

**Faculty of Education**  
Telephone: (011) 489-2644

25 June 2004

The Department of Education  
PO Box  
Walker Street  
Sunnyside  
PRETORIA

Dear Sir/Madam

**Application to conduct research within the Gauteng Province**

I wish to apply for permission to conduct research on **Schools and HIV/AIDS: Perceptions of the learners, educators and District Officials in the informal settlements** of the Gauteng Province.

I am presently enrolled for a doctoral degree in Curriculum Studies with the Rand Afrikaans University. The study will be a naturalistic inquiry implementing qualitative methods of data processes. Focus group interviews and observations will be conducted after school hours. The target group will be the Learner Representative Council, Grade 12 learners, educators responsible for Life Orientation and Life Skills, and volunteering educators together with the School Management Teams.

I hope you will find this application in order.

Thank you in anticipation.

Yours sincerely

Mrs DN Mashele Ndebele  
(Student no. 909434283)

**Faculty of Education**

25 June 2004

Telephone: (011) 489-2644

The Principal

.....  
.....  
.....  
.....

Dear Sir/Madam

**Application to conduct research at your school**

I wish to apply for permission to conduct research on **Schools and HIV/AIDS: Perceptions of the learners, educators and District Officials in the informal settlements** at your school.

I am presently enrolled for a doctoral degree in Curriculum Studies with the Rand Afrikaans University. The study will be a naturalistic inquiry implementing qualitative methods of data processes. Focus group interviews and observations will be conducted after school hours. The target group will be the Learner Representative Council, Grade 12 learners, educators responsible for Life Orientation and Life Skills, and volunteering educators together with the School Management Teams.

I hope you will find this application in order.

Thank you in anticipation.

Yours sincerely

Mrs DN Mashele Ndebele  
(Student no. 909434283)

## TRANSCRIPTION OF AUDIOTAPED INTERVIEWS

**Key: I = Interviewer (researcher)**

**R = Respondents (SMT – 4 members of the School Management Team – all male)**

I: Good morning gentlemen. It is a great pleasure for me to be with you. I would like to take this opportunity to thank you for accepting this invitation. I hope everybody will be free to share his or her opinions with us here. I therefore promise that whatever is said here will remain confidential and anonymous. Gentlemen, we have a tape recorder here and I hope that won't prevent you from participating effectively in this interview.

I: How does HIV/AIDS impact on you as educators?

Res: Quiet.



I: How does HIV/AIDS impact on you, how does it knock you, how does it bump on you, what are the effects of HIV/AIDS?

R1: Well eh ,, to me three years ago I never thought HIV/AIDS would come to our classrooms. I never thought that there would be a situation or time or period where children would be affected and infected and two years ago, it was then that we felt the reality of pains where some of the learners had their parents in the hospital and were left alone without an adult at home.

Now then after knowing that we have learners who are left alone at home due to HIV/AIDS then the reality of AIDS came to our school. Those children needed support, needed care so we had to organise people, we had to organise social workers. It was then when we felt that it seems a problem is coming.

I: How did you know about that?

R1: You know children would come to school dirty and you can see that there is no one taking care of them. Sometimes they will come to school hungry, telling you they have not eaten because of this. Some of the learners would come and tell us that so and so is staying alone at home so they didn't eat anything.

I: Are you saying that the school has the responsibility for both the affected and infected?

R1: The situation as it is right now, both the educators and the learners are affected. If the parent is infected the learner or the child is affected, so is the teacher because the child will come every morning to you crying. So you have to give care and support to the child and in some instances you also have emotions, you feel sorry for the child, when you get home you still think of the child. It means then that both the teacher and the learner are affected by this virus.

I: I think you coming up with something very important here. That the teacher will try and support the affected learner, now what happens to that teacher?

R1: Nothing happens to the teacher. All those pains will just disappear as time goes on, if they disappear. There is no support given to the teacher. Eh ... we become social workers, and there are times when we cry with the kids even though we are not suppose to do it, but because you are emotionally affected you end up closing the door, crying and after ten minutes you go out and start smiling again as if everything is okay nothing has happened. As a teacher nothing happens. No support at all unless you take your medical card and go for counselling at your expense.

I: I can see that you want to say something.

R2: Ee, to add on what my manager said, I think HIV/AIDS has brought poverty to the learners whereby learners drop out and become prostitute in order to support their younger sisters and brothers.

I: Is it really happening? Do you experience some dropping out due to HIV and AIDS?

R2: Ja, its really happening. Even though I cannot stand up and positively say so and so dropped out due to HIV and AIDS but when we try to find out the truth is like that. And that some learners stay alone at home, parents work very far, they don't come home. At times some of the learners who drop out are very intelligent but because of poverty they have to drop out and make means to support their younger brothers and sisters.

I: Mh ... Ja ... its tough.

R3: One thing that I've noticed is the number of learners who are dropping out of school, more especially female learners. It seems to me they don't have information about the ABC of AIDS as it has not yet been introduced at our school this HIV education. We went to a workshop last year but the government is still behind in introducing a subject in schools because once you see learners dropping out from school because of pregnancy it tells you as a teacher that they don't abstain, they don't condomise and that they enter in a relationship without knowledge. If you check in our classrooms, two three girls have dropped out because of pregnancy. It tells you one thing – lack of information.

I: Now, how should they access information?

R3: I heard somebody mention that they want to do away with LO as a subject because it has limitations with regard to more information on HIV and AIDS because some parents, I still remember at that workshop they said we still have to talk to parents as to whether they accept HIV and AIDS as a subject at school or not. But it has not happened it is now a long time.

R4: Just to add on that, we gave learners an assignment, a task on HIV/AIDS and requested them to go to the clinics for such information and pictures. They refused learners on that information and pictures may be they felt that the learners were not yet ready to be exposed to such information and pictures. It was real pictures on STL's gonorrhoea etc. Those people felt that the task was not appropriate and they felt not happy.

I: Did they eventually source our that information?

R2: Ja they did to a certain extent.

I: Did the task/assignment or information help the learners?

R2: To some, but the others no, you know children will tell you Meneer, "U ka se je le sweetie u sa tlusa pampiri." They don't take AIDS seriously. "U ka se je banana sa hosa matlabala" meaning you cannot have sex using a condom. So some and many are still lacking behind on this aspect of HIV/AIDS.

R4: I think its more than that. The issue of mindset is also a problem. Say I get sick and my parents, my spouse will hide it and even myself I will deny it. People are not open. People are dying and people think people are just dying because we are not open and disclosing. I think even in our classrooms we still have a problem of talking about HIV and AIDS. And then there isn't adequate talk about it and programmes and even on TV the programmes we have got are not adequate enough they talk of other things other than HIV and AIDS details and another thing on the tasks and assignments also must be communicated to our seniors unfortunately the senior person didn't approve of some assignments and that shows you that the issue of mindset our own mindset have not changed. People think that even if you love them enough you can't talk about all the details on HIV and AIDS and the learners also think they are matured enough that they cannot be told by teachers. They think they know enough on how to handle their relationships. Even at home their home knowledge and attitude towards sex

I don't think the parents talk about AIDS may be about pregnancy but judging from the rate of teenage pregnancy you can see that there is no talk about this HIV and AIDS. Even in the churches, the abafundisi don't talk much about HIV and AIDS unlike in other countries like they go around and say live positively – whatever. This is very rare with us, Maybe the learning area LO teachers are not empowered enough on the issue of HIV and AIDS. We just attended a workshop last week Friday organised by the International Institute on capacity building.

It was apparent as well that issues of this kind can only be addressed if our mindset changes and that can become primarily from homes, primarily from the churches and schools and others. But if people still feel its not my area, I'm an English teacher not an LO teacher who will talk about HIV and AIDS. People can/must understand that every educator is an LO because including the parents at home and churches everybody must talk about it like we did with apartheid, everywhere we talked about it. If you have brothers and sisters or as an adult, you need to take it upon yourself to talk about it. Subject and class teachers must take it upon their shoulders to talk about HIV/AIDS. People must realise that when others become infected others become affected. So it will always remain someone else's business.

- I: I heard you mention something on the empowerment of teachers besides the issue of paradigm shift. Could you please elaborate on that?
- R4: Serious as it, HIV/AIDS, we have educators who are assigned to lead HIV/AIDS and life skills programmes. Now you go to one educator for instance trying to access for example you want to know about the nutrition which one must resort to when infected, resource. They don't have resources, videos to show learners, posters, booklets, cassettes information. You know the workshops that they attend are very limited and inefficient in terms of information. I brought them this CD on HIV/AIDS and other related issues B, etc., attitude etc. Things like is HIV/AIDS a race issue etc. They also argued that what I brought is the best so far to all what the department has done. So you can imagine.

I: If you could tell me gentlemen, what is happening during Life Orientation class or period?

R1: Well actually life orientation does not only deal with HIV, but there are also other important factors like problem solving how to handle problems is part of Life Skills. Topics covered are how to make a living, how to make money out of vegetables because most of the teachers are not comfortable on HIV/AIDS so they don't concentrate much on HIV/AIDS but on the other aspects of Life Orientation. Even when they talk about life orientation they can't get deep into HIV/AIDS information as to how do we get HIV because you know in our culture, it's difficult to talk to our children about certain things. Some of our teachers still feel I can't say this to the children for example if you have to code switch and say sex in our language it will be difficult it is not in our morals and values to discuss such. Like they say educators attend courses, to me these courses are not beneficial to these educators. They are not empowered. They are only there just to convince the Districts that the facilitators have done their work. Because sometimes and most of the times they last for 45 minutes and they will say go home. If the Government or Department was serious about this, they would have taken all these LO educators maybe for a week and book them somewhere and teach them seriously, empower them instead of calling them every week for 45 minutes which makes no difference and don't help these educators. They waste resources. The National Department must do something on how to empower these educators.

I: You've already mentioned something about the Department of Education, but now what steps do you think are being taken by the Department to address the impact of AIDS. What is the Departments' reaction towards HIV/AIDS?

R4: I don't think there is that much that really the Department has done. I think they must restructure the whole LO and be focused on the issue of HIV/AIDS and fully and adequately train these educators because educators come from the colleges of education and universities and bearing in mind that no educators did LO formally at the tertiary institution. This LO was guidance



and was never taken seriously especially in our black schools. And the LO as a learning area is still handled by educators who would either volunteer to take it or principals because they don't have classes and opt to take LO and still it won't be adequately attended to because the principal may not be always in the classroom. LO is a learning area that we never specialised on such that the presentation of it is not adequate. It is not given enough focus. From the perception of teachers and learners and people under general, LO is a learning area that is so important, you can even go to class without preparing and that everybody can teach it. And that is a problem it is not everybody who can teach LO. It needs a person who has passion for it, a person who will go into it and do justice. There is a need for restructuring in LO.

I: I think like he has mentioned guidance it is true that most educators didn't specialise in guidance. Those who did guidance like myself I was quite prepared to face such things because you talk to children about their problems. It was easier now to teach LO because I have an experience of guidance although they included information that was not part of guidance before HIV/AIDS. But still is guidance because you have to guide learners about how they should meet their objectives and that there could be some block and HIV/AIDS could be one of those blocks. To me it was a bit easier that's why I was committed to it and when I came here I went to classes and talked to the learners about HIV/AIDS. A week after two learners came to me to ask if they could talk to me. They told me that they were HIV positive. It means if educators were given the confidence and opportunity of handling this subject without any fear. Fear of this is not allowed in our culture, I can't talk of sex etc. If we can have a problem where our educators can be empowered I don't think there could be a problem.

R2: In some instances, we the men species, I don't think we are more comfortable in dealing with HIV/AIDS like the woman species. Usually if a learner comes and talk to me about his or her status we usually refer them to the lady educators. I don't maybe its because you ladies have got sympathy

or what. If all educators could be empowered, we would be ready to face such challenges.

I: So you do have learners who are infected?

R1: Yes we have learners who are HIV positive and some that one or both parents are infected or died.

I: I think if all teachers would be empowered they would do as you did and more and more learners would come out to declare their status. If more and more learners can open up maybe they will get the care and support they need.

R1: I think like it was mentioned that we need to change the mindset. If we change our attitude as educators, these children will be free to come and discuss their problems and status with us. But the last time I read an article on the local newspaper that a teacher said to a child “hey wena le miriri u kari u na le HIV” now you can imagine such a comment in a classroom. What if there is a learner who is HIV positive or someone in a family. Already that teacher has closed the door that those learners came to discuss anything with him/her. That next time she/he can say why did you do this? Is it because your uncle is positive maybe “le wena u bjao”. So there is that big gap between the learners and the educators because of the attitude. Now the attitude becomes the roadblock towards communication.

I: Do you honestly think the attitude is because of the mindset. Are you attributing attitude towards mindset?

R1: Ja, I think it is because of mindset and frustration. You know some of the teachers have so many problems that they are not ready to communicate their problems to counsellors, managers, colleagues, etc. They bottle their problems. They can't communicate with learners properly because they have that anger inside.

I: Are those problems related to HIV/AIDS?

R1: Well they are in general. We had a teacher when we were young who we would see that no, today he is angry. We could see symptoms.

I: Is the department doing something about addressing the teachers' problems?

R1: Yes the department is doing something they don't recognise the teachers problems if you have something that is stressful they don't recognise stress as a problem. So even if the teacher is sick and submits a leave form written for stress they don't recognise it. Yes the department is doing something, they don't recognise stress.

I: May be let me ask you this, are teachers also infected or is AIDS only for learners?

R3: I would like to come to that, most teachers around South Africa don't know their status in regard to HIV/AIDS. We are not always going to blame the Government but when this disease came it already had a stigma. When you go for a loan at the bank if you HIV positive you wouldn't get it. So many teachers are afraid to disclose their status because many doors are being closed. Teachers fall into that category. Even if they go for tests they don't disclose because of that.

R1: I think many teachers are infected. Last year I was in Durban and some teachers in KZN they were telling us that most of their colleagues in KwaZulu-Natal were infected. I compared it with Gauteng I realised that KwaZulu-Natal was worse. They told us they buried most of their colleagues and on that Friday they were burying more. On Saturday they will be burying others. But now how do we know that teachers are infected, like I told you I took a policy and they wanted to know my status. I went for blood tests. For five days I wouldn't sleep waiting for the results. When I coughed I thought, ja, AIDS got me. I would wake up at 4 am solving my HIV status. The tests

and waiting period itself is traumatising. I told myself I wouldn't do it again but unfortunately I don't have a choice. Many teachers today are facing financial problems and the best places one can get assistance are the banks. But then because there must be tests done most teachers don't go there but they go to the "Mashonisa".

I: What happens to the learners when teachers go and bury other teachers on Fridays?

R1: Like we say AIDS is everybody's business. When teachers go to funerals the learners are also affected academically. But AIDS is everybody's business.

I: What can be done for teachers to go for tests for lines of communications to open up?

R1: HIV/AIDS is like Leprosy during those days would take you away from the others. The people wouldn't talk to them, people were ashamed of you. Unfortunately it was visible. Now the same applies with AIDS, people think it's a sin especially those who belong to particular churches. They regard it as a sin "Ha a na le AIDS ke sebi". Now they are already accusing such people that they sinned. In the community they feel it's a shame. In the family they feel you have shamed the family. People would not come close to that family.

I: Now what do you think should be done?

R1: I think we should do like Botswana. The people in Botswana they disclose and get support from the people. Now with us here we have that barrier, if we could treat AIDS like having flu remove shame and stigma. Once we can do that people will be in a position to come out and disclose they will come out from their shelters and cocoons and we can be able to share information on how do we prolong the lives of those affected. The people who are infected are alone. They don't get any advice on what to eat, drink etc. Must I continue with alcohol, drugs etc.

I: What can a school do?

R1: South Africa is a democratic country we can come up with a solution to this problem. But as long as people are not yet ready and prepared there is no way that people can be forced. But as an educational institution ours is just to encourage both the learners and the educators to talk about this.

I: Where do you think this readiness will come from?

R2: I think HIV/AIDS is a matter of morals and values of the community and personally I think the church has more to do with the morals and values of the community, the nation, the country. We are Tsonga people who believe that when there are certain things in the community the church can address it, and the same thing regarding AIDS morals and values must be preached by the church. The church must be involved in this.

I: How do we relate HIV as a skin and the judge?

R2: I think we have different types of churches. We have real churches, and overnight churches. Overnight churches are churches like a gospel singer who decided to start his own church in order to get funds. This priest has never been trained. Now the real churches where priests were trained in for example pastoral psychology etc. can help.

I: What about community members who don't believe in church but in traditional healers etc.?

R3: I think traditional healers are involved now and they are very positive about this and have association that deal with HIV/AIDS and how they should advice their patients.

I: Would you like HIV/AIDS programmes infused and integrated in the curriculum?

Res: Ja, we do.

I: What results and impact do you think it can yield?

R4: Ja, I think the most important thing is to get more information about HIV and AIDS and I think that or those programmes can and will provide us with that.

I: So we definitely need HIV/AIDS programmes infused here, unlike waiting like you mentioned earlier on.

I: Do you have any idea how it should look like?

R3: If HIV/AIDS could be made a learning area on its own. Because it covers most aspects of the child's' growth. If a child has to learn about HIV and AIDS it should start from foundation phase whereby a child should be taught about her body, how to take care of it up to the stage where a child is ready for a relationship, having intercourse and the effect of that. So it starts from the bottom to top. So I think it should be treated as a subject of its own.

R1: Although there would be a problem where when a teacher comes the people and learners would say "Thichere oa AIDS a su". Meaning here comes an AIDS teacher.

All Res: Laugh.

R3: It must be put in such a way that emphasis is on AIDS.

I: Do you have HIV/AIDS policies?

All Res: Yes.

I: Is everybody aware of that?

All Res: Yes.

I: Do you have precautional measures on HIV/AIDS?

All Res: Yes.

I: Do you have orphans due to HIV and AIDS?

R1: We can say all the orphans we have are due to HIV/AIDS but so far we have 16 orphans. We don't want to dig much on how they were orphaned because its like when you are orphaned due to AIDS you are an orphan who has status number one. If you are an orphan due to an accident, you are regarded as an orphan status number 2. So we feel its unfair because there is discrimination. Both children don't have parents they need care and support.

I: Are they maternal or paternal?

R1: Both, but I note the discrimination in orphans.

R2: Another thing we are talking of HIV and AIDS as a separate entity. If we look at our youth mainly what causes this HIV is unsafe sex but we are not talking of the use of drugs. Truly speaking these drugs are the main causes of HIV/AIDS. Maybe if we can relate to these learners that these drugs – alcohol, dagga etc. are the causes of AIDS may be they will understand.

I: Are learners exposed to drugs?

R1: Yes, they use drugs, it is happening even with the ones that use needles. They share the needles also. This is happening especially in affluent schools where they can afford. These drug lords start by selling them very cheap and once the learners are addicted/hooked then the prices go up and they know it won't be easy to go without them. So we are not only faced with the problem of trying to stop AIDS with information but also it has other ways in drugs,. We still have people who still have sex with five people. And they perhaps use the same condom that was used by the other guy. This story was on Sunday World.

I: Are condoms available here at school?

R1: Yes, but it is difficult to take one and give it to the learner or boy.

All Res: Laugh.

I: Now, what happens to these condoms?

R1: We just leave them here.

I: Are you perhaps preaching abstinence?

R1: Schools should preach abstinence but our learners are already sexually active. If you can't encourage them to abstain be sure they use safe sex.

I: Are you sure they are not abstaining?

R2: Yes, we are sure. In most cases when we talk to them you can see and hear that they are not abstaining. Some of them are pregnant some of them already have children. Some of them live with their boyfriends.

I: How does that happen?

R1: When they come to school, the boyfriend go to work and the parents are fully aware of that and that's it. And they are also not ashamed to say it. Sometimes they tell you that my boyfriend does not want me to do this or that.

I: So do you give them condoms to give their boyfriends?

R1: And they do take them. In future the department must supply us with female condoms because sometimes they tell you my boyfriend does not appreciate when I bring condoms. If the female learners can have condoms they would be safe.



I: I think it does make sense as the safety of a woman is the safety of a nation.

I: Gentlemen, we can now round up. Say whatever so that we can end our session.

R3: I should think that ee ... this problem of HIV is a national problem and ee ... one will be amazed that when Patricia de Lille challenged people in Parliament to disclose their status most of them refused and yet they expect people to disclose their status. So they should be an example so that it should be top to bottom. This would also make us teachers to disclose our status – whether positive or negative. And they should break down the barriers from the corporate world, that when you want this or that you should go for tests like my friend here who was very sick when he was waiting for the test results.

I: So even if you HIV positive one must be given a loan?

R3: No, they should come up with mechanisms such that they address these problems. Not that they should draw a line.

I: Okay, I understand, but are you aware that there is positive and negative discrimination – direct or indirect discrimination.

I: You want to say something sir?

R4: Ja, but not really except to say that the sooner individually we accept that AIDS is here to stay that will obviously be if one has personal convictions to tell somebody next to you then we can have reduced levels of infections and also getting to a point where we see AIDS as our problem generally as a people and also refrain from stigmatising people who are not good, irresponsible, or people to be blamed, as people to be blamed. People tend to say are careless and forget that you can get AIDS even through other means. I know of two ladies who got infected at the workplace who were nurses. Those are well-behaved people and they fortunately got good

treatment as immediate as possible. Everybody can get infected even our principal.

I: I hope you not referring to our lovely principal here.

All Res: Laugh

I: Again you are coming up with the fact that we all need to be resources, informed about HIV and AIDS.

R2: As educators, we feel the department should bring us counsellors in school to deal with HIV and AIDS instead of us as educators. This will also remove this thing of discrimination because some of us are afraid to disclose our status because we are afraid of being discriminated against.

I: Does discrimination really exist at our schools with regard to HIV/AIDS?

R2: Ja, to some stage it is there, say during lunch we buy food and eat together. After knowing that I'm positive the teachers will no more want to eat with me.

R1: I think from what he has just said, let me mention a certain experience, very practical. One of our colleagues was HIV positive and she was very sick. Usually they give them lots of pills so she would bring lots of food. So she would also give other colleagues some food and they would go and throw the food away saying "Rona a re batli go ja AIDS." It was so painful when she became aware that she gave people food and they never ate. Even her best friends.

I: Ja, its horrible.

R1: I think ee ... AIDS is here, AIDS is real and AIDS kills. It is everybody's business.

I: As a manager, what can you do to encourage your educators to go for tests, disclose and live positively with HIV and AIDS?

R1: I think the only thing that one can do is to bring your own test results and show them, look I'm clean for as long as you don't know your status you are not free. For you to be free, for you to be liberated and to be happy you need to know your status and to them also it should be like that. To move away from fear because this goes with fear. The next thing when you feel there is something wrong with your body you always think is that not because of AIDS. You will always have that always when you are sick. But if you have tested you remain positive.

I: Now that you have your certificate can you do that with your learners and your educators so that you can motivate them to go for tests and disclose if they feel like?

R1: Ja, I can do that. But you may have tested negative but after two day you go and test then you are positive. I worked with a lot of organisations that deal with HIV and AIDS and I'm able to talk positively about AIDS but they still have fear. But this is caused by the fact that you tested negatively then you change your lifestyle. People will go and test and results prove negative but they continue to have extra marital affairs or many girlfriends outside. So there is no way you can encourage anybody. Maybe my colleagues here have many girlfriends when you tell them to go and test they will say aah ... it's a matter of choice you have to free yourself. This is not like the freedom we all fought for, some going to the bushes to free our country. This is a personal journey in order to obtain freedom.

I: Thank you gentlemen for accepting this interview. You are so informative although you think you don't have information. You are so empowered perhaps we are so used to be told there it is, that's when we feel empowered. But to be honest you are very knowledgeable and enthusiastic to mitigate the impact of HIV and AIDS. I might come again, so please don't be discouraged, help me to help others.

I: Thank you once more.

All Res: Thank you mam for making us talk about HIV and AIDS. We are silent here we don't talk about HIV/AIDS because we might be infected or maybe a colleague might be infected. Thank you it was an eye opener.

**Field notes:**

1. Very tense at first but later on they opened up to share their frustrations as both educators and citizens of South Africa.
2. When talking about their environment you really feel and see how helpless they feel about it but have the energy to take it on.
3. A very powerful team of the school management team.



EXAMPLE OF CODED TRANSCRIPTION OF INTERVIEWS



**EXAMPLE OF PORTFOLIO FOR THE ASSESSMENT OF TEACHERS AFTER  
COMPLETION OF THE PROGRAMME ON “HOPE FOR AFRICA”**

**Dr Bruce Wilkinson**

**THE PORTFOLIO**

Summative assessment of the course is done by means of a portfolio.

**1. OUTCOMES**

This portfolio should be seen as an opportunity to demonstrate that you have achieved the outcomes of all the questions in this programme.

**2. INSTRUCTIONS**

It is important that you follow the instructions carefully when compiling your portfolio. Here are your instructions:

2.1 Your portfolio should consist of a clip or ring binder – an ordinary folder is NOT good enough

2.2 Develop a table of contents that would make it easy to access the documents in the portfolio

2.3 The following documents should be included in your portfolio:

- a) Title page with checklist  
The first page in our portfolio should be a copy of the page: “PORTFOLIO: “HOPE FOR AFRICA” Winning the battle against HIV/AIDS”. Complete it and tick the items that you have checked and included in the portfolio before you mail the portfolio to the facilitator.
- b) List of contents  
Draw up a list of contents that includes page numbers. This means that you will have to number the pages of the documents in the portfolio.
- c) Welcome to my portfolio  
Next, insert a copy of the page: “WELCOME TO MY PORTFOLIO” or carefully cut it out from this information letter. Complete it truthfully and insert it in your portfolio.
- d) Questionnaire  
Complete the questions on HIV/AIDS questionnaire truthfully, summarising the facts from your notes, or from documentation that you might get hold of during your research for this portfolio. You can also talk to people/parents/educators/learners by way of conversations or interviews in order to get some of the information that you need. Remember to conduct these conversations with the necessary concern from an ethical point of view, always taking into consideration the

viewpoints and feelings of the interviewees. Include the Questionnaire in your portfolio.

e) My report

Write a report on your findings from the questionnaire and interviews on the involvement of your school/institution in “HOPE FOR AFRICA” - “WINNING THE BATTLE AGAINST HIV/AIDS” - programmes. Remember to give practical advice on how people/parents/educators/ learners can take part in executing these programmes. Length of report: Maximum 500 words, and please consult the rubric on a later page of this information letter.

f) My autobiography

Write a short autobiography (no longer than 500 words) in which you describe and discuss the learning experiences that you have had in this programme. Focus on what you have learnt, the areas that are still unclear to you, and how you intend addressing these uncertainties. Also address the value (or the lack thereof) of the portfolio in your learning experiences in this programme, and any other information about your experiences (positive and negative) that you would like to share with us.

g) Assessment of the portfolio

Insert a copy of the page: “Assessment of the portfolio” or carefully cut it out from this information letter. The assessor will complete this form when your portfolio is assessed, and send it back to you.

# PORTFOLIO

THEME: "HOPE FOR AFRICA" - "WINNING THE BATTLE AGAINST HIV/AIDS"

Title: \_\_\_\_\_ Initials: \_\_\_\_\_ Surname: \_\_\_\_\_

Student number: \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Postal code: \_\_\_\_\_

I, the learner, hereby certify that the following items have been included in this portfolio:

- Title page with checklist
- List of contents
- Welcome to my portfolio
- The questionnaire
- My report on the questionnaire and interviews
- My autobiography
- Assessment of the portfolio

I also declare, by means of my signature below, that the work in this portfolio is my own effort.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## WELCOME TO MY PORTFOLIO

**My name is:** \_\_\_\_\_

- What my portfolio shows about me as a person:

---

---

---

---

- What my portfolio shows about my knowledge of, skills in and attitude towards this programme, “Hope for Africa” – “Winning the battle against HIV/AIDS

---

---

---

---

The logo of the University of Johannesburg is centered on the page. It features two stylized orange birds with their wings spread, facing each other as if holding a book. To the right of the birds, the text 'UNIVERSITY OF JOHANNESBURG' is written in a light grey, sans-serif font, with 'OF' on a separate line between 'UNIVERSITY' and 'JOHANNESBURG'.

- As a reader of my portfolio, be sure to watch out for these things:

---

---

---

---

- I began my portfolio on: \_\_\_\_\_(Date)

- Date of this note: \_\_\_\_\_

## THE QUESTIONNAIRE

- The latest news on HIV/AIDS:

This questionnaire deals with the contemporary, though controversial theme of HIV/AIDS. According to the latest United Nations Survey (Dilshika Jayamaha, Associated Press, July, 2002) the world is only at the beginning of the epidemic, which is spreading rapidly in Southern Africa, Eastern Europe, and the world's most populous nations, China, India and Indonesia.

Countries in Southern Africa are among the worst hit. In Zimbabwe, the ratio of adults infected by HIV has accelerated to one in three in the last two years. In Botswana, 39 percent of the adult population is infected with HIV, up from 36 percent in 2000.

The HIV/AIDS epidemic is exacerbating an impending famine in Southern Africa, that endangers the lives of some 12 million people, and many of those infected are agricultural workers, the report said.

Overall, the figures speak horrors: Between the year 2000 and 2020, 68 million people will have died of AIDS in the 45 most-affected countries – five times the number of deaths in the previous two decades. In 2001 alone, an estimated 3 million people died of AIDS.

“Collectively, we have grossly, grossly under-estimated how bad this was going to be,” said Dr Peter Piot, head of UNAIDS at a news conference. Particularly at risk are children and young people. The UNICEF study found that most of the world's youth “have no idea how HIV/AIDS is transmitted or how to protect themselves.” A survey carried out by 60 countries shows that more than half of those aged 15 – 24 have serious misconceptions about HIV/AIDS, UNICEF said.

As educators and teachers, we are seriously involved with young people in our schools, training centers, communities and homes. It is on our shoulders that the enormous task rests to be alert and able to address this issue. The world is entering a new era in the response to HIV/AIDS. The world is finally waking up, it's not business as usual in many countries, and it is the educators who have the responsibility to appeal to the Government and the private sector for greater involvement, more funding and national strategies.

- Answering the Questionnaire:

Against this background, share your opinion on how this battle against HIV/AIDS can be won. Also share your experiences in this regard.

After reading through the information in your class notes, policies on HIV/AIDS, and the other information included, please try and answer the questionnaire as truthfully as you can. The more you read on this burning issue, the better you will be equipped to handle the situation in your schools and communities, and the

more you will be empowered to train others to live their lives so they never contract this dreadful infection.

- Values, viewpoint and life-orientation:

When answering the following questions, of course everyone has to express an opinion and does it from his/her own point of departure as far as your life view and worldview are concerned. There is no right or wrong answer, the issue is how well informed you are, and how well equipped you are as educators to empower your learners to take care of themselves and others in their schools and communities.

- The questions: Please answer extensively:

1. What is HIV/AIDS? (Definition)
2. How do you contract it? (Facts and stages)
3. How do you NOT get HIV/AIDS? (Myths and truths about HIV/AIDS)
4. What will happen if I get HIV/AIDS? (Personal reaction)
5. How should I respond if someone gives me HIV/AIDS? (Forgiveness?)
6. How should I behave sexually after I'm married? (Faithfulness/Loyalty)
7. How can I live my life so I never get HIV/AIDS? (Morality/ABC?)
8. How should I live my life if I have HIV/AIDS? (Hope/Healing)
9. How can we confront the stigma of HIV/AIDS? (Love/Compassion)
10. What CAN YOU DO/ARE YOU DOING to help stop the spread of the disease?

Can do? (Learn the basics of Home Based Care, adopting, action plans, get involved, tell the truth, lend help, raise money, share information, break the stigma by accepting people, etc.?)

Are doing already? (In your personal capacity, in your school/district/community/church?)

## ASSESSMENT OF THE PORTFOLIO

Name: \_\_\_\_\_

Student number: \_\_\_\_\_

### **To what extent did the learner?**

Include the activities as requested?

---

---

---

---

Demonstrate his/her skills in reflecting on his/her own learning?

---

---

---

---



Compile and organise the portfolio according to the guidelines?

---

---

---

---

**“HOPE FOR AFRICA – WINNING THE BATTLE AGAINST HIV/AIDS**

*(Discussion of the video-course/programme developed by Dr Bruce Wilkinson)*

**BACKGROUND**

Dr Bruce Wilkinson, founder and former president of Walk thru the Bible International was approached to develop a video-course or programme to address the issue of HIV/AIDS in Africa. He spent six months on research and consultation before he wrote the programme “God’s answer to AIDS – Hope for Africa”. He piloted the programme in Africa, presenting it to ministers, pastors, teachers, community leaders and other key members of society in Nairobi, Lusaka, Johannesburg and Umtata. This initiative was welcomed by each and everyone; by governments and churches of various denominations, and the feedback he received pointed out that this programme might hold the key to one of the greatest possibilities of real life change with regards to the single most challenging issue that Africa is facing, namely the HIV/AIDS pandemic. The video-course was subsequently filmed in Johannesburg in front of a live studio audience and edited until a fine quality product emerged, ready and fit for broadcasting and marketing.

**REAL LIFE CHANGE**

“Hope for Africa” is a relevant and life changing programme and will help in breaking the silence in the heart and lives of churches, schools and communities in Africa. This course will really change the behaviour and attitudes of people; indeed, it will bring hope to those people that already contracted the disease, and help prevent the infection of others.

**CONTENTS OF THE COURSE**

- The truth about HIV/AIDS – What it is and how do you contract it?  
Addressing the myths and truth about HIV/AIDS.
- Forgiveness – How should I respond if someone gives me HIV/AIDS?  
Seeking and finding forgiveness for yourself and others.
- Marriage – How should I behave sexually after I am married?  
The answer for immorality – sex only in marriage.
- Protection – How can I live my life so that I never get HIV/AIDS?  
10 reasons to abstain from sex outside marriage.
- Hope – How should I live my life if I have HIV/AIDS?  
Find healing and comfort even though you are HIV positive.
- Compassion - How should I respond to people who have the disease?  
Confronting the stigma of HIV/AIDS with love and compassion.

This video-course can be ordered from WorldTeach and Walk thru the Bible South Africa together with workbooks.

PO Box 48690,  
Roosevelt Park,  
2129 South Africa

e-mail – [info@wtb.co.za](mailto:info@wtb.co.za)  
website – [www.bible.org.za](http://www.bible.org.za)

