjens & Moser, 2018). To ensure confirmability, I kept all the drawings, filmed video and taped classroom discussion in a safe place. These could be used at a later stage to verify the study findings.

For research findings to be regarded as trustworthy, it is vital that the researcher conducts the data generation process ethically. Ethical considerations applicable to this study are discussed next.

3.6 Ethical considerations

Research ethics refers to the ability of the researcher to make the right decisions and ensure that the dignity of research participants is always protected during the completion of the study (Fouka & Mantzorou, 2011). Ethical considerations in social research studies gained popularity in the 1940s through the Nuremberg Code, written in 1947, which emphasised the importance of informed consent, voluntary participation and freedom to withdraw, beneficence, non-maleficence, privacy, confidentiality, and anonymity (Fouka & Mantzorou, 2011). These are discussed below.

3.6.1 Voluntary participation (informed consent) and freedom to withdraw

According to Fouka and Mantzourou (2011), informed consent means that the research participants engage in the research voluntarily and are clear about the details of the research pertaining to the aims of the study, what will be expected of them during the process, whether they will be remunerated, what risks are associated with the study, the benefits of participating, etcetera. In this study, it was vital to establish learners' ages in the process of obtaining informed consent. I first explained all the details pertaining to the study and ensured that the participants understood them. I also answered learners' questions and clarified specific information. Learners were asked if they would like to proceed to the second cycle, and those who were keen were then asked to share their parents' contact details. A colleague of mine then wrote letters to parents, which explained what the project was about and what would be expected of their children and them as parents during the research process. The letters were accompanied by the parents' consent forms to sign (Appendix A). The consent forms were written in IsiZulu to ensure that they understood what they were signing. Parents were given a week to return the forms, envelopes were provided, and the signed forms were submitted by placing them in a box in the reception area.

I worked with my colleague to check the returned parental consent forms. After we established the parents who had signed, we called a second meeting with the participants. My colleague explained in vivid detail what would be expected of them during the process. We ensured that they had the freedom to seek clarity whilst reading the forms by asking questions and interpreting phrases they did not understand. Therefore, I am sure that the participants participated voluntarily. We also ensured that learners knew that they could withdraw at any stage of the research process when they felt uncomfortable (Principles of Research Ethics, 2012). This information was vital so that learners did not feel pressured.

3.6.2 Beneficence

Beneficence refers to the act of doing no harm and ensuring that research participants benefit from participating in the study (Fouka & Mantzourou, 2011). The main aim of beneficence is to ensure that the study is not biased nor exploits research participants; therefore, the researcher is responsible for explaining the benefits of the study to the participants and ensuring that they understand them and that the benefits outweigh the risks (Akaranga & Makau, 2016). By taking part in this research project, participants were afforded the opportunity to develop critical thinking, communication and listening skills because they worked in groups and conducted activities that required them to think critically and communicate with each other to make meaning of the artefacts they produced.

3.6.3 Non-maleficence

Non-maleficence means analysing physical, emotional, economic and physiological harm that may occur during the research process and then focusing on strategies to mitigate possible harm (Akaranga & Makau, 2016). For this study, physiological harm was identified during the planning phase, as HIV and AIDS is a sensitive issue, may trigger emotions in participants (in the case of this study, learners) and affect their well-being. Hence, I contacted the Department of Social Development in Pongola, who appointed a social worker who provided counselling if learners needed it during the research process. To cater for financial and physiological harm, I provided learners with refreshments to ensure that they had energy to participate in the project. As a teacher, I also understood that school stationary, such as crayons and highlighters, was a luxury for these learners; therefore, I bought crayons and other coloured pens so that learners could do the drawings in the first cycle and storyboarding in the second cycle.

Additionally, given the spread of COVID-19, all learners were supplied with face masks, which they wore successfully, and school desks were marked in order to adhere to the 1.5 metre distance to ensure that research participants continued to keep the distance during the data collection process. Classrooms were disinfected every afternoon, and I ensured that the designated classroom for the project was not occupied during the day and that learners washed their hands prior to entering class. The materials provided to participating learners were isolated for a period of 72 hours before they used them. The table below depicts the risks and benefits associated with the study.

Table 3.2: Risks and benefits

Potential risks	Potential benefits
<ul style="list-style-type: none">• Emotional harm• Breach of confidentiality	<ul style="list-style-type: none">• Develop leadership and communication skills• Develop critical thinking and problem solving skills• Become a conscious citizen with the ability of helping others.• Better understanding of the intersectionality of HIV and AIDS contributing to less stigmatising views

	<ul style="list-style-type: none"> • Improved knowledge about different forms of artefacts
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3.6.4 Anonymity, confidentiality and privacy

Anonymity, confidentiality and privacy refer to the researcher's ability to keep the identity of research participants secret by ensuring that, during the presentation of the findings, identifiable information, such as names, schools, etcetera, is not revealed (Akaranga & Makau, 2016). As regards confidentiality, it is vital that participants also know that they have the right to share information they are comfortable with and withhold responses they are not comfortable sharing (Fouka & Mantzorou, 2011). Moreover, should privacy and anonymity be compromised, the researcher must address this issue with research participants before the study commences in order to establish whether they would participate, and should it happen that research participants would like to have their work acknowledged in the presentation of the findings, they should then sign a form stating that their identity may be revealed (Fouka & Mantzorou, 2011). Prior to collecting data, I asked participants to set norms in groups, which ensured that everything that was discussed in our meetings remained confidential and would not be shared with a third party. To ensure anonymity, learners' personal information, such as their names, was not disclosed in this study.

3.7 Chapter summary

The research methodology for this study was discussed in this chapter. The main aim of this study was to explore and change hegemonic HIV and AIDS narratives using art-based methods. To achieve this aim, I employed the transformative paradigm, which is concerned with learning that brings about positive change in society when it comes to complex social issues such as discrimination, social class, and HIV and AIDS. To achieve positive social change, I used action research, which is explained as practical research that is often used to influence positive change. I used art-based practical activities, drawing and writing as well as storyboarding for drama as research methods and provided a step-by-step explanation of how I used each in the data collection process. These allowed me to conduct thematic analysis and successfully pronounce hegemonic narratives in Mboloba village. Finally, I discussed how trustworthiness was achieved and ethical considerations I adhered to in order to ensure that credible findings could be provided. The research findings are discussed in the next chapter.

CHAPTER 4: INTERPRETATION OF THE DATA AND DISCUSSION OF THE FINDINGS

4.1 Introduction

The main question underpinning this study was as follows: “How can art-based methods be used to explore and change hegemonic HIV and AIDS narratives of Grade 11 learners in a traditional KZN village school to facilitate an intersectional understanding of HIV and AIDS?” To answer this question, I used two cycles of action research with learner participants, informed by transformative learning theory to interpret the findings. In Cycle One, we focused on the first research sub-question: “What are the hegemonic HIV and AIDS narratives prevalent among Grade 11 learners?” And then, based on that data, we progressed to Cycle Two where the participants created storyboards to depict alternative narratives to address the question, “How can art-based pedagogies change learners’ narratives towards a less stigmatising view of HIV?” In this chapter, I critically analyse and discuss the data by presenting the themes that emerged from each cycle. Table 4.1 below provides an overview of themes that emerged from each cycle.

Table 4.1: Overview of questions, data generation strategies, prompt and themes

Cycle One				
Research sub-question	Prompt	Data generation strategy	Themes	Categories
What are the hegemonic HIV and AIDS narratives prevalent among Grade 11 learners?	Draw a picture that shows what you think about HIV and AIDS – for example, its causes, what you think about HIV-positive people, how they are treated by others, etc. – then give your picture a title and write a few lines to explain it.	Drawings ; Recorded discussions	Theme 1: Participants expressed gendered narratives	4.2.1.1 Women are to blame for the disease. 4.2.1.2 My body is my ticket to a better life. 4.2.1.3 We can't explicitly call it rape...they feed us.
			Theme 2: Participants	4.2.2.1 In our culture, men and women are

	adhered to cultural narratives	different and should be treated differently 4.2.2.2 We believe in traditional medicine
	Theme 3: Stigma and discrimination related to HIV is still rife in the community	

Cycle Two

Research sub-question	Prompt	Data generation strategy	Themes
How can art-based pedagogies change learners' narratives towards a less stigmatising view of HIV?	Choose any topic from the themes identified in Cycle One and brainstorm positive alternatives to the theme and make a storyboard that you could use for a drama/cartoon.	Storyboarding; Taped class discussions	Theme 1: Presenting a more nuanced and intersectional view of female vulnerability to counter the gendered narrative
			Theme 2: HIV and AIDS education is essential to reduce stigma and change cultural taboos

To understand the narratives that Grade 11 learners held about HIV and AIDS, I worked with 43 Grade 11 learners in my Life Orientation class who were present for the lesson on risky behaviours that contribute to ill-health, with a particular focus on HIV and AIDS. Learners were tasked to make drawings representing their understandings of HIV and AIDS. They provided interesting drawings that clearly indicated what they thought about HIV and AIDS, the social aspects of the virus, as well as how HIV-positive people are treated in the community. After learners had presented their drawings and we had discussed them, I chose 20 that depicted a clear message and worked with a small group of 10 learners after school to explore them further (see chapter 3).

4.2 Discussion of findings: Cycle One

Thematic analysis of learners' drawings and the critical discussions around their drawings reflected their hegemonic narratives similar to those reported in literature, such as gendered social norms, cultural beliefs, and stigmatisation of HIV-infected and -affected people. Next, the themes are discussed, using the visual artefacts created by participants and verbatim excerpts from discussions to validate the findings. Participants are identified by means of pseudonyms they chose.

4.2.1 Theme 1: Participants expressed gendered narratives

The gendered narrative in relation to HIV and AIDS is linked to how women are blamed for the spread of HIV due to their "immoral" behaviour. This narrative was popular among male learners who believed that immoral behaviour by women in the village was the biggest challenge they were facing in the fight against HIV and AIDS. Many of the drawings also depicted women as being complicit in this kind of thinking. However, some female learners presented drawings that reflected an understanding of the pressure on women to find ways to cope with poverty and portrayed the use of their sexuality as a coping mechanism.

4.2.1.1 Category 1.1: Women are to blame for the disease

The drawings portrayed women as carriers of HIV in society and blamed them for the spread of HIV and AIDS in the village. This was a common narrative among male participants, who believed that most young women in the village lacked morals and were promiscuous. In most drawings and narratives, the characters who were HIV positive were females whose immoral behaviour caused the spread of the disease. Lindani said:

Miss, the problem with these young girls is that they go around sleeping with older men who are already infected with HIV while they are in relationships with boys who are our age, so when they sleep with us, we get infected.

Male learners highlighted that they could not afford to give their girlfriends money or spoil them with material things and, consequently, their girlfriends slept with older men. Therefore, they believed that young women should be blamed because they failed “to be patient”. Lindani produced a drawing that reflected this theme:



Figure 4.1: Sex workers

Conversation between the young lady and the man driving the car		
Young lady:	Man:	Young lady
1. Hey, sexy guy, can we get two or four rounds without using a condom, because I want it to be more fun	2. How much? The money I have is R500; can we make it with this money?	3. No problem!

I drew this picture to reflect how people get HIV and AIDS, and I chose this drawing because it is easy to see that this girl has HIV because she had sex without using a condom for money. This picture reflects the reality of HIV and AIDS in my community because it shows how young girls are so desperate to get money that they don't care about their health and safety; the only thing they care about is money. They also do it for fun like sleeping with many men and

blessers. The way she is dressed, I believe they dress like this to attract men, sometimes we would think that they are HIV positive because of their dress code, so I blame women for the spread of HIV in my village.

The above narrative summarised the essence of the boys' hegemonic narratives. They believed that females seduced men by wearing revealing clothing such as G-string underwear, crop tops, and shorts. This narrative reflected the manifestation of patriarchy in this village. In a patriarchal society, men act as authoritarians who dictate how women should behave and dress (Klaas et al., 2018). It is evident from the comment below by Khethelo that they even blamed women for males' lack of control. In his view, women were to blame for his lack of control over his sexual urges:

The way girls dress sometimes, they dress to attract male attention and when we see a yellow bone [light skinned girl], we lose our mind and not use condoms. I think girls should dress to hide their bodies so this can stop.

The young woman in Figure 4.1 reflects what qualifies as a 'bad' woman who is HIV positive and spreads the disease because she is unmarried, sexually active, and wears revealing clothes. Generally, young girls from poor socio-economic backgrounds were regarded as those who engage in intergenerational or transactional sex, but Lindani commented that sometimes girls did it for fun. This finding is similar to what Kheswa and Mahlalela (2014) found: even girls from affluent families engage in transactional sex because of peer pressure. They want to compete with their friends – whose boyfriend has a better car and better financial standing. Female participants confirmed this, as they sought older men with cars so they could brag about it to their friends, because this elevated their social standing. Sithelo commented:

It is very difficult when your friends are dating people with money, cars and who buy them expensive items like cell phones while your boyfriend cannot afford those things. You become ashamed of your boyfriend and some of your friends laugh at you, so because I also want a trendy cell phone, I will leave my boyfriend to date an older man with money.

Young women in the village were condemned for being sexually active, because in the Zulu culture, women are encouraged to keep their virginity, as it is deemed a sacred gift to their husbands. Boys, however, were encouraged to explore their sexuality at a young age. Therefore, failure to preserve virginity, which was apparent in this village, resulted in girls being shamed and censured for the spread of HIV. After losing their virginity, young girls were regarded to be of low value, even by other women in the village. Men felt entitled to use girls' bodies, as they were perceived as 'damaged goods', so they engaged in sexual activities with them without the use of

a condom, as was also found by Sikweyiya et al. (2020). Girls were thus unable to negotiate for safe sex. This perpetuated the spread of HIV in the village. While boys tended to blame women for HIV prevalence, some girls in the group produced drawings and narratives that depicted a more nuanced understanding of why women were forced to use their sexuality as a means to improve their lives.

4.2.1.2 Category 1.2: My body is my ticket to a better life

This theme is centred around young women who used their sexuality for material gain and who became sex workers to meet their needs and wants. Although sex work is usually criticised in literature and in society, some female participants presented drawings which reflected their understanding as to why women had sex at a young age, slept with different older men, or were involved in prostitution. This differed significantly from the narratives presented by male participants, as was discussed above. Female participants clearly explained in their narratives that they understood where these young women were coming from by making reference to the disadvantaged backgrounds of most learners in the school. Nomzamo presented the following drawing to communicate her understanding of sex workers:



Figure 4.2: Prostitution of young girls could lead to unprotected sex and HIV and AIDS

<p>Prostitution of young girls could lead to unprotected sex and HIV and AIDS</p>	<p>1. Older lady in blue jeans</p> <p>Oh, friend there is our client now, Mr Nivret. Take a sip so you won't be shy 'coz it's your first time.</p>	<p>2. Younger girl in red</p> <p>Please hand over some condoms, I don't want to get pregnant.</p>	<p>3. Older lady in blue jeans</p> <p>Oh plz [please], no use for condoms, let's surprise our important client.</p>
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Well, lots of younger girls in the community become prostitutes for some reasons. Others you may find that their parents have just passed away and they have nobody to care for them, so they find it hard to ask for money from relatives, so prostitution becomes their first solution to hustle for money. This later makes them have an infection of HIV [sic] because they sleep with different men, and people in the community just disrespect them without knowing the hardships they face in order to survive. They call them bad names and others distance themselves from them. Some get tempted by their friends when they see their friends wearing expensive clothes and having expensive phones and they wish to have those things as well, and so they end up doing prostitution and end up being infected at a younger age.

Sanele expressed a similar narrative:



Figure 4.3: Blessers take advantage of needy young women and have unprotected sex with them in exchange for money

I drew a girl who is going to meet her blesser along the road. I did this drawing just because many girls depend on men to support them, especially those who come from disadvantaged backgrounds, like you can see the house has holes (referring to the picture). In my community where I come from, most of us are not that fortunate; we don't have much, so most women tend to depend on men to provide for them, that's how they end up having unprotected sex with them and end up contracting the HIV virus.

Poverty is closely associated with poor living conditions, such as living in an overcrowded environment, unemployment, poor diet, and little access to medical care (Els & Van Vollenhoven, 2010), and women from poor socio-economic backgrounds are often forced to engage in transactional sex with older men for survival (Ramgee & Daniels, 2013). In the current study, these circumstances were also prevalent in the research context: female learners believed that young girls in the community had no other option to fight against poverty but to use their bodies because it was the only thing that they could offer that enabled them to feed their families and meet their basic needs. Thus, for them, sex was a form of agency.

I enquired about the drop-out rates of the school since it was established in 2015. I gathered from my colleagues that a few learners had dropped out and went to work as prostitutes in Johannesburg, while others sold their bodies to truck drivers in Pongola town next to the freeway. Of those learners, only one was able to go back and complete her school-leaving examinations. This vulnerability contributes to young girls contracting HIV during sex because it involves high-risk sexual pleasures and does not include the use of condoms, as has been indicated by other research (Avert, 2019). This is evident in Figure 4.2, with the older women wearing blue pants, saying, *"Oh please...no use for condoms, let's surprise our new client."* Simlindile said:

The motivation for sexual intercourse during prostitution or in the blesser situation is to get money in return, so these blesser and clients do not pay well if they have used condoms. So, girls have unprotected sex with them so that they can make more money, and sometimes they are scared to ask for the use of protection.

Transactional sex is influenced by a lack of education, poverty and gender imbalances, and other psychosocial factors, including peer pressure and being orphaned (Kilburn et al., 2018). As a result, women from poor backgrounds who lack secondary education are vulnerable to HIV because they engage in unprotected transactional sex with multiple partners for material gain (Rodrigo & Rajapakse, 2010). Nomzamo further said the following:

It is unfortunate that sometimes people do not understand that girls are sleeping around in order to get money from men. Maybe those people who judge these girls do not know how it feels to sleep on an empty stomach; these girls are forced by their circumstances to sleep with these men. If the tables were turned, boys will also be sleeping with older women if we had rich women around our community, so for now, boys turn to crime to meet their basic needs, so we are all the same.

Female participants agreed there were people who engaged in prostitution in the village, but they thought that not everyone who had sex for money was a prostitute. This is because, often, there were no predetermined contracts, but in relationships, there was the standard norm of reciprocity, where ‘good men’ were expected to provide females with material goods and money, and “good women” provided sex in return (Wamoyi et al., 2019). Therefore, female participants did not all consider transactional sex as sexual exploitation. It only qualified as exploitation when they did not receive anything in return. They defended women who used their bodies willingly because they believed that the exchange of gifts symbolised respect or affection, as was also found by Choudhry et al. (2015). However, the data also revealed a high degree of unreported gender-based violence and rape in the community.

4.2.1.3 Category 1.3: We can’t explicitly call it rape ... they feed us

Participants highlighted that there had been unreported rape cases in the village because sexual offenders were often family members. Since they were also the people who fed and housed them, abuse was not discussed nor reported. They were encouraged by other family members, including female relatives, to keep it a secret so that the family would continue to have food security. The following excerpts emerged from our discussion:

It is unfortunate, Miss, that we know some females around here that are being raped by their family members, and no one can help them because the rapists are breadwinners, so these girls who are being raped as well as their families try their best to hide these cases because they are scared of these men and they want to keep food on their table. (Khethelo)

It is difficult in my community; some family members take in orphaned young girls and promise to take care of them. So, they sleep with them as pay back, some of the victims say they cannot report the perpetrators because they will lose the roof they have over their head. (Sithelo)

In the South African context, sexual coercion is a norm, practised by powerful men who believe that they can force young girls to have sex with them because they provide them with basic needs

such as food and clothing (Mesatywa, 2014). Additionally, young men often drink heavily when attending parties at night, and this gives them the courage to find casual partners and engage in unsafe sexual practices (Mesatywa, 2014). Excessive alcohol consumption among the youth in this study was common, and learners often went to school drunk on Mondays and almost every day during the marula harvest season. There were many marula trees around the village, so they brewed homemade marula beer, which was easily accessible to them. Zuzile commented that young boys around the community also felt entitled to women's bodies after paying for drinks.

You see Miss, around my community, young people get infected with HIV at night parties. Young ladies are used to going to night parties with boys, and mostly when they are there, boys usually put eye drops in their drinks so that they will easily get drunk, and they sleep with them, and sometimes this is done by a group of boys and they all sleep with one girl without using protection because it is a party and no one thinks of using protection. This happens regularly because learners around the community go to parties almost every weekend in the nearby location, Ncotshane.

This also reflects how men use their financial power over women. If they spend money on women – for example, by buying them alcohol – they believe they own women's bodies. So, if women resist their advances, they rape them as a form of payment. Mabizela made the following comment, which some participants found disturbing:

I cannot spend my money on you and then when I want to sleep with you, then you refuse; I also need to get something in return.

In this community, rape was silenced, and both men and women blamed women for such incidents. This is clear in statements such as, “*What was she doing out late at night?*” Rape also existed in intimate relationships in the village. Participants did not seem to understand the importance of consent. This is because most boys in the class lived in *ilawu* – a male's room built separately from the main house – so that they would have privacy when their girlfriends came to visit. Such a visiting process is called *ukuqhetha*. According to the boys, when their girlfriends visited them and entered the room, it was a sign of consent to every sexual advance they would make, so they did not understand why they constantly had to ask for sex while they were in such a room. This perpetuated the practice of forced sex, since the boys had been brought up to believe that nothing was wrong with their behaviour. Such social norms are toxic for women, but ingrained cultural narratives mean that even women can be complicit in perpetuating such beliefs.

4.2.2 Theme 2: Participants adhered to cultural narratives

Cultural narratives refer to hegemonic narratives that are influenced by traditional values, daily life and beliefs which inform how individuals view the world. Culture and HIV and AIDS intersect closely because traditional values often encourage submission from women and children (Madiba & Ngwenya, 2017). Men enjoy autonomous power by virtue of being a man, which some men exploit by abusing the vulnerability enforced by culture on women and children. Women who challenge these norms are considered disrespectful. This narrative includes aspects of gender roles, traditional medicine, and witchcraft. These are discussed in the following sections.

4.2.2.1 Category 2.1: In our culture, men and women are different and should be treated differently

Participants articulated in their explanations of their drawings the dominance males enjoy over women in the village. They did not criticise it as such because this behaviour was widely accepted in the village. The dominance of men is reinforced through teachings of gender roles, cultural activities, and through proverbs such as “*Indoda ... indoda*”, meaning “a man will always be a man”. This gives an unfair advantage to men because they enjoy autonomous power, while women are shunned and taught to be submissive (Mann, 2005). The drawing below speaks to this phenomenon:



Figure 4.4: HIV spreads through unprotected sex

1st Frame	2nd Frame	3rd frame
<p>GIRL: "Baby, can we wait, we forgot to use a condom"</p> <p>Boy: "NO!!! no!!! we are already in the middle of our pleasure."</p>	<p>Girl: "Why did I get pregnant? I regret myself, I hate me, I am even HIV positive."</p>	<p>Schoolmates: "Ha!!ha!! you are pregnant at school. Weeeeeee!!"</p>

This drawing shows a couple being intimate without using protection, which has led to the spread of HIV. The other partner is infected and falls pregnant. This has led to an interruption of her studies; she is being bullied at school because of her status. (Simlindile)

This image is indicative of what normally happens at school and around the village. When I asked who was HIV positive in this drawing, the boy or the girl, the learner said the girl. In the last frame, the girl is also ridiculed by other girls at school, who are thus complicit in perpetuating the blaming of women for their “immoral” behaviour (see Theme 1). The boy in the picture refused to use a condom, and the girl did not persist because culture teaches girls to be submissive through proverbs such as “*izwi lendoda liyabhekwa*”, meaning a man’s word should be prioritised, while a woman’s opinion may be disregarded (Mpungose, 2010). Such proverbs in the Zulu culture play an important role in socialisation, and learners from this village had been brought up hearing them.

Men often prove their masculinity by having multiple partners and sleeping around with different women, and they are praised and called “*isoka*”. Participants also used words such as “*isikhokho*”, “*inja ye game*” and “*boss*”, which are words used to describe a “cool” person whom most people admire. This occurs because of the notion in society that supports the idea of young men having multiple partners and the acceptance that a man’s sexual urges are uncontrollable and spontaneous and that he should not be expected to wear a condom in order to maximise his pleasure during sex (Mhele, 2017). Female participants pointed out that, if a boy was regarded as “*isoka*”, they tended to be more attracted to that particular boy and that they also wanted to experience what the other numerous partners of that boy were experiencing. This was how HIV infection often spread in their community.

In contrast, a woman with multiple partners is regarded as “*isifebe*”, which is defined as a loose and immoral woman who sleeps around and cannot control her sexuality (Ngubane, 2016). Participants used the words “*loose*”, “*whore*” and “*Jezebel*” to describe “*isifebe*” and said that they never wanted to be called such words because everyone automatically thought they slept with every man that made sexual advances to them, and they were easily labelled as HIV positive as a female. The female participants did not critique this view but seemed to ascribe it to patriarchal belief. Portia shared that:

Girls are sometimes the ones to blame for being called ‘isifebe’ because they can be so careless. Girls sometimes throw themselves at guys, and guys should be smart enough to refuse sleeping with a girl that throws herself on them because that is a clear indication that something is wrong with that girl.

These gendered views are informed by the prevalence of traditional gender stereotypes which define what masculine is and what feminine is (Kachel et al., 2016). Additionally, because traditionally the man is the one who is expected to decide on the conditions in which they have sex, females who carry a condom to protect themselves during intercourse or who initiate sexual intercourse are labelled as “*isifebe*”. According to traditional beliefs, it is unnatural for women to

initiate sex; they should always consent to advances made by men. These norms result in girls risking their lives for the pleasure of men, which reflects the extent of indoctrination of gender inequalities that deny women the right to negotiate sex on their own terms, even in consensual relationships.

The “doggy style” sex position was dominant in most pictures (see Figure 4.5). This position was dominant because learners often had sex in the forest after school before the other partner crossed the border to Swaziland. When I questioned why this position, they said that was how they usually had sex and did not seem to realise that it lacked intimacy and reinforced the power of men over women. The girls also did not question this and bought into the myth that insisting on condom use would reflect badly on their character. Zuzile said:

I will never carry a condom because it gives off the wrong impression. I am scared that the guy will think that maybe I am HIV positive or that I am always sleeping around with different men and that my boyfriend will think that I don't trust him.

Men are also in danger, but they do not realise it, as young males often boast about having sex without using protection. The participants used the metaphor “*angeke udle uswidi ose oku plastiki*”, which means one cannot eat and enjoy a sweet while it is wrapped.

Thus, in the Zulu culture, gender means different things for each sex. For women, it means being susceptible to male manipulation and being regarded as a commodity, while for males, it means being afforded social and cultural privilege (Buthelezi, 2006). The power enjoyed by men over women perpetuates the spread of HIV, as women remain in situations that place them at risk of HIV infection because they have been socialised to be submissive towards men. Even in daily activities conducted in a homestead, women are described as weak and, therefore, should be given easy tasks, while men attend to more serious activities such as hunting (Hadebe, 2010). When I pointed out that the Constitution says that men and women should be equal, none of the boys accepted this. Lindani said:

As for me, I will never allow a woman to tell me what to do because then she will not learn her place, which is to respect me and take care of the house. So, when I have paid Lobola for a woman, they have to sleep with me when I want and not use a condom because she is mine.

As a result, to retain respect, men usually resort to patriarchal behaviours such as not allowing women to work so they would not be seen by other men (Byaruhanga, 2018). Women are also not allowed to wear trousers in order to symbolise who is the man of the house, and men are the ones who make important household decisions (Rudwick & Shange, 2009).

4.2.2.2 Category 2.2: We believe in traditional medicine

As outlined above, culture forms an important part of the daily lives of people in the villages where the learners lived. Villagers had utmost respect for traditional healers as well as for traditional medicine to deal with infections such as HIV. This is because most villagers attribute illness to witchcraft, which Western medical doctors cannot diagnose nor heal. Nomzamo shared the following example to explain how people in her community ascribed illness to witchcraft:

When a man comes back to the village with a new car and perhaps they start getting sick, that man with his family will believe that some jealous neighbour saw the new car and has taken the soil with car tyre marks and bewitched that person. Therefore, when seeking for help, they will go to traditional healers who they believe will remove the bad spell and not go to the clinic.

Figure 4.5 below speaks to this phenomenon.

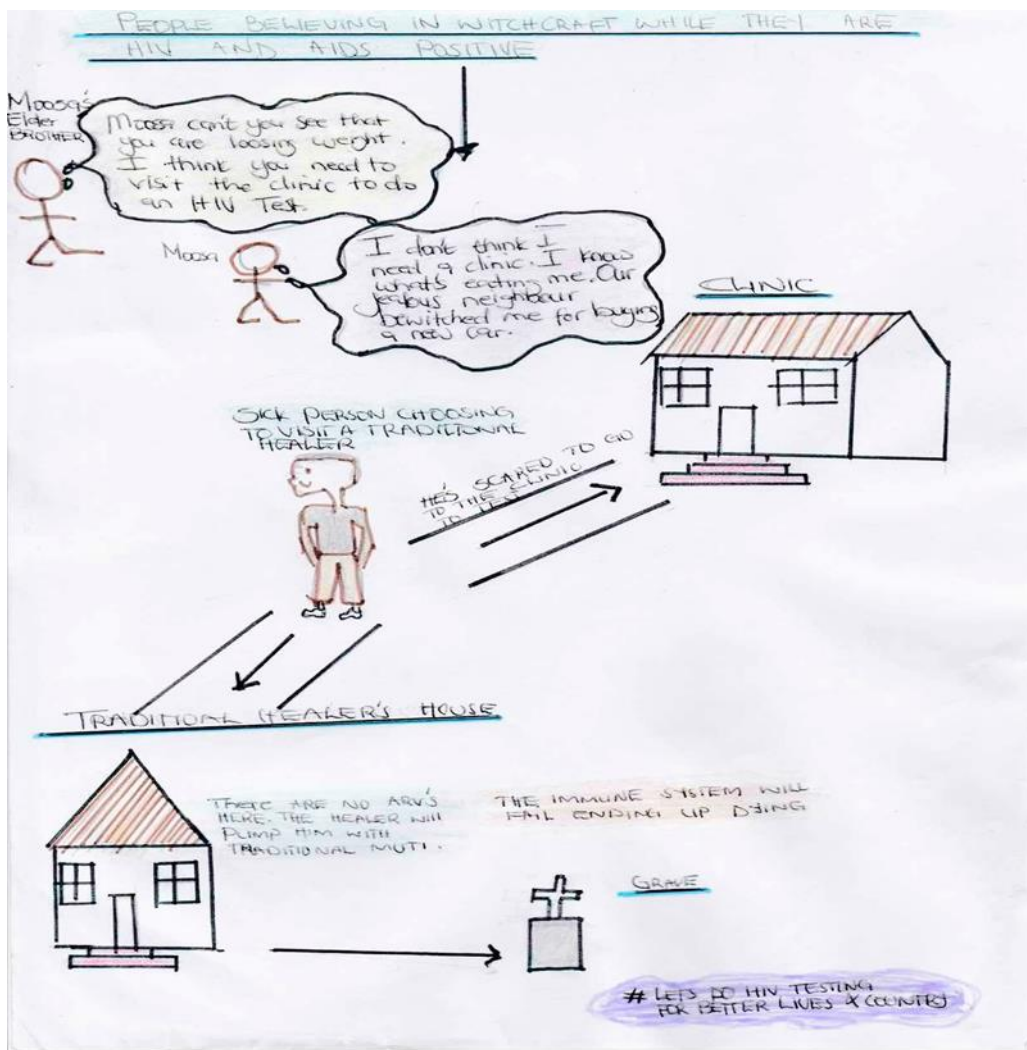


Figure 4.5: People believe in witchcraft even when they are HIV positive or have AIDS

My drawing reflects HIV and AIDS views within my community because most people will tell you that they are scared to do testing; when asking the reason, they say knowing that they are positive will kill them more and they will also be discriminated against. Most people die not knowing their status while they are under traditional healers' guidance. All in all, HIV has become a fatal disease that is it like an unknown force to others in my community leaving widows and orphans. (Portia)

Participants said that a traditional healer may provide medicine that would weaken the immune system of the patient who was most likely to die from HIV. Additionally, ill-trained traditional healers conduct practices that place patients at risk of infection, such as sharing razors, as is shown in Figure 4.6:

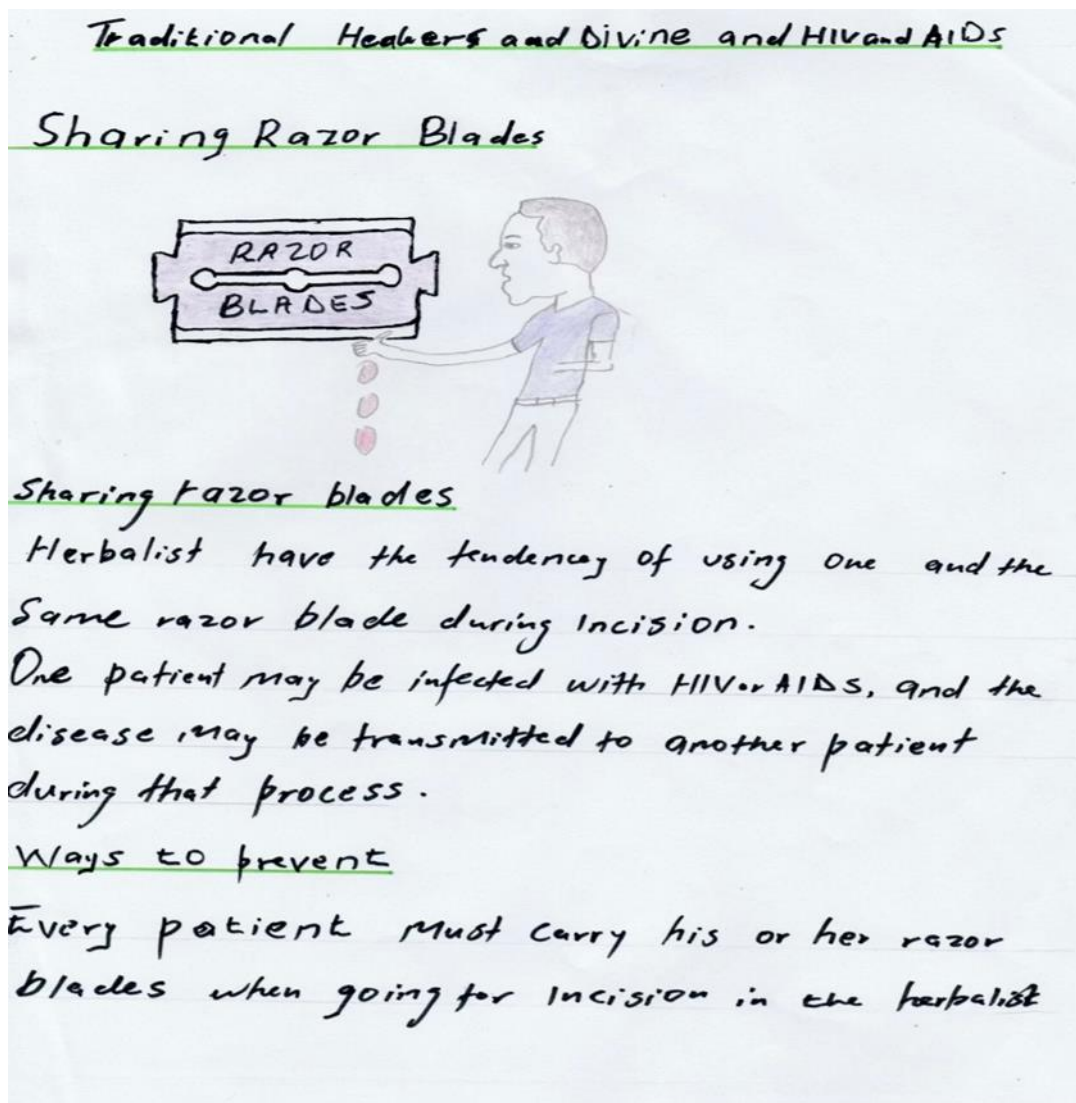


Figure 4.6: Traditional healers, divine healers and HIV and AIDS

Huh...okay, it is showing a man at a traditional healer or herbalist for the incision, ja. Most people have the tendency of using one and the same razor blade, so you can't tell who has HIV and who doesn't and so by sharing blades they can be infected. (Mabizela)

Although there are good traditional healers who encourage patients to go for testing prior to providing medication and treating them only if their CD4 count is over 350 (Audet et al., 2017), that did not seem to occur in this village. This puts patients in danger because healers may provide medication that can be detrimental to the health of the infected person; they are concerned about making money. Moreover, seeking traditional assistance often does not work well with patients who are on ARVs because, when they use traditional medicine, they do not adhere to ARV treatment (Ondwela et al., 2019). Some traditional healers confuse patients, as they may attribute HIV sickness to ancestral calling or dissatisfaction, witchcraft, etcetera, and provide solutions such as that patients have to conduct certain rituals to get better (Ondwela et al., 2019). Consequently, those patients may spread the disease because they continue having unprotected sex with their partners because the traditional healer said they did not have HIV. Although some participants recognised the need to take ARVs when HIV positive, others still believed that traditional medicine was their treatment of choice. Mabizela said:

I think traditional medicine is effective because in the village most people suffer from amafufunyana or izilwane which needs traditional medicine because it cannot be healed using Western medicine.

It is difficult to shift such ingrained beliefs, and thus people still stigmatise those who are HIV positive.

4.2.3 Theme 3: Stigma and discrimination related to HIV is still rife in the community

Stigma is defined as spoilt identity which seeks to discredit someone based on specific attributes they may have (Tran et al., 2019). This may, in turn, lead to discrimination or shunning a person because of their HIV status (Tran et al., 2019). Although most of the drawings reflected stigmatisation and discrimination, it is important to specifically discuss how learners viewed discrimination. Their drawings revealed that people in their community still regarded HIV as a death sentence and believed that they could get HIV by being in close contact with an infected person. Therefore, HIV-positive people choose to hide their status to avoid being discriminated against. The drawings below reflect a lot of ignorance prevalent in this rural community.

The drawings depict how the community blamed those who were HIV positive because they deemed HIV to be an individual disease contracted by promiscuous people who made poor lifestyle choices or who were being punished for wrongdoing. The participants believed that those

who discriminate were influenced by people in their environment who lacked knowledge about the disease and then passed on the wrong knowledge to their children. Moreover, the participants also shared that people in their community made assumptions about a person's status and diagnosed them based on their physical appearance.

They can judge a person by their dress code and if they have bones sticking out, so weight is used to judge and diagnose a person. For example, maybe at the beginning of the year you weighed a lot and now you are slender, they will say that you are HIV positive rather than thinking that maybe they are suffering from TB, corona virus or malnutrition. It is just because we are black people and so don't think about other things; we think that if you lose weight, it means you are HIV positive. (Sithelo)

A thin figure in a black community is commonly associated with being HIV positive (Matoti-Mvalo & Puoane, 2011). I have first-hand experience of people questioning whether I was healthy or not because I am a size 28 and have visible collarbones. This reflects the ignorance that still prevails in communities despite the work done by the South African government to educate people about HIV and AIDS. Even though participants recognised the error in this form of stigmatisation, they were also guilty of stigmatising people living with HIV because they had been exposed to this all their lives.

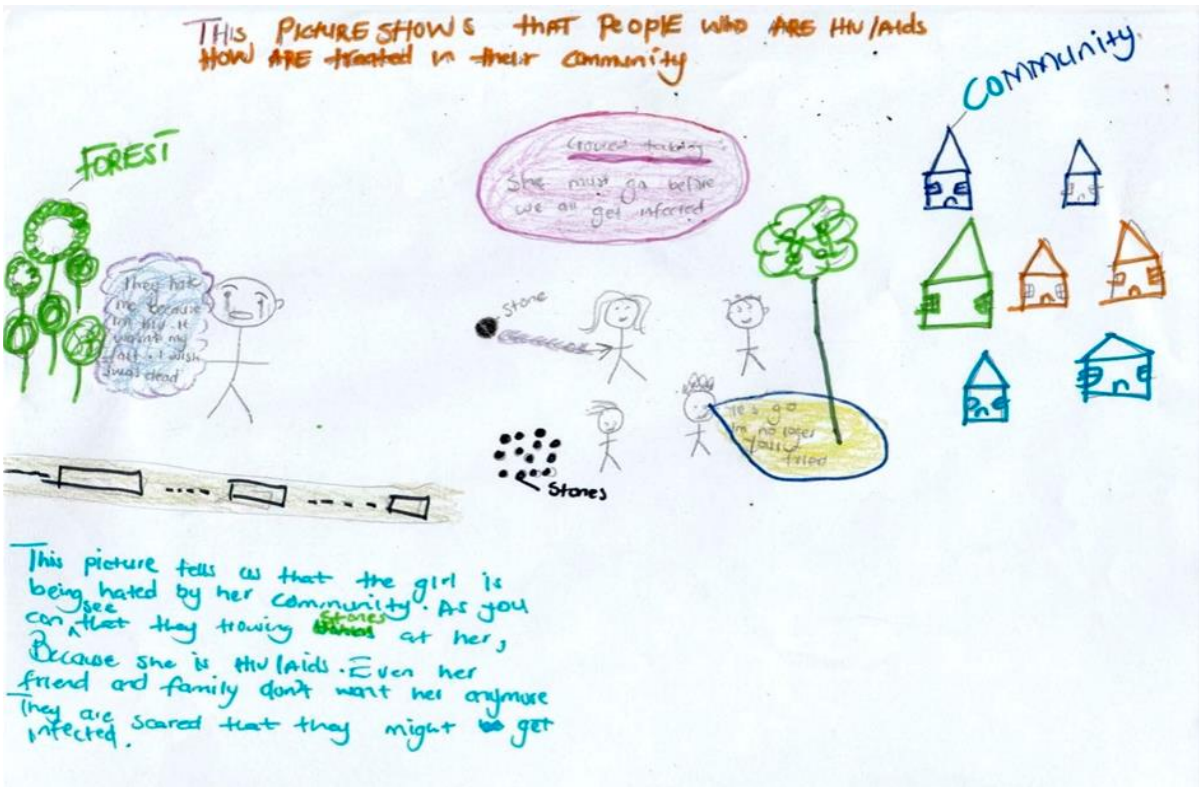


Figure 4.7: Ill-treatment of HIV-positive people in the community

<p>1. <u>Group talking</u></p> <p>“She must go before we all get infected.”</p>	<p>2. <u>Group talking</u></p> <p>“Yes GO, we are. No longer your friend.”</p>	<p>3. <u>HIV-positive child</u></p> <p>“They hate me because I am HIV positive. It wasn’t my fault; I wish I was dead.”</p>
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Most people are not educated because they isolate those who are positive, most infected people are being mistreated by their families and friends, sometimes people who are living with HIV and AIDS end up being laughing stocks to an [sic] extent where sometimes they become physically abused and people distance themselves from those [who] are HIV positive. (Sbusiso)

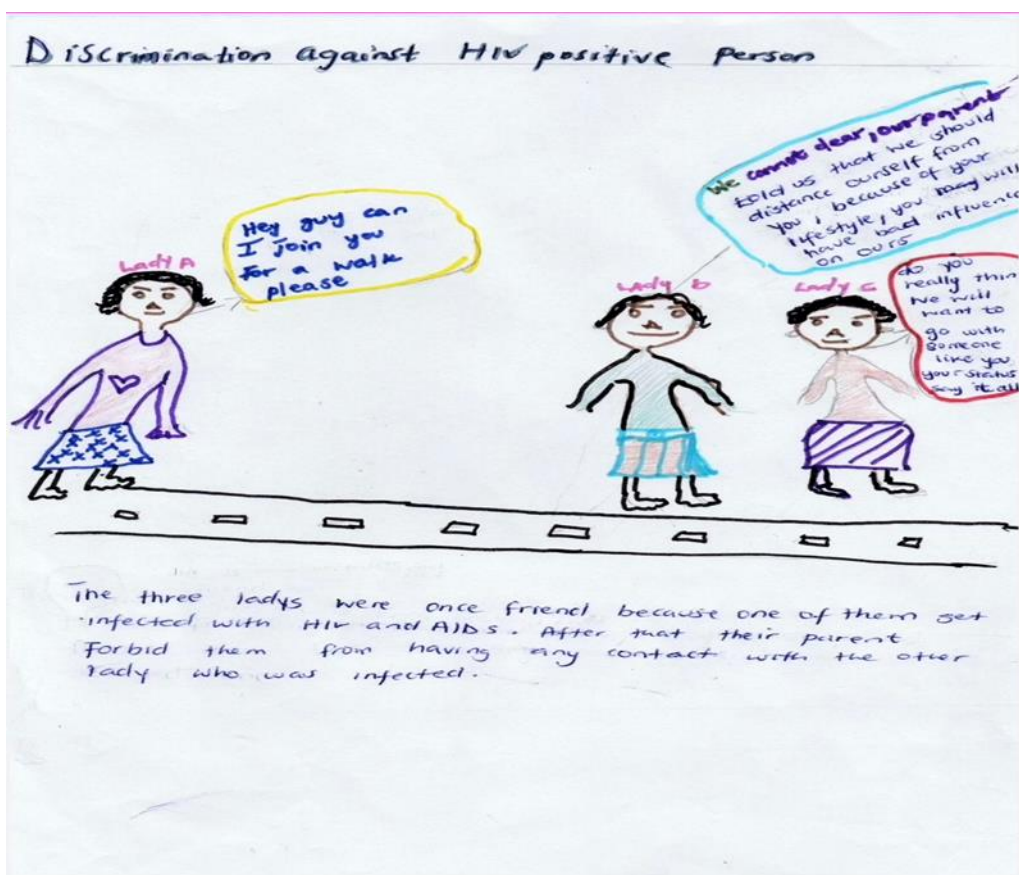


Figure 4.8: Discrimination against an HIV-positive person

<p>Lady A</p> <p>Hey guys, can I join you for a walk please?</p>	<p>Lady B</p> <p>We cannot, Dear, our parents told us that we should distance ourselves from you, because of your</p>	<p>Lady C</p> <p>Do you really think we would want to go with someone</p>
---	--	--

	lifestyle, you will have a bad influence on us.	like you? Your status says it all...
--	---	--------------------------------------

They are treating their friend in a different way just because she is HIV positive as their parents forbidden [sic] them from being in contact with her. (Sithelo)

These narratives were influenced by illiteracy, the prominence of traditional/cultural beliefs, women stigmatising each other, even though most of them were at risk due to the prevalence of toxic masculinity in the village and inadequate infrastructure, such as no clinic in the village and poor transportation services, which made it difficult to seek medical help. Illiteracy was one of the biggest challenges in the research site, as it prevented the village from effectively overcoming existing challenges, which required access to updated knowledge. Most of the population was uneducated and lacked knowledge and skills to solve social challenges. The school in which this research was conducted was built in 2015. Before 2015, there was no high school nearby, so many people did not go to school after primary level. As a result, most people in the village lacked secondary education. Communities with low levels of education have been reported to be less knowledgeable about HIV and AIDS (Gregory, 2018). Therefore, knowledge in the village remained stagnant. By saying this, I do not disregard traditional knowledge and skills, but challenges such as HIV and AIDS require updated knowledge. Unfortunately, the village did not take well to outsiders bringing new information.

If I ever test positive for HIV, I will never disclose that information to anyone in my family, not even my mother. When going for a test, I will test in a clinic that is very far from home because I would not want the news to spread. The reason I will not disclose my status to my family is because I know that they will discriminate against me. They will not want to share spoons, cups or even the toilet with me. I know my family, if I do something wrong, they will always say I got HIV because I am rebellious, so I would never risk giving out that information. (Sithelo)

Discrimination comes from HIV being labelled as a promiscuous disease, because with the coronavirus people are not as discriminated because it is something that one get from the atmosphere. (Nomzamo)

At the time of the study, the school at which I worked did not have sufficient space or teachers to cope with the number of learners, hence, I taught 84 learners in my one LO class. Although the purpose of building the school was to bring education closer, learners still walked long distances to school because there was minimum transport available, and those who had easy access to

transport could not afford transportation for a whole month due to poverty. School attendance thus remains erratic. Moreover, people who have access to mass media and can obtain knowledge from different sources are more educated and more likely to make informed decisions (Oljora et al., 2013). Unfortunately, people in the village had limited access to media, as the village did not have signal towers. When they had to use the Internet, they often had to go to a specific area where signal was guaranteed. The local tuckshop did not sell newspapers, and they had to pay for satellite installation in order to enjoy television. This may prevent communities from gaining access to information that might reduce stigma around HIV.

4.3 Reflection on Cycle One

The “golden thread” running through the above-mentioned themes reflects toxic masculinity (Harrington, 2020) reinforced through patriarchal beliefs. *Toxic masculinity* refers to harmful masculine traits and beliefs that are exaggerated in society in order to give more power to men while suppressing women (Johnson, 2020) – for example, believing that men should have power and be of high status when compared to other men, and especially that they should have power over women, that they should act tough and show no fear, pain nor express their feelings or accept anything that may be associated with being feminine (Nelson, 2019). These traits are learnt at the micro-system level of a child, which includes the family, friends, neighbourhood, and the school environment (Nelson, 2019). The drawings and narratives produced by learners in the first cycle reflected how this perpetuates gendered narratives around HIV and AIDS. In my discussion with the participants, I introduced a disorienting dilemma (Mezirow, 2006) to shift their thinking. Interestingly, some of the participants knew that the social norms they presented required change, but they still adhered to them because they had been socialised this way. Therefore, as their LO teacher and researcher, I drew on the principles of transformative learning theory (see chapter 2) to disrupt their existing schemata about HIV and AIDS. We discussed each theme with its respective categories. I explained the intersectionality of HIV and poverty by making reference to poverty in their immediate environment and how it influenced the vulnerability of women to HIV infection. We discussed cultural narratives regarding how they contributed to the marginalisation of women. We also spoke about the importance of transparency and equality in a relationship, which included valuing each other as equals.

Some learners seemed to have made a shift in their thinking about gender roles. As regards cultural narratives, participants maintained the importance of traditional medicine and recommended that there should be a working relationship between traditional healers and doctors in order to preserve the lives of villagers. The frames of references related to HIV stigma and discrimination changed during the discussion. They all agreed with the idea suggested by some

that community workshops be held where community leaders engage with citizens and discuss HIV-related issues in order to combat stigma and discrimination.

I believe that my use of the principles of transformative learning theory helped me to better educate the learners about the intersectionality of HIV, as participants were encouraged to critically reflect on their thinking, feelings and behaviour to transform their stigmatising and uninformed frames of reference related to HIV and AIDS. To explore the extent of the transformation, I requested participants to create storyboards for a drama or cartoon that presented less hegemonic narratives than those revealed in Cycle One. The next section reports on the findings from the second cycle of inquiry.

4.4 Cycle Two

To answer the question “*How can art-based pedagogies change learners’ narratives towards a less stigmatising view of HIV?*”, we used storyboards as was explicated in Chapter 3. I explained storyboarding, its uses as a means of designing a drama/cartoon and showed the learners an example of how to do it (see Appendix B). The participants created storyboards to reflect positive alternatives to the drawings they had made about HIV and AIDS in the first cycle. They worked in two groups of five and created five storyboards (three by Group A, and two by Group B). Group A produced three storyboards addressing the gendered narratives, while Group B produced one addressing the theme of cultural narratives and the other the theme of stigma and discrimination. The storyboards were analysed through thematic analysis, and the themes that emerged are discussed below.

4.4.1 Theme 1: Presenting a more nuanced and intersectional view of female vulnerability to counter the gendered narrative

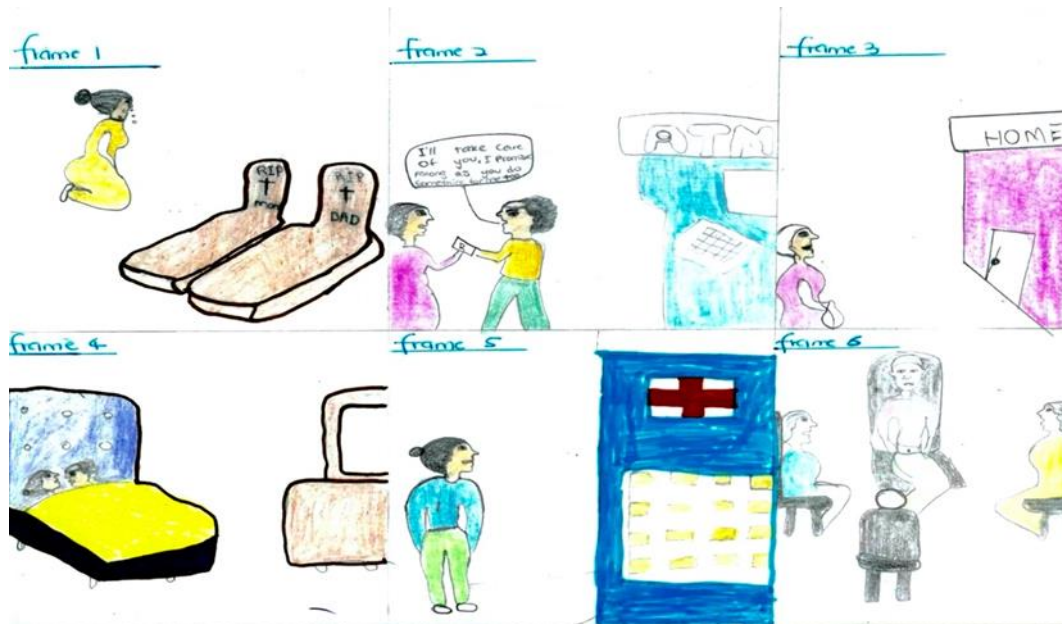
The first two storyboards presented positive alternatives to themes under the gendered narratives to change thinking about why women may resort to using sex as a means of survival or material gain. The storyboards portrayed sexual activity by women because of poverty rather than immorality. Sanele commented:

Men are able to identify vulnerable women who need money for survival; they exploit these young women because they know that they need them for survival.

The group wrote the following to accompany their storyboards:

Through our storyboards we wanted to share stories of vulnerable young women in our village, In the storyboard titled, ‘Being vulnerable leads to bad decisions’, we hope to show that we are not promoting prostitution as it was said by some male participants in Cycle One, but want to show people the circumstances girls

are facing which lead to prostitution and perhaps we can work together as a community to fight against poverty. Secondly, for the storyboard titled 'No says No!' we wanted to show the pain that young women go through after rape and that one can be raped by someone they trust. (Group A)



Being Vulnerable leads to Bad decisions

1. A child headed family where a young lady is supposed to take care of her siblings because her both died
2. She met a bossier who supported her with all her needs and wants, and also provided her ^{food} ~~clothes~~
3. She went home happy carrying plastic bags
4. She once met her bossier and she decided to have sex with him, by that time she got infected with HIV and she got sick.
5. She went to a local clinic and found out that she's HIV positive and pregnant.
6. She went to a support group for advice

Figure 4.9: Being vulnerable leads to bad decisions

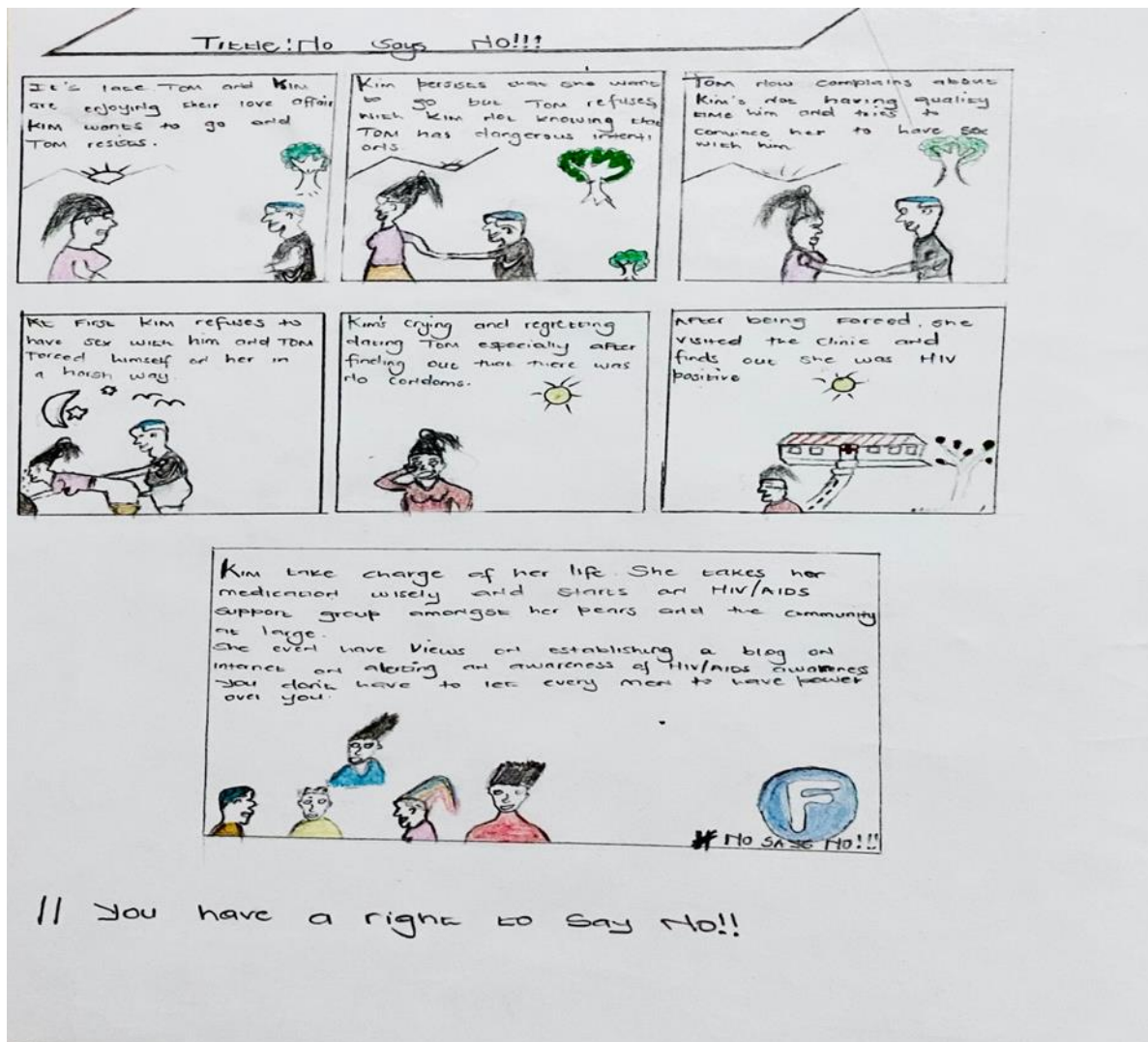


Figure 4.10: No says NO!

Figures 4.9 and 4.10 show how men misuse the power they have over women and how it manifests in physical, sexual, and emotional abuse. The messages depicted in these storyboards explicitly show the intersection of gender roles and poverty (e.g., the phenomenon of the blesser), unequal power dynamics (e.g., the perceived inability of the girl to refuse sex without a condom), and a lack of economic independence (e.g., being a child in charge of the household) as factors that exacerbate HIV infection among women. Figure 4.10 explores sexual abuse in intimate relationships through the character, Tom, who rapes his girlfriend, Kim.

The story depicted in Figure 4.9 was relevant to the research site, as evidenced in category 1.3 in Cycle One. It was interesting to note that girls referred to their blesser as “bags”, which indicated that they saw them as a means of material gain (e.g., plastic bags full of food) rather than attraction or love being the reason for the relationship.

Figure 4.10 highlights the message of the importance of consent. The choice of words in frame four in Figure 4.10 is interesting, as they did not use the word “rape” but rather said, “Tom forced himself on her in a harsh way.” However, making a storyboard to raise awareness about this phenomenon, which was common in the village, reflected a changed perspective because the participants were talking about a social issue they were often encouraged to hide. Both storyboards depicted that there was support for women and that they had to access it and that making a wrong decision was not the end of the world. Thus, even if one is forced to have unprotected sex, one can later take control of one's life (Figure 4.10).

Both storyboards highlighted the importance of speaking out about HIV and related issues. Participants shared that it was important to have discussions in the community and also to use platforms such as blogs (accessible via cell phone) which could reach a larger audience to teach people about HIV. They thought these discussions should be hosted by experts who would be able to educate the community. This was a powerful shift from their earlier thinking, as male participants Lindani and Khethelo, who expressed a very gendered discourse in Cycle One (see category 1.1), were part of the group that created these storyboards. Rational discourse (Mezirow, 2006) helped them to transform their thinking. People who participate in groups that afford them the opportunity to interrogate their assumptions often undergo a lasting transformation in thinking (Yee et al, 2019). The new schemata presented in the storyboards reflected awareness of the toxic behaviour of men, how it affected women and suggested solutions that could be applied to address the problem.

Although improvement in the economic and social standing of women requires a multisectoral response (Fleshman, 2007), disrupting the gendered thinking of young people is a first step towards changing how women are viewed and treated in such rural communities. The participants suggested that the community should also be exposed to alternative ways of thinking about gender roles and HIV. Recent research also advocates for the involvement of grassroots community members in decisions related to the implementation of HIV policies, especially women who are facing multifaceted forms of discrimination in society so they can voice their opinions (Hollis, 2019). Moreover, as women's vulnerability to HIV (as depicted in Figure 4.9) normally originates from a lack of financial resources, female economic empowerment should be at the centre of the transformation process (Hollis, 2019). Thus, educating learners about issues such as those discussed in this chapter can help protect their mental and physical well-being and alert them to the importance of remaining in school so that they have more options to maximise their life opportunities. Education would also help to reduce the stigma associated with cultural beliefs about HIV.

4.4.2 Theme 2: HIV and AIDS education is essential to reduce stigma and change cultural taboos

Through Figures 4.11 and 4.12, presented below, participants showed the importance of making HIV education accessible not only in schools but also in communities. This is because they believed that, for change to occur, false assumptions and myths about HIV and AIDS in society must be eradicated, as before a child was enrolled in school, they were socialised by what they saw and heard in their immediate environment. The prevalent narratives in this village were the belief in traditional healers and discrimination against HIV-positive individuals. Through the following storyboards, participants provided ideas they believed could help end these negative narratives.

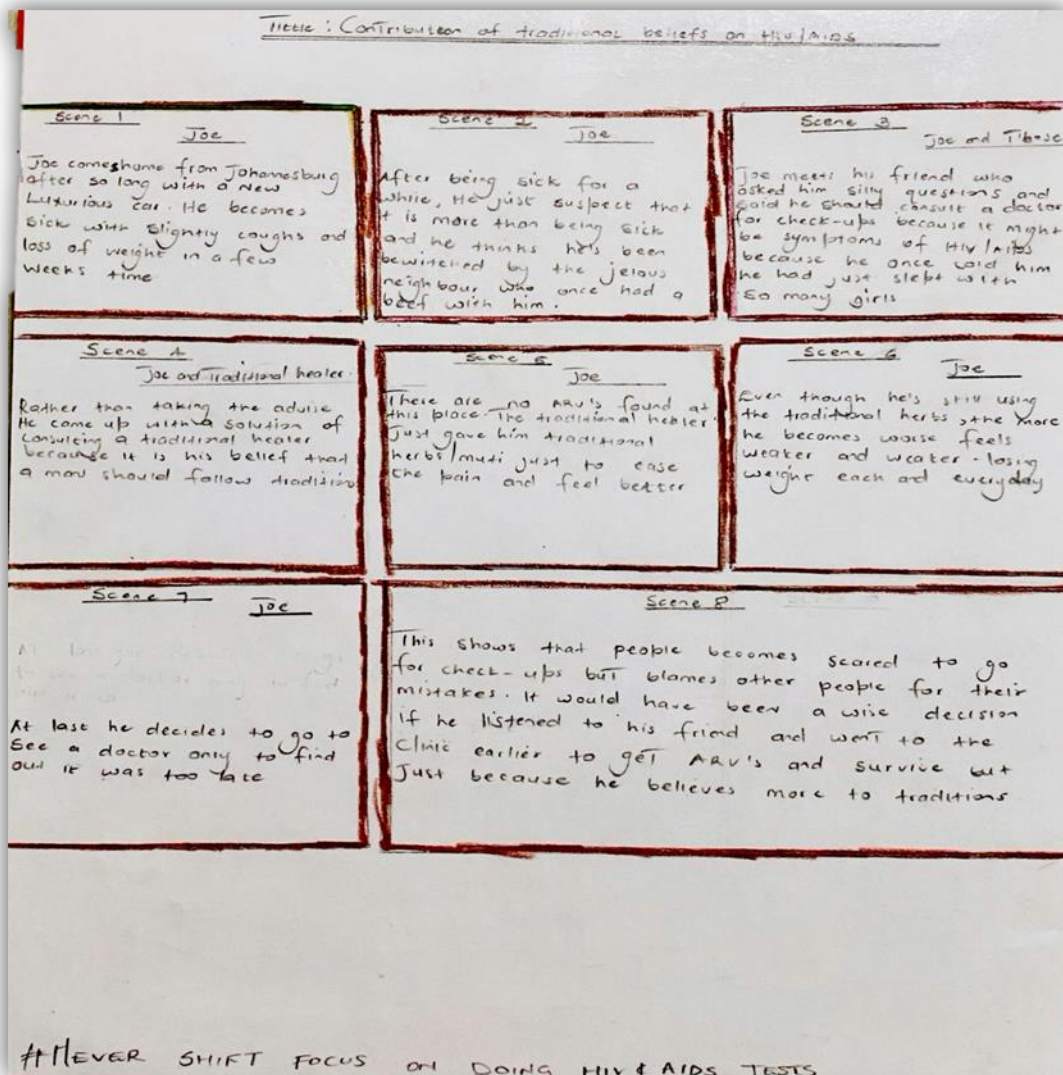


Figure 4.11: Contribution of traditional beliefs about HIV and AIDS

Figure 4.11 raised awareness about the dangers associated with traditional healers and HIV through the main character, Joe, who returned home, after working in Johannesburg, with a brand-new car. After a few weeks, he fell ill. He attributed the sickness to witchcraft, as he believed that his neighbours were jealous of his car. Joe's friend, T'bose, advised him to seek medical help, but he refused and consulted a traditional healer. His immune system weakened, as he had not been properly diagnosed. Joe later decided to seek medical help; unfortunately, it was too late, and doctors could not help him, and he died.

Group B specified that they wanted to educate people about the importance of testing for HIV to know their status and to be able to make healthy decisions based on the outcome of the test. They shared that, from their observations around the village, it was mostly males who believed more in traditional healers because they feared going to the clinic.

Traditional healers are very important in our community and they are highly effective. With this storyboard we want to educate people that not every illness needs traditional medicine, we want to teach people about the importance of testing for HIV regularly as recommended by health care officials so that we won't experience HIV deaths unnecessarily within the village.

Another problem in the village was the misinterpretation of benefits associated with the removal of the foreskin. In the Zulu culture, it is not tradition to cut the foreskin and they do it medically, and due to false information, boys end up not using condoms because they believe that there are no chances of contracting HIV. Zuzile said:

Something needs to change with the young generation, although we cannot defy traditions but given the time we live in, it is important for the child to have an open relationship with their parents because everything starts at home. Parents should model behaviour such as HIV testing within their households so that their children will grow up with similar values and this can help save their lives in future.

The ultimate message this group wanted to communicate was the importance of going for HIV testing. Participants believed that traditional and Western medicine would work together to heal a person should they be diagnosed correctly and on time.

Moreover, in Cycle One, participants presented drawings which showed that they had been socialised to view HIV as an individual disease that affected promiscuous individuals and how they were marginalised. However, the final frame in most storyboards reflected learners' belief

that there should be open conversations in communities about HIV and AIDS to eradicate the myths around HIV in villages. Rather than marginalising those who were HIV positive or affected by HIV, the participants afterwards expressed the need to support HIV-infected individuals in the community. In Figure 4.12, participants illustrated that, to end discrimination based on HIV and AIDS, the community must be prioritised because community members often discriminated due to a lack of knowledge about the disease.

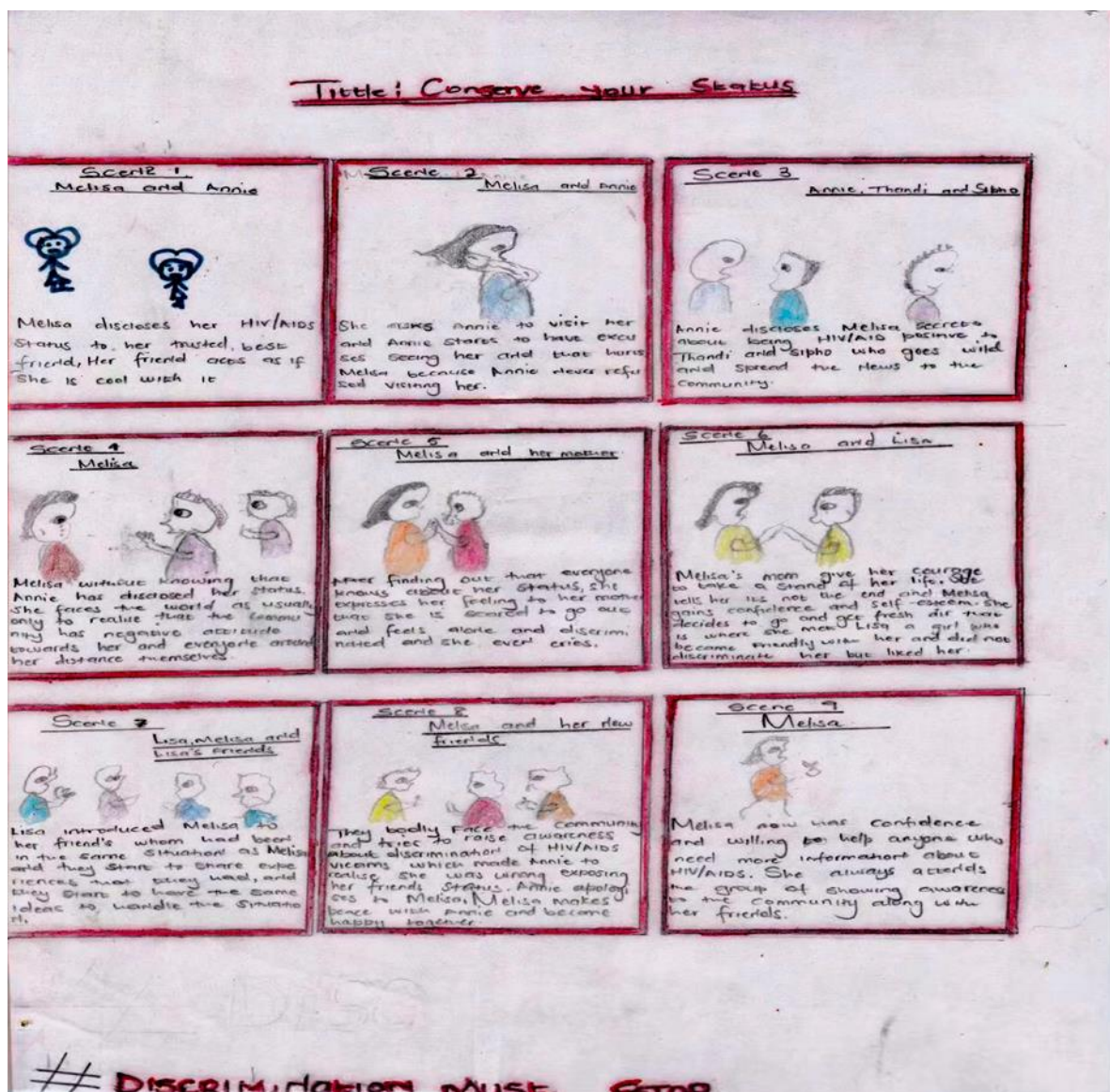


Figure 4.12: Conserve your status #Discrimination must stop

With this storyboard, we wanted to show the negative impact discrimination has on individuals who are infected with HIV. We think that if people see this storyboard, they will be able to understand the damage caused by discrimination and possibly transform their narratives. But for now, some people are not well educated about the disease in our community, therefore, we choose the words

Conserve your Status because we believe that people should choose the right person to disclose their status to until most people in the community became knowledgeable. (Group B)

Group B believed that having HIV awareness campaigns in the community may help eradicate stigma and discrimination against HIV positive people. To communicate the message, they used the character Annie to show that teaching people in the community was the best alternative, because they believed that discrimination was due to a lack of knowledge. Annie discriminated against her friend Melissa after Melissa disclosed to her that she was HIV positive. Annie shared the news with other community members without Melissa's consent, and everyone distanced themselves from Melissa. Fortunately, Melissa had a supportive mother and met Lisa who was once in a similar situation, and they decided to teach the community about HIV and AIDS and the harmful effect discrimination could have on HIV-positive individuals. The lessons enlightened Annie and the rest of the community about the disease; she apologised to Melissa, and they mended their friendship. Annie's transformation is shown between frames two and eight. Portia expressed the following:

It is wise to share your status with other people such as joining support groups around the community because you get to share your feelings with others in order to relieve stress that you may have because sometimes you can't fight the disease alone, you need support from your loved ones. You also need to make sure that when you start telling people, you start telling the ones who have knowledge about HIV and educate the others first before telling them the truth so that they will not discriminate you; by doing that, you will be protecting them because they will have knowledge about the disease and it will encourage them as well to be cautious in their daily activities.

This comment was also supported by the other participants, who said to stop discrimination, people should know about it and should be informed about the disease. As a result, participants believed that education about HIV and AIDS should not only occur in school but also in the community (as previous storyboards also highlighted). They said that the change in their community would start with them, because previously, they were scared to be associated with an HIV-positive person. At the time, they believed that they would be able to socialise and share things with people living with HIV because they realised that such persons led normal lives if they took their medication correctly.

Education is vital in the fight against the spread of HIV and AIDS because it enables change in harmful cultural beliefs, abolishes myths and thus influences people to behave in a healthier and more compassionate manner (Moghli et al., 2017). Learners in this study portrayed vastly different

ideas and opinions on and attitudes towards HIV in their storyboards than they originally had expressed in their drawings. HIV and AIDS education does tend to lead to a decrease in stigmatisation of and discrimination against people living with HIV, partly because education enables people to understand the intersectionality of the disease with other social issues (Bhatta et al., 2015). Moreover, adolescents who have been well-educated about HIV and AIDS tend to delay sexual debut, have less sexual partners and practise safe sex more than those who have not had this opportunity (Ma., 2014).

Most learners shared that, prior to engaging in Cycle One and the critical discussion about the meaning of their drawings, they had held discriminating views about HIV-positive people but engaging in this project eradicated these narratives. This is because the open discussions we had enabled them to understand that a person with HIV should not be blamed or shunned. Some learners shared that, after this engagement, they would be able to offer emotional support to those living with the disease and would happily share items with them, which was something they would not have done prior to engaging in this study:

Engaging in this project has taught me a lot. I have learnt things which I don't think I would have if I was not part of this team. For instance, before I would have been scared to share a desk with another learner if I knew that they were HIV positive. In a romantic relationship, I would have left my boyfriend if I found out that they were HIV positive because I did not know about things such as PrEP. So, this project has helped me a lot and with the information I have now, I don't feel like I would discriminate against HIV-positive people; instead, I will show support because I now have knowledge. (Nomzamo)

Through participatory activities, the learners learnt how to express themselves and to share their opinions with others. In a traditional classroom setting, some learners say that they feel invisible and are shy to express themselves because they fear that they may do something wrong and be made fun of. However, the participants in this study shared that, for the first time in this project, they felt that their opinions were respected.

Hai, I am really happy that I was part of this group, I would like to appear on television and tell everyone that I had an opportunity to sit next to my teacher and talk freely because this is an opportunity. I never thought I would have [laughter]. But honestly, by being part of this group, I was able to voice out my opinions, I felt free to ask questions about everything, and I was not scared of being judged, which is something I can never do when there is everyone else in class. I was so free that even forgot that you [pointing at me] were my teacher. I really think we should have these kinds of lesson often. (Simlindile)

Girls shared that this project had helped them to build their confidence and the ability to stand up for themselves, as the excerpt below indicates:

I believe that moving forward, I will now be able to negotiate the conditions in which me and my next boyfriend have sex. Previously, I would have not thought about going for an HIV test before sleeping with my boyfriend, but through this discussion, I have learnt the importance of voicing out my opinion and not allowing males to smooth talk me and that I should stop being afraid that I may lose them if I stand up for myself. (Zuzile)

Female participants, in particular, shared how they realised that they had been engaging in sexual activities that they were not ready for and that their behaviour had granted men power over them.

Before this project, I easily gave into my boyfriend manipulation, he would ask, 'Don't you trust me?' in order to make me feel guilty. After that, I would easily do everything he wanted from me without asking questions because that question made me feel guilty. I now understand that even though I love someone, I need to put health first and ask questions where I need clarity instead of going with the flow because I fear losing the relationship. (Simlindile)

They also made alternative suggestions on how they could handle those situations should they arise again, such as always carrying condoms themselves because, at the time, they understood that there was nothing wrong with a female who has condoms in her bag.

4.5 Reflection on Cycle Two

In this cycle, I believe that most participants reflected a change of perspective regarding gendered social norms which blamed women for the spread of the disease (HIV and AIDS) and toxic patriarchal practices which made women more vulnerable to the disease (Klass et al., 2018). Their newly formed schemata reflected more inclusive and accommodating frames of reference (Terras, 2017), which acknowledged the toxic masculinity prevalent in their community. Similarly, as regards stigma and discrimination, participants produced storyboards that advocated for:

- the importance of HIV and AIDS education to reduce stigma and discrimination;
- the reduction in the vulnerability of women.

Although change in behaviour and courage to critique social norms might not be immediate, it is important that LO teachers use participatory pedagogies to enable transformative learning to take place. Incorporating art-based learning activities in the teaching and learning process is more effective compared to the traditional ways of teaching that are normally used in class because art-based methods give learners the freedom to share their existing knowledge in the learning

process and to receive opportunities to rectify that knowledge constructively because they are actively involved in the process.

4.6 Chapter summary

In this chapter, I explored the following two sub-questions:

- Cycle One: What are the hegemonic HIV and AIDS narratives prevalent among Grade 11 learners?
- Cycle Two: How can art-based pedagogies change learners' narratives towards a less stigmatising view of HIV?

Drawing on the principles and process of transformative learning (see chapter 2), I was able to help participants form new and more inclusive intersectional understandings of HIV and AIDS. They presented newly formed frames of reference using storyboards as a basis for a drama or an educational booklet.

In the next chapter, I summarise the findings of this study and answer the main research question of the study, namely "How can art-based methods be used to explore and change the hegemonic HIV and AIDS narratives of Grade 11 learners in a traditional KZN village school to facilitate an intersectional understanding of HIV and AIDS?" I also draw on the findings to provide guidelines on how HIV education can be approached in the LO classroom to bring about transformation in learner thinking.

CHAPTER 5: SUMMARY, CONCLUSIONS, AND SUGGESTIONS FOR FURTHER RESEARCH

5.1 Introduction

The previous chapter presented the research findings in two cycles. Cycle One explored learners' hegemonic narratives using the draw-and-write activity, and Cycle Two explored positive alternatives to the narratives presented in the first cycle using storyboards. This final chapter summarises the study. I revisit the research questions by making reference to how they were answered. I also discuss my personal reflection and outline the limitations of this study. I further provide guidelines for teachers on how they can use art-based methods based on the findings of this study, discuss the contributions of this study and make suggestions for further research.

5.2 Chapter summary

The main research question informing this study was as follows: How can art-based methods be used to explore and change the hegemonic HIV and AIDS narratives of Grade 11 learners in a traditional KZN village school to facilitate an intersectional understanding of HIV and AIDS? The following chapters were structured to justify and answer this main question.

Chapter One discussed the context of and rationale for the study, which revealed that although progress has been made regarding HIV and AIDS education, the Sub-Saharan region is still struggling to prevent HIV-related illnesses and deaths. In addition, there is a rise in new infections in girls between 15 and 19 years of age. Research has found that we need to find new ways to deliver HIV and AIDS education. I realised I had to begin by helping learners from a rural village in South Africa to articulate and explore their narratives about HIV to enable them to change these if necessary. This was vital in this village because stigmatising and uninformed narratives about HIV and AIDS prevail and intersect with various social ills such as poverty, gender-based violence, and other social issues. Therefore, there was a need to address these narratives in HIV education to promote inclusivity.

The main aim was to explore the hegemonic HIV and AIDS narratives of the Grade 11 learners in my LO class by means of art-based methods and to challenge their existing hegemonic narratives through critical dialogue to facilitate a more intersectional and less stigmatising understanding of HIV and AIDS. I explained how the transformative learning theory would help me understand how to transform their biased and uninformed frames of reference into informed and inclusive perspectives. As this study was about changing mindsets and narratives, action research was chosen as the methodology and art-based methods were employed so as to involve

learners in creating their own knowledge. I argued that art-based methods would enable critical discussion of their thinking and behaviour in relation to their HIV narratives to enable transformative learning.

Chapter 2 reviewed major work that explored hegemonic HIV and AIDS narratives prevalent in the Sub-Saharan region and rural areas in the South African context. The most prominent narrative was “women are to blame”, which highlights lack of morality in women as the biggest contributing factor to the spread of HIV and AIDS. This narrative also made reference to the physiology of women and the manifestation of patriarchy as factors that made women more susceptible to HIV infection. The religious narrative views HIV and AIDS as a curse for immoral behaviour and is, therefore, closely related to the gendered narratives about women. I also explained cultural narratives and the witchcraft narrative that severely hamper HIV prevention and treatment.

The second part of this chapter reviewed how HIV intersects with other social characteristics such as race, gender, social class and patriarchy and how these contribute to the multifaceted discrimination of people infected and affected by HIV. The third part of this chapter argued that, in order to combat HIV- and AIDS-related challenges, education needs to strive to develop socially conscious learners who are aware of the vulnerabilities created by oppressive socio-historical structures and beliefs. Finally, the chapter advocated for the application of transformative learning theory in LO classrooms in order to enhance critical thinking in learners to make HIV education more effective and meaningful for them.

Chapter 3 provided a critical discussion of methodological choices for this study. I explained how a transformative paradigm was suited for this research because I aimed to enable learners to change their hegemonic narratives to more inclusive and informed perspectives. To achieve this aim, action research was utilised, as it required learners to be actively involved in the research process in order to influence positive change. This research design was effective because learners were directly involved in the knowledge-generation process through making drawings to represent their thinking about HIV. These drawings were then used to guide discussion, which, in turn, helped them to deconstruct and reconstruct their narratives. They then designed storyboards to represent their more empathic, less stigmatising and more supportive understandings of HIV and HIV-positive people.

Chapter 4 presented the themes that emerged in relation to the first sub-question: What are the hegemonic HIV and AIDS narratives prevalent among Grade 11 learners? Through the drawing activity, the following themes were identified: 1) participants expressed gendered narratives; 2) participants adhered to cultural narratives; and 3) stigma and discrimination related to HIV were still rife in the community. After critical discussion about the themes reflected in their drawings,

they then were asked, in Cycle Two, to create artefacts to represent their changed thinking, if any. The second cycle addressed the second sub-question: How can art-based pedagogies change learners' narratives towards a less stigmatising view of HIV? To answer this question, participants were asked to create storyboards, presenting alternatives to the narratives they produced in Cycle One. Their storyboards and narratives indicated that they had a more nuanced and intersectional view of female vulnerability to counter the gendered narrative and that they understood the importance of HIV and AIDS education to reduce stigma and change cultural taboos within their communities.

5.3 Revisiting the research questions

a) What are the hegemonic HIV and AIDS narratives prevalent among Grade 11 learners?

Initially most participants' narratives reflected HIV as an individual failing that could be prevented if HIV-infected individuals make the right lifestyle choices. Their drawings indicated gender-based violence as a contributing factor to the spread of HIV in the village. Most male participants blamed women for the spread of the disease, as they believed that it is through females' promiscuity that the village was facing problems related to HIV and AIDS. In contrast, female participants believed that women had no choice but to use their bodies for material gain and that even if they did not want to have sex with men, they had to obey because men provided for them. Therefore, rape remained unreported. This complicit attitude of women perpetuated the toxic masculinity prevalent in the village.

Men as well as other women used cultural gender norms to justify such behaviour. If women stood up for themselves, they were shamed by other women. Another cultural factor that exposed villagers to HIV infection was the strong belief in traditional healers. Villagers consulted traditional healers when they were sick, and healers often attributed sickness to witchcraft or ancestor dissatisfaction. As a result, HIV-infected individuals continued having unprotected sex with their partners. This also contributed to the high rate of HIV deaths in the village because HIV-positive individuals defaulted in their treatment – they stopped using medication after consulting traditional healers. Stigma and discrimination of HIV-infected individuals were still rife in this village because people lacked knowledge about the disease.

It can be concluded that, since they were living in an isolated and traditional community, participants had not been exposed to other alternative views about HIV. Thus, it was important for the school to take on this role through a critical pedagogical approach, which was done in this study.

b) How can art-based pedagogies change learners' narratives towards a less stigmatising view of HIV?

To determine if the use of art-based methods, namely drawing, in the first cycle had made a difference to the thinking of the participants with regard to HIV and AIDS, I asked learners to develop a storyboard for a drama or educational booklet that portrayed a positive alternative to the narratives they had expressed initially. This second art-based method enabled them to portray more nuanced and intersectional understandings of HIV and HIV-positive people. By working together to compose these storyboards, they had to be able to think critically and come to an agreement with others on what to represent. The storyboards showed that they understood how poverty and patriarchy merge to make women vulnerable to HIV infection. They suggested that women collaborate to begin entrepreneurial ventures so that they did not need to rely on men for financial support. They also highlighted the importance of consent, which was in contrast to their previous views of their almost acceptance of gender-based violence and rape.

They then also understood that, before change could happen, the whole community needed to be educated to understand the intersectionality of HIV to lessen the associated stigma. They did not decry traditional medical practices but realised they should combine them with frequent HIV testing and seek Western medication when needed. They suggested a need for awareness campaigns in the community and having qualified counsellors who were readily available to assist vulnerable women. They understood that stigmatisation and discrimination resulted from ignorance.

It can be concluded that the participants had changed their narratives and understood HIV infection to be not just due to individual fault but a result of a complex interplay of various socio-historical and cultural factors. These factors resulted in women experiencing oppression on multiple levels. They then recognised the culture of toxic masculinity as one of the main drivers of HIV. The use of art-based methods enabled this change to take place in a non-threatening manner by engaging learners in the creation of artefacts that encouraged them to identify and talk about their personal knowledge and experiences by attributing them to fictional situations. I can thus conclude that the study has provided an adequate answer to the main question, "How can art-based methods be used to explore and change the hegemonic HIV and AIDS narratives of Grade 11 learners in a traditional KZN village school to facilitate an intersectional understanding of HIV and AIDS?"

5.4 Personal reflection

Prior to conducting this study, I believed that I, like most teachers, assumed I knew what my learners were thinking and what they needed to know. I rarely provided learners with opportunities to be more creative in class, and I believe this hindered development of crucial skills and lessened their self-confidence to engage in dialogue and present their views. This study has changed the way I think about LO teaching. Going into this process for the first time, I believed that I was the one who would transform learners for the better, but now I can confidently say that they have also changed me for the better, and moving forward, I will be a better teacher.

This research showed me the importance of being open-minded and to listen rather than impose my own views and values on learners. I was sometimes shocked at the messages their drawings conveyed, yet their narratives communicated their true feelings and experiences without fear that I might judge them. I was in awe while listening to their presentations of the drawings because some reflected critical awareness of social issues in the village, which is a skill I did not think they possessed. I learnt that learners are capable of doing much more than I thought they could do and that they can construct their own knowledge to achieve the intended learning outcomes for each lesson in the LO curriculum. Participants in this project showed me that they had so much to offer and that what I sometimes presumed about them was totally wrong. They were not blank slates but had interesting and powerful existing knowledge, which I should elicit as the base for my lesson planning. I feel that, previously, my lessons were meaningless to them because their opinions were not included. Incorporating art-based methods aids the learning process because it relates learners' perspective to the subject content, which makes the content more relevant and thus they engage more in their learning. Teachers can also use art-based methods as baseline assessment in order to have an overview of learners' perspectives regarding the lesson topic to allow the teacher to identify focus areas on the topic. Additionally, art-based methods make social education such as HIV education easier for learners to apply the learnt knowledge in their daily lives because the content is created by them from their own personal examples.

Given the school's climate, I previously was not able to communicate freely with learners because, as teachers, we are often encouraged to adopt intimidation as a strategy to enforce respect from learners. So, even though I was an LO teacher, learners were not encouraged to confide in me. Another factor that affected communication was the fear of community members who were perpetrators of the violent behaviour portrayed in the drawings. I was scared because some of the perpetrators were prominent figures in the community and as an outsider, I found it difficult to talk about such sensitive social issues for fear that I might be physically harmed. However, this project has enabled me to understand that learners just want someone to listen to them, and I realise that I can be that person moving forward.

Additionally, my belief that learners did not like school, due to the high number of dropouts, has changed because I understand that there are various social issues that prevent them from attending school. Such issues need to be solved by various stakeholders to ensure that learners can exploit the opportunities afforded to them by education. Moreover, the adoption of art-based methods as critical pedagogical tools in the teaching process enabled learners to feel free and engage more in the learning process. It encouraged open conversations in the classroom, which was something that rarely happened because some learners found it hard to express themselves in English. Using drawings in class, learners felt that they could communicate their ideas without fear of being ridiculed. As a result, I believe that, although I was able to answer the main question of this study, I gained so much more that would make me a better, more informed, more approachable and more engaging teacher.

5.5 Limitations of the study

This study had the following limitations:

- Limitation in scope: I only conducted the research in one school (where I taught LO at the time) in rural KwaZulu-Natal. Learners in more urban areas may have different narratives.
- The original plan was to create and perform a drama in the second cycle so that the participants could disseminate their knowledge to other learners and teachers, but due to the social distancing rules, this activity was not conducted. Thus, the opportunity was lost to mobilise the knowledge the participants had gained to a wider audience.

5.6 Contribution of the study

This study has contributed towards teaching practice, as it may motivate rural educators to incorporate art-based methods into lessons to elicit more participation from learners. Participation is something that most rural learners struggle with due to their hesitancy to speak English (the language of teaching and learning), among other reasons. The process of using art-based methods can be adopted by other LO teachers to make the lesson content more applicable to the lived reality of learners.

The study also helped participants to learn how to question previously accepted social norms and developed their critical thinking skills and collaborative teamwork. As a result, they would be able to share their new perspective with their peers, which may contribute to creating a more informed, less discriminatory community.

As regards HIV education, this study has been helpful in shedding light on prevalent narratives in rural areas. These findings are helpful because they may assist in the development of subject

content that will cater for all South African learners, including those in rural communities. The adoption of art-based methods in HIV education made the learning process more efficient and effective. These techniques can also be used in community education. Finally, this study contributed to an understanding that HIV and AIDS closely intersects with other social issues. Therefore, to win the fight against the disease, various social issues should also be prioritised.

5.7 Guidelines for using art-based methods in Life Orientation teaching

- As teachers, we need to learn how to be creative when teaching LO, specifically in under-resourced schools in rural areas. Teachers in these schools tend to hide behind not having resources, hence the dated teaching methods. They often rely solely on textbooks because they believe that incorporating teaching aids would not be successful. It is important to emphasise to teachers that they do not need expensive equipment to make the teaching process interesting, as the materials used for drawing and storyboarding are minimal and available in most schools.
- Teachers should ask the DOE to provide for opportunities during the annual content workshops, facilitated by subject advisors, to include training in art-based teaching methods. Such a segment may be aimed at developing the competency of working with art-based methods in existing teachers. The segment must include various forms of art-based methods and how these can be used, as some teachers do not use these methods because they do not know how to apply them during lessons.
- In Cycle One, learners were sceptical to start with the drawings because it was the first time that they had engaged in such an activity. They were, however, able to create powerful drawings which communicated their personal narratives. As a result, art-based methods should not only be practised during LO lessons but be encouraged in all subjects in order to develop learners' competency and make lessons more meaningful. This is vital because English is used as the language of teaching and learning – as a result, learners' often find it difficult to understand the terminology in each subject. Art-based methods can aid this because learners would have visuals which would assist them to comprehend information better. The art produced may be curated and used as reference to create interesting and meaningful subject content and learning material.

5.8 Questions emanating from the study to guide further research:

- How can art-based pedagogy be used in other subjects to enhance critical thinking and encourage transformative learning? Findings from such a study would be important because it would increase learner engagement in lessons, make them more socially aware and make the lessons more relevant to their lives.

- How can learners use art-based methods to influence community narratives? In this study, learners shared that some of the narratives they had presented in the first cycle were influenced by their community. Fortunately, this study was able to transform their biased narratives. This leaves the challenge of finding ways to use art-based methods to change narratives in the community at large. Therefore, conducting a study within the community would indicate if art-based methods are more effective mediums for HIV-prevention education as compared to the traditional approaches, namely factual education and motivational speakers.
- How can art-based methods help to increase learner motivation? Learners often feel like their role in class is to listen to the teacher; as a result, they become demotivated. Therefore, it would be interesting to conduct a study on learner motivation and if art-based methods improve it.

5.9 Conclusion

The aim of this study was to understand Grade 11 learners' hegemonic narratives about HIV and AIDS and to transform those narratives to move them towards a more intersectional understanding. To achieve this, participants engaged in two cycles of reflection and action. Cycle One was a draw-and-tell activity, followed by a critical dialogue where we discussed the narratives on the drawings they had presented. This was followed by Cycle Two, which required learners to make storyboards presenting alternative narratives to those presented in the first cycle.

Through engaging in this project, the participants also developed their confidence and communication skills. The project helped them to develop empathy and understanding towards people who were living with or were affected by HIV. The project was not only beneficial to participants; as a teacher and researcher, I gained more insight into the learners in my class, which motivated me to alter my teaching methods to engage in participatory pedagogical methods to ensure effective learning.

Finally, guidelines for using art-based methods in LO teaching were provided, which can be applied by educators to ensure effective teaching and could contribute towards positive social change.

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APPENDIX A: PERMISSION LETTERS AND APPROVAL FROM THE RESEARCH ETHICS COMMITTEE, AND INFORMED CONSENT



KWAZULU-NATAL PROVINCE
EDUCATION
REPUBLIC OF SOUTH AFRICA

Kiepersol Street
PONGOLA, 3170
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PONGOLA CMC
Enquiries : Mr E.M. Nxumalo
Ref: PERMISSION TO CONDUCT RESEARCH

To: MISS NXUMALO N.G

From: Mr E.M Nxumalo
CES:Pongola CMC

Date: 15 July 2020

SUBJECT: PERMISSION TO CONDUCT RESEARCH AT THOLIMFUNDO SECONDARY SCHOOL FOR MISS NXUMALO N.G IN PONGOLA CMC, ZULULAND DISTRICT, KZN.

PURPOSE:

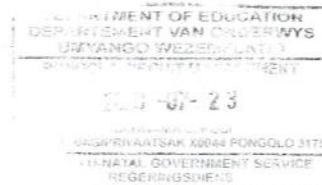
To provide permission for Miss Nxumalo N.G to conduct research study at Tholimfundo Secondary school on the project entitled " Exploring and changing Grade 11 learners' hegemonic narratives about HIV and AIDS using art-based methods"

The above subject has reference

This serves to confirm that permission has been granted to Miss Nxumalo N.G to conduct research study at Tholimfundo Secondary School on the project entitled " Exploring and changing Grade 11 learners' hegemonic narratives about HIV and AIDS using art-based methods". Permission is granted on grounds that such research study will make an invaluable contribution in understanding and changing the mind-set of learners and society at large on HIV and AIDS pandemic thus contributing to reduction in the spread of the pandemic. It is further granted on condition that the findings thereof will be solely used for the purpose of this study as outlined on the research topic.

Thank – you

EM NXUMALO: CES CIRCUIT MANAGEMENT





KWAZULU-NATAL PROVINCE

**SOCIAL DEVELOPMENT
REPUBLIC OF SOUTH AFRICA**

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TO WHOM IT MAY CONCERN

ATTENTION: N G NKUMALO

REQUEST FOR THE PROVISION OF COUNSELLING SERVICES DURING THE RESEARCH STUDY TO BE CONDUCTED AT THOLIMFUNDO SECONDARY SCHOOL: PHONGOLA MUNICIPALITY

Your request regarding the above mentioned subject bears reference

The Department of Social Development (DSD) in Phongola Municipality has no objection with regard to the provision of counselling and psychosocial support services when a need arises. The Social Worker will be allocated as and when required by members of the management team. For more information, please contact the following people.

Ms H J Mthembu Service Office Manager 0609989711 / 034-4131163

Mrs N G Q Simelane Social Work Supervisor 0727315530/ 034-4131163

Hleziwe.mthembu@kznsocdev.gov.za

Nomathemba.simelane@kznsocdev.gov.za

Thank you

H J Mthembu  07 August 2020

Service Office Manager



THOLIMFUNDO SECONDARY SCHOOL

P.O. Box 743
Pongola
3170



Principal: D.J. Zondo Mobile: 072 515 0249

Comber Research Niche
Faculty of Education
Private Bag X1290, Potchefstroom
South Africa 2520
Tel: +27(018) 299-4770
Fax: +27(018) 299 4788
<http://www.nwu.ac.za>

Permission Letter

Dear Prof L. Wood

This letter serves to inform you that Ms Nxumalo Nosipho Gladness student number 31465919 who is a masters student at the North West University has been granted permission to conduct research titled *Exploring and changing Grade 11 learners' hegemonic narratives about HIV and AIDS using art-based methods* in Tholimfundo Secondary School.

Ms Nxumalo has agreed that activities related to the research will not affect school related activities nor place learners in any kind of danger. She has communicated that she will receive consent from learners as well as their parents and will produce necessary supporting documents from the North West University once the study has been approved prior to starting activities related to the research study. Ms Nxumalo has also assured us that the data collected will be safely stored, kept confidential and that she will share the findings of her study with us once completed.

Should you have questions please contact Mr D.J Zondo on 072 515 0249.

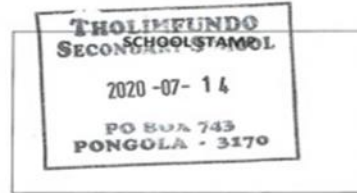
Yours Sincerely



Mr D.J Zondo (Principal)



Mrs S. Ngwenya (SBG Chairperson)





Prof L Wood
Special Needs Education
COMBER

Private Bag X6001, Potchefstroom
South Africa 2520

Tel: 018 299-1111/2222
Web: <http://www.nwu.ac.za>

**Health Sciences Ethics Office for Research,
Training and Support**

**North-West University Health Research Ethics
Committee (NWU-HREC)**

Tel: 018-299 2092
Email: wayne.towers@nwu.ac.za

3 December 2020

Dear Prof Wood

APPROVAL OF DOCUMENTS SUBMITTED DURING THE PROGRESS OF THE STUDY

Ethics number: NWU-00401-20-A1

Kindly use the ethics reference number provided above in all future correspondence or documents submitted to the administrative assistant of the North-West University Health Research Ethics Committee (NWU-HREC).

Study title: Exploring and changing Grade 11 learner's hegemonic narratives about HIV and AIDS using art-based methods

Study leader: Prof L Wood

Student: NG Nxumalo - 31465919

Application type: Single study

Risk level: Adults: Medium (monitoring report six-monthly)

Children: Category 3 – Greater than minimal risk with no prospect of direct benefit

Expiry date: 30 November 2021

You are kindly informed that the documentation related to the in-process requirement (as indicated below), as was submitted to the NWU-HREC, as indicated in your approval letter, was reviewed by the designated reviewers:

- a. A copy of the goodwill permission letter from the principal of the school to be included in the study, granting access to the facilities of the school.

The reviewers have indicated that the submitted document related to this in-process requirement was acceptable and that you as the researcher can proceed with implementing the aforementioned documentation in your approved project, if you are able to proceed with your research under the current alert level (please see comment regarding the continuation of the research below). There are no remaining in-progress requirements for this study.

Please note: Due to the nature of this research study i.e. (face-to-face arts-based research methods with Grade 11 students from a designated school in Kwazulu-Natal, by the teacher herself), this study will be able to proceed during the current alert level, following receipt of this approval letter. This approval is based on the *proviso* that the researchers undertake the study strictly according to the indicated COVID-19 risk mitigation strategies as indicated in the application documents.

We wish you the best as you conduct your research. If you have any questions or need further assistance, please contact the Faculty of Health Sciences Ethics Office for Research, Training and Support at Ethics-HRECAppl@nwu.ac.za.

Yours sincerely

Digitally signed by
Wayne Towers
Date: 2020.12.03
15:57:29 +02'00'

Head: Health Sciences Ethics Office for Research, Training and Support

Current details: (23239522) G:\My Drive\9. Research and Postgraduate Education\9.1.5.3 Letters Templates\9.1.5.4.1_In-Progress_Approval_letter_HREC.docm
30 April 2018
File reference: 9.1.5.4.1

NWU- HREC Approval	Date: 2020.11.1 7 14:29:51 +02'00'
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NWU-HREC Stamp

**INFORMED ADOLESCENT CONSENT DOCUMENTATION FOR
ADOLESCENTS TO PARTICIPATE IN CYCLE TWO OF THE
RESEARCH STUDY**

TITLE OF THE RESEARCH STUDY: Exploring and changing Grade 11 learners' hegemonic narratives about HIV and AIDS using art-based methods

ETHICS REFERENCE NUMBERS: NWU-00401-20-A1

PRINCIPAL INVESTIGATOR: Prof L Wood

POST GRADUATE STUDENT: Miss Nxumalo Nosipho

ADDRESS: Ncotshane A, 21 Buckham Street, Pongola 3170

CONTACT NUMBER: 076 222 3994

You are being invited to take part in a **research study** that forms part of my research work on HIV and AIDS education. 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 that you clearly understand what this research is about and how you might be involved. Also, your participation is **entirely voluntary** and you are free to say no to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part now.

This study has been approved by the **NWU-Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU.....)** 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?

- *The purpose for this study is to contribute to social transformation through engaging learners in exploring what they think about HIV and AIDS and to challenge their possibly stigmatising and constructions and assumptions around HIV and AIDS. This need arose because we need to hear what learners think of HIV and related issues so that we can begin to develop education material and curricula that is relevant to what youth think, know and feel about HIV and AIDS and related issues (gender, sexuality, poverty, race etc).*

- *The project will take place at your school. This project is an action research project, divided into two Cycles, Cycle One will be conducted as part of the normal Life Orientation lessons and Cycle Two will be conducted after school in a designated classroom within the school by your experienced LO teacher.*

Why have you been invited to participate?

- *You have been invited to be part of this research project because you are a young person in Grade 11*
- *You also fit the research because you are able to converse in English.*
- *You volunteered to participate in the second cycle.*
- *You conveyed a clear aspect of hegemonic thinking about HIV and AIDS in Cycle One.*
- *You had a caption and sufficient explanation for me to understand the meaning of the artefacts produced in Cycle One.*

What will be expected of you?

- *You will work as a team and decide on the message of awareness you would like to send to your peers regarding HIV and AIDS and other intersecting issues using drama.*
- *Then you will device storyboards providing a sequenced visual presentation of the drama you will perform and film in your respective groups.*
- *You will divide roles among yourselves to perform and film the drama.*
- *You will thus develop various skills related to the creation of storyboards and filming and how these methods are utilized in research to collect meaningful data, interpret data and disseminate the findings in class.*
- *All this will be done after school hours, therefore you need to ensure that there is an agreement between you and your parent regarding transport arrangement.*

Will you gain anything from taking part in this research?

- *Due to the participatory nature of the training, you will be given opportunity to develop in terms of personal, leadership and communication skills.*
- *You will develop critical thinking skills and the ability to discuss issues with others in a respectful manner, while still putting their ideas on the table.*
- *You will not incur any costs for your involvement*

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

- *You may experience emotional harm and breach of confidentiality but those will be limited by not using identifiers such as real names when publishing the research as well as ensuring that a social worker is at your disposal should you need any form of counselling.*

will we protect your confidentiality and who will see your findings?

- *You will be viewed as a co-researcher on this participatory action research project, you will be aware of the findings as they emerge. You will help to analyse the data you generate. You will also be actively involved in the classroom discussion and presenting of the artefacts.*
- *Anonymity of our findings in academic publications will be protected by ascribing a code to each participant, rather than a name.*
- *You may wish to have your work acknowledged by name and we will do this only with your consent.*
- *Transcriptions will be kept safe by locking hard copies in locked cupboards in the researcher's office and for electronic data it will be password protected. (As soon as data has been transcribed it will be deleted from the recorders.) Data will be stored for 5 years*

What will happen with the findings or samples?

- *The findings of this study will only be used for this study to write academic journal articles and to do conference presentations.*
- *The art objects that you produce will remain your property, but we would like permission to take photographs/record them.*

How will you know about the results of this research?

- *At the end of the project there will be a presentation of results which you will be invited to attend.*

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

- *No, you will not be paid to take part in the study, but you will be provided with refreshments since this activity will be conducted after school hours.*

Is there anything else that you should know or do?

- *You can contact Miss N G Nxumalo @nosiphognxumalo@gmail.com or on cell 0762223994 OR*
- *You can contact Prof Lesley Wood at Lesley.wood@nwu.ac.za or on cell 0822969202 if you have any further questions or have any problems.*
- *You will receive a copy of this information and consent form for your own purp*

Declaration by participant

By signing below, I agree to take part in the research study titled: **Exploring and changing Grade 11 learners' hegemonic narratives about HIV and AIDS using art-based methods.**

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 both the person getting the consent from me, as well as the researcher and all my questions have been answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be handled in a negative way if I do so.
- I may be asked to leave the study before it has finished, if the researcher feels it is in the best interest, or if I do not follow the study plan, as agreed to.

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

.....
Signature of participant

.....
Signature of witness

Declaration by person obtaining consent

I (*name*) declare that:

- I clearly and in detail explained the information in this document 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

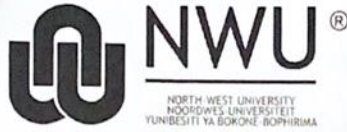
I (*name*) declare that:

- I had it explained by who I trained for this purpose.
- 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

Current details: (23239522) G:\My Drive\9. Research and Postgraduate Education\9.1.5.6 Forms\HREC\9.1.5.6_NWU-HREC_ICF_Template_Feb2019.docm
7 February 2019
File reference: 9.1.5.6



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NWU- HREC Approval	Date: 2020.11.1 7 14:30:25 +02'00'
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NWU-HREC Stamp

**ISICELO SOKUVUMELA UMTWANA WAKHO ABE INGXENYE YOCWANINGO
KUMUJIKELEZO WESIBILI**

ISIHLOKO SOCWANINGO : Ukusetshenziswa kobuciko ukuhlola kanye nokushintha imicabango abatwana baBanga- 11 abanayo mayelana negciwane lesandulelangulazi ne ngculazi

INOMBOLO YESITHENJWA YE-ETHICS: NWU-00401-20-A1

UMCWANINGI OMKHULU; Nxumalo NG

IKHELI: Ncoshane A, 21 BUCKHAM STREET, PONGOLA 3170

INOMBOLO YOCINGO: 0762223994

Umtwana wakho uyacelwa ukuba abe yingxenywe yocwaningo olumayelana ngokufunda ngesifo isandalulelanguclazi kanye nengculazi. Bengicela uthathe isikhathi sokuthi ufunde lelifomu eliqukethe imininingwane ngalolucwaningo. Uma unemibuzo ngicela uyidlulisele kumcwaningi lo obaluliwe ngaphezulu, loku kubalulelikile ukuze siqinisekise ukuthi unolwazi oluphelele mayelana nokuthi yini elindeleke kuwena njengomzali womtwana. Kubalulelike ukuthi wazi ukuthi umtwana wakho angeke aphoqwe ukuthi abe ingxenywe yalolucwaningo kodwa uzoba ingxenywe uma kuphela wena njengomzali umuvumela futhi naye evolintiya. Uma engavumi, loko angeke kube nomuthelela omubi emtwaneni wakho, kanti futhi noma uvuma manje unalo ilungelo lokumuhoxisa umtwana wakho kuloluhlelo locwaningo noma ngabe inini uma ungasakhulekile.

Lolucwaningo ligunyazwe **Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University**, okuyikomiti elibhekelele ezokuphepha nempilo enyuvesi yase North West. Konke okuzokwenziwa kuloluhlelo locwaningo kuzobe kugunyazwe imithetho yaleli komiti equkethwe kumqingo obizwa nge Principles, Processes and Structures (DoH, 2015) Kanye neminye yasemazweni ahlukene ehambisane nalolucwaningo. Ukuqinisekisa ukuthi konke okuzokwenziwa kulolucwaningo kusemthethweni, lelikomoti kungenzeka licwaninge izinkulumo ezizoqoshwa zalolucwaningo.

Lumayelana nani na lolucwaningo?

Isizathu salolucwaningo ukusebenza nabantwana uhlola izinkolelo abanazo kanye nokushintsha lezo zinkolelo ezigcwele emphakathini okungenzeka ukuthi azilona iqiniso mayelana negciwane isandulelangculazi ne negculazi, loku sihlolise ukukushintsha ngokusebenzisa ezobuciko. Isidingo sokwenza ucwaningo olufana nalolu sivele ngenxa yokuthi sifisa ukwazi ukuthi abantwana bacabangani ngaleligciwane Kanye nezinye izimo ezisondelele nalesi sifo ukuze sizokwazi ukwakha izinhlelo ezintsha Kanye nezinsizakufundisa ezintsha ezizohambiselana naloko okucatshangwa ngabantwana ngaleligciwane. Lolucwaningi luzokwenzelwa esikoleni somtwana wakho, lapho abantwana bezobamba iqhaza kulolucwaningo oluzoba nemijikelezo emibili. Umjikelezo wesibili uzokwenziwa emva kwesikole uzothatha amasonto amabili, abantwana kanye nomcwaningi bazohlangana usuku olulodwa ngesonto isikhathi esingamahora amabili ngezinsuku okuzovumelwana ngazo,

Kungani umtwana wakho ekhethiwe?

- Umtwana wakho ucelwe ngoba ungumfundi webanga lesi-shiyangalolunye.
- Uyakwazi ukusebenzisa ulimi lwesilungu ukukhuxumana nabantu.
- Ukhinqize umdwebo oveza ngokusobala inkolelo anayo ngesifo ingculazi kumjikelezo wokuqala
- Umdebo wakhe ubunesiqubulo esicace kahle futhi esichaza kabanzi ngenkolelo le ayidwebile

Yini elindelekile emtwaneni wakho?

- Uzocelwa ukuthi enze umdlalo weshashalazi onomyalezo wokuqwashisa ngengculazi kontanga yakhe.
- Ukulungiselela lomdlalo uzosebenzisa iziqeshana zemidwebo ekhombisa ukuthi umdlalo wabo abazowenza njenge qembu ukhuluma ngani, bazobe sebenza umbukiso ngamaqoqo baphinde bawuqophe.
- Konke loku kuzokwenziwa emva kwesikole ngakho besicela uqinisekise ukuthi umtwana wakho uzofika ekhaya kahle.

Yini azoyizuza umtwana wakho ngokuba ingxenye yalolucwaningo?

- Umtwana wakho uzothola ukuqeqesheka ngezokuxhumana Kanye nobuholi.
- Uzofunda ngokwakhiwa kwamaflimu,
- Umtwana wakho uzosizakala ngokuthi alolonge ukucabanga kwakhe, ukusebenzisana nabanye abantwana kanye nokuqeqesheka mayelana nokudlulisa umbono ngokuhlonipha abanye abantu.

Ingabe ukuba yingxenye yalolucwaningo luzomufaka encupheni yini umtwana wakho?

- Cha, akukho okubi okuzovelela umtwana wakho uma eyingxenye yalolucwaningo, kubalulekile ukuthi wazi ukuthi abacwaningi abakhulu bazobe belubheke ngabomvu lolucwaningo ngaso sonke isikhathi ukuhlonza ukuthi konke kusahamba ngohlelo noma cha. Uma kwenzeka umtwana wakho ezizwa engasakhululekile ukuqhubeka nalolucwaningo ungamuhoxisa noma ngabe inini, kanti futhi uma kwenzeka umtwana edinga ezokululekwa ngokwegqondo noma umuphefumulo kukhona osonhlala kahle abahlelelwe loko.

Ingabe imininingwane yomtwana wakho izovikeleka kanjani futhi ubani uzobona imiphumela yalolucwaningo

- Umtwana wakho uzobe efana nomunye wabacwaningi, okusho ukuthi imiphumela uzobe enalo ulwazi lwayo ngoba uzophinde asize ngokucwaninga imiphumela.
- Uma sekushicilelwa umuqingo onemiphumela angeke kusetshenziswe igama lomtwana wakho langempela kodwa uzobizwa ngelinyeigama okungelona elakhe noma kusetshenziswe amakhodi athile ukuze avikeleke.
- Uma wena njengomzali ngovumelana nomtwana nifisa ukuthi kusetshenziswe imininingwane yomtwana wakho yangempela, uyocelwa ukuthi usayine ifomu eliyisivumelwano saloko, ngaphandle kwaloko angeke isetshenziswe imininingwane yomtwana ungazi.
- Konke kubhalwe abantwana kuzovikelwa ngokuthi kuhlale endaweni ephiphile evalelekile, uma kuzofakwa kwikhompuyutha, umcwaningi uzoqinisekisa ukuthi usebenzisa ezokuvikela ukuthi kungavulwa yinoma ngubani. Konke loku kuzohlala iminyaka eyisihlanu, emumva kwaloko kuyobe sekuyocishwa.

Kuzokwenzakalani ngemiphumela nabo bonke lobu buciko obenziwe abantwana.

- Konke okukhiqizwe ngabantwana kuzosethenziswa ukushicilelab incadwi yolwazi, iphinde isebetshenziswe kwizingqungquthela ezithile
- Abakwenzile kuzohlala kubona abantwana kodwa sizocela ukuthi sithathe izithombe zako.

Uzokwazi kanjani ngemiphumela yalolucwaningo?

- Uzomenwa kumbukiso ozobe uveza umsebenzi wontwana wakho.

Ingabe uzokhokhelwa yini umtwana wakho ngokuba ingxenye yocwaningo kuphinde kube khona lapho ozokhipha khona imali njengomzali?

- Cha, umtwana wakho angeke akhokhelwe kodwa bazokuthola okuya ngasethunjini ngoba okuningi kuzokwenziwa emva kokuphuma kwesikole.

Ingabe kukhona okunye ofisa ukukwazi ?

- Sicela uthinte u Miss NG Nxumalo ku nosiphogmail.com noma umufonele kulenombolo- 076 222 3994
- Angiphinde uthintane nosolwazi u Lesley Wood ku Lesley.wood@nwu.ac.za noma umufonele kulenombolo 0822969202
- Uzokwenzelwa ikhophi yalesi sivumelwano ezohlala ngakuwena ongayisebenzisa noma ngabe inini.

Ukuvuma kwelunga

Mina..... ngiyavuma ukuthi umwtana wami abe yingxenye yomjikelo wesibili wocwaningo oluyisihloko sithi: **Ukusetshenziswa kobuciko ukuhlola kanye nokushintha imicabango abatwana baBanga- 11 abanayo mayelana negciwane lesandulelangulazi ne ngculazi.**

Ngiyavuma ukuthi;

- Ngiyifundile yonke imininingwane ngalolucwaningo, lapho engingazwanga khona ngibuzile ngachazelwa kahle futhi konke kuchazwe ngolimi engiluzwayo.
- Umtwana wami akaphoqiwe ukuba ingxenye yalolucwaningo kodwa kodwa uzivolontiyele.
- Umtwana wami ngingamuhoxisa noma ngabe inini kulolucwaningo.
- Umcwaningi angamucela umtwana ukuthi ahoxe ocwaningweni uma ebona kufanele, noma uhlelo lungasahambi ngendlela okunvunyelwene ngalo.

Kusayindwe kulendawoNgomhlaka.....2020

.....
Kusayina umzali

.....
kusayina ufakazi

Ukuvuma komucwaningi

Mina.....ngiyavuma ukuthi

- Ngiyavuma ukuthi ngiyichazile imininingwane equkethwe kulelifomu ku
- Ngimusebenzisile noma angimusebenzisanga utolika.
- Bengivulelekile ngaso sonke isikhathi lapho ebedinga khona incazelo.
- Lelifomu likhishwe laphinde lamukelwa umutu ongahlangene nocwaningo .
- Ngigculisekile ukuthi uchazeleke kabanzi ngayo yonke imininingwayo yalolucwaningo.
- Ngigculisekile ukuthi usitholile isikhathi sokuthi akhulume nabanye abantu ngalolicwaningo ngaphambi kokusayina.

Kusayindwe kulendawo.....Ngomhlaka.....2020

.....
Kusayina umzali

.....
kusayina ufakazi

APPENDIX B: EXAMPLE OF A STORYBOARD

"CS2C: Fun with Storyboards" by Kenneth Chan



Establishing shot of classroom. One student snoring. One sits up in alarm over assignment.



Student feels overwhelmed. Voiceover: "I've never done this!" Camera pans slowly to make space.



Ideas surrounded by blurry thought bubble. Brainstorm may also be video montage surrounded by blurry frame.



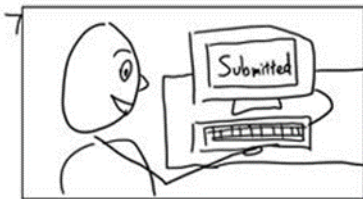
Moment of clarity. "Aha!" Ding or chimes; lightbulb moment.



Working in a dark dorm room. Sounds of clock ticking and pencil scratching on paper.



Proudly shows off finished storyboard. Wipes sweat off brow. Victory music. Zoom in on storyboard.



Submitting via Coursework. Fade out as if ending.



Back to the classroom. Keep as similar as possible to original. "Elaborate on your storyboards!"



Back to the drawing board. Looking haggard but determined. Fade out.

(Chan, Fun with storyboards)

APPENDIX C: EXTRACT OF RECORDED AND TRANSCRIBED DISCUSSION WITH PARTICIPANTS ABOUT DRAWINGS AND WRITING ACTIVITY (CYCLE ONE)

Present: Researcher and the 10 participants (Portia, Simlindile, Nomzamo, Khethelo, Mabizela, Sbusiso, Sanele, Lindani, Sithelo and Zuzile)

Codes:

What contributes to the prevalence of HIV in your community.

What do you and other people in the community think about HIV positive people

!

How are HIV positive individuals treated in society

Researcher: Hi guys so I would like to thank you for the beautiful drawings that you have produced, I am very impressed and happy about the visuals and the paragraphs explaining the drawings. We have gathered here because I would like us to discuss each drawing with the owner and have the owner of the drawings tell us what is in the drawing, what the drawing is about and why they chose it. I believe that that will help eradicate ambiguity. So kindly relax and let me know if you would like to be the first one to share your interpretation of the drawing with the group.

Nomzamo: I would, like to start so that I can relax and listen to others explain their drawings.

Researcher: Well, I believe that it is best to understand that we are going to have a discussion, so even after you have presented to are allowed to ask questions and share

Nomzamo: okay.

Researcher: Alright, kindly share with use, what did you draw and why did you choose to use that drawing

Nomzamo : *[Looking at her drawing, Figure 4.2] I drew picture of an older women with a teenage girl working as prostitutes they are waiting for An important client as it is the first time that this teenager is doing such work.*

Researcher: *What are they doing again? Are they prostitutes?*

Nomzamo: *Yes, they are prostitutes, I choose to use this drawing because teenagers in my community become prostitutes just because they are in need of money they end*

up sleeping with older men and it causes lots of chances of being infected with HIV and AIDS at a younger age

Researcher: Okay so with this picture, how does it reflect what is happening in your community?

Nomzamo: *Well, lots of younger girls in the community become prostitutes in some reasons. Others you may find that their parents have just passed away and they have nobody to care of them, so they find it hard to ask for money and prostitution becomes their first solution for hustling for money. So this later makes them have an infection of HIV because they sleep with different men, and people in the community just disrespect them without knowing the hardships they face in order to survive, they call them bad names and others distance themselves from them. Some get tempted by their friends they see their friends wearing expensive clothes, having expensive phones and they wish to have those things as well and they end up doing prostituting and end up being infected at a younger age.*

Researcher: What bad names are they called in the community

Nomzamo: *There are a lot of names sometimes they call them sluts or bitches and say they sleep with older men are at the state of being their fathers but they don't know the hardships they face in order to survive*

Researcher: What do you mean people don't understand the hardships?

Nomzamo: *Like I said some don't have parents, so I think these girls don't have a choice but to sleep with these men in order to put food on the table, I don't blame them as they do not have other options since they are still in school and want to complete school.*

Researcher: Thank you Nomzamo, can we have another volunteer who will present their drawing?

Sithelo: I would like to follow

Researcher: Okay thank you Sithelo, can you tell us more about your drawing?

Sithelo: *I drew a young female who is HIV positive and two friends who are discriminating her, I did this drawing because many young people discriminate each other about their HIV status. I choose these young girls because many young people discriminate each other by just looking at ones physical appearance and their standard of living at home. This reflects bad views in my community because most*

people in my community do not understand HIV and they isolate people who are HIV positive and laugh at them instead of encouraging them

Researcher: Do you mean that they are judged by their physical appearance? So what do you think is the most acceptable physical appearance and which one is associated with being HIV positive within the community?

Sithelo: Yes, they can judge a person by their dress code, and looking if their bones are showing in their body so weight is used to judge , for example maybe at the beginning of the year you weighed a lot and now you are slender so they will say that you are HIV positive rather than thinking that maybe they are suffering from TB, corona virus or malnutrition, it is just because we are black people and so we don't think about other things, when a person loses weight we think it means they are HIV positive

Researcher: Would you say that it is because in your community a big-boned women is more acceptable than slender?

Sithelo: "Jah"

APPENDIX D: EXTRACT OF RECORDED AND TRANSCRIBED DISCUSSION (CYCLE TWO)

Present (for the discussion): Researcher and 5 participants (Portia, Nomzamo, Sanele, Sithelo and Zuzile)

Presented messages: Regular check-ups are important in order to win the fight against HIV

HIV positive people should be treated like everyone else

Portia: Our storyboard is about the contribution of traditional beliefs on HIV and AIDS. It about a guy Joe who comes from Johannesburg after a long time with a luxurious car. When he gets home, he starts being sick, and after being sick for a while he suspects that he has been bewitched by jealous friend. His friends ask him to do medical check-ups, but he refuses, rather than going to see the doctor he went to a traditional healer who gave him muthi instead of ARV'S. He becomes sicker and goes to the doctor but only to find that it was too late. If he had taken his friends advice, maybe it could have saved him. In this storyboard we wanted to show that often people become scared of doing check-ups and blame other people for their mistakes, it would have been wise if he went to the doctor.

Researcher: So, like what is the overall message that you wanted to communicate to your community through this storyboard?

Sanele: What we want to communicate is that people should know their status, in order to avoid going to traditional healers. Yes, traditional are helpful but then sometimes people just need to know their status so that they know whether they need to see a medical doctor or traditional healer

Nomzamo: It is important that we teach people about the importance of going to check their HIV status regularly because in our community people often believe that if they have had a disagreement with a neighbour then when they get sick it is the neighbour's fault. People in the community believe that is your life is going well maybe you buy a new car then if you get sick immediately after that, you have been bewitched.

Researcher: I witnessed that as well, people in this community do not believe that they suffer from disease, it is always witchcraft.

Portia: Especially men!

Zuzile: Yes, men are the ones who believe mostly in traditional healers, If one was to go to the clinic right now, they will find only females in the ques. Men are scared of testing so we wanted to educate them about the vital effect that may have in their well-being.

Researcher: This has been a very fruitful discussion, I would like for you to share with me that you have learnt from being part of this study and what would you do differently now in your relationships with your family, partners and friends?

Sithelo: Personally, I have learnt about the importance of testing for HIV and not allowing boys to manipulate me. I will now demand to go testing for HIV before sleeping with someone because I know that it is important for everyone to know their status.

Portia: I really feel like I need to go and for an HIV test after this!

Sanele: From this project I have learnt that I need to start treating the women like queens, but they should also behave like queens and try by all means to address the issue of gender-based violence round me.

Zinhle: Besides learning about HIV, I have been empowered to look after my well-being and put myself first as a woman so I can become an independent woman.

Nomzamo: I have learnt so much, for instance I should not discriminate other people such as not wanting to share a desk with an HIV positive person. I know that there is nothing wrong and it does not mean that I will also get HIV.

Portia: Another thing we also learnt how to express ourselves and share our opinions. Before, this project I would have not been in a relationship with an HIV positive person, but through the discussion I now know that it is possible not to be infected with the virus even when I am in a relationship with an HIV positive person, so we must treat everyone with respect

Portia: I think teachers should establish small support groups in school which will allow learners to talk about their problems, teachers should be part of those groups and teach learners about diseases such as HIV.

APPENDIX E: REPORT TO PARENTS

IMPHUMELA YOCWANINGO UMTWANA WAKHO ABEYINGXENYE YALO

Mzali:

Ngithanda ukubonga kakhulu ngokuvumela umtwana wakho ukuthi abe ingxenye yocwaningo lapho ebesifisa khona okwazi ukuthi abantwana bacabangani ngegciwane lesandulela ngculazi kanye negculazi. Ngiyabonga kakhulu lolucwaningo belungeke lube impumelelo ngaphandle komtwana wakho. Ucwanningo lwethu belunemijikelezo emibili, ngakho ngicela ukukwazisa ngemiphumela:

UMJIKELEZO WOKUQALA

Inhloso yomjikelezo wokuqala bekuwukuthola ukuthi abantwana bacabangani ngegciwane, sithole loku:

Abantu besifazane ibona abhebhethekisa ingculazi

1. Iningi labantwana, ikakhulukazi abesilisa bacabanga ukuthi ingciwane lesandulela ngculazi lidalwa kakhulu ukungaziphathi kahle kwabantu besifazane. Sithole ukuthi bakucatshangiswa ukuthi banolwazi oluveza ukuthi abantu besifazane ikakhulukazi laba abasebancane balala nabantu abaningi ngesikhathi esisodwa futhi balala nabantu abadala kunabo.
2. Ingxenye yabantwana besifazane bakhombise ukuthi akumele abesifazane abadayisa ngomziaba bagxekwe ngoba loko kwenziwa inhlupheko abahlala ngaphansi kwayo, ngakho ukuze baphume enhluphekweni kumele badayise ngomzimba.
3. Abantwana baveze ukuthi kuneziga lapho abanye bedlwengulwa khona emakhaya noma ngabantu ababathembile kodwa loko abafuni ukukubiza ngembaba ukuthi 'ukudlwengulwa' ngoba bakholelwa ukuthi labantu basuke bebasiza ngezidingo zabo ngakho ukulala nabo iyona indlela yokubakhokhela.

Izinkolelo zesintu zinomthelela ekubhebhethesikeni ingculazi

1. Abantwana baveze ukuthi izinkolelo zesintu ezifana nokuthi abantu besilisa bakhulu futhi kumele bathotshwelwe ngaso sonke isikhathi. Abantwana baveze ukuthi loku kudala ukuthi abasifazane bahluleke ukuzikhulumela noma sekumele benze ucansi, ngakho bagcina benza ucansi olungaphephile ngenxa yokuhlonipha amadoda.

2. Abantwana baphinde baveza ukuthi indawo abakhulele kuyo ikholelwa kakhulu ezinyangeni nasezangomeni, ngakho uma abantu begula abalubhadi kodokotela kepha baya ezinyangeni loku okudala ukuthi labo abanegculazi noma isandulela ngculazi bagule kakhulu abanye babo baze bashone ngoba basuke bengakutholi ukulapheka okufanele.

Ukucwasana emphakathini nezinkolelo ezingelona iqiniso mayelane ngegcwane lesandulela ngculazi kanye negculazi kusadlangile emphakathini

Abantwana baveze ukuthi umphakathi ayabacwasa labo abasuke benegciwane ikhakhulu ngoba umphakathi ukholelwa ukuthi leligciwane lidalwa ukungaziphathi kahle. Ngakho esikhondleni sokuthi bathole ukwesekwa emphakathini, umphakathi uyabasola. Okunye okuvezwe abantwana ukuthi baningi abantu abasanezinkolelo zokuthi uma behlala eduze kwalabo abengciwane noma besebenzisa izinto ezizodwa nalabo abanegciwane nabo bazolithola. Loku kudala ukuthi babaphathe kabi, bangafuni ukuzisondeza nabo.

UMJIKELEZO WE SIBILI

Emva komjikelezo wokuqala, abantwana bafundiswa kabanzi. Emva kwaloko, bacelwe ukuthi benze ubuciko obufundisa umphakathi ngegcinwane lesandulela ngculazi imiphumela yalomjikelezo ime kanje:

1. Kubalulekile ukuthi kuhlonzwe izimo ezidala ukuthi abantu bezifazane batheleleke kalula ngegcwane lesandulela ngculazi kanye negculazi

Abantwana baveze ukuthi kubalulekile ukuthi kukhulunywe ngezimo ezenza abantu besifazane bathole igcinwane ukuze zizobasobala futhi zikwazi ukulungiswa ukuze kwehliswe isibalo sabantu besifazane abanalesisifo. Ezinye zezimo ezibalulwe abantwana isimo senhlupheko, baveze ukuthi iyona edala abesifazane babebuthaka ngakho kumele isizwe silwe nesihlava senhlupheko ukuze sikwazi ukunqoba leligcinwane. Abantwana baveze ukuthi kumele kwenziwe izikhungo zokufundisa abantu besifazane ukuze bezokwazi ukuthola imisebenzi bakwazi nokuzenzela amabhizinisi ukuze bezokwazi ukuzimela bangahlukunyezwa abantu besilisa kalula.

Baphinde baveza ukuthi kubalulekile ukuthi kube nezinkulumo emphakathini kanye nasezi ezinkundleni zokuxhumana ezifundisa ngamalungelo abantu besifazane, baphinde bathole uxhaso emphakathini uma bephila nesifo sengculazi.

**2. Izimfundiso ngegcivane lesandulela ngculazi kanye negculazi zibalulekile
emphakathini ukulwa nobandlululo nezinkolelo ezingelona iqiniso mayelana
nalesi sifo.**

Abatwana baveze ukuthi kubalulekile ukuthi izimfundiso ngegcivane lengculazi zingagcini nje ezikoleni kodwa ziphumele ngaphandle emphakathini ngoba baningi abantu emakhaya abanolwazi olungelona iqiniso. Baphide baveza ukuthi lezizimfundiso zingasiza kakhulu ukulwa nezinkolelo ezingelona iqiniso kanye nobandlululo emphakathini abantu ngoba uma abantu sebenolwazi bazokwazi ukuseka labo abathintekayo.

APPENDIX F: LANGUAGE EDITING

Dr. JACKIE DE VOS

Academic copy editor / Akademiese teksredakteur

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EDITING

05 July 2021

To whom it may concern

This letter serves to confirm that the following dissertation was edited:

**Exploring and changing Grade 11 learners' hegemonic narratives about HIV
and AIDS using art-based methods**

The onus is on the client(s) to work through the proposed track changes and to accept or reject proposed changes. Clients might amend the content after the editing process. Clients should also make certain that all sources/references have been cited.