

---

**AN INVESTIGATION OF SOCIO-ECOLOGICAL ISSUES AND RISKS AND  
CAPABILITIES IN THE 'MY FUTURE IS MY CHOICE' HIV AND AIDS  
PROGRAMME: A CASE IN NORTHERN NAMIBIA**

---

**A HALF THESIS**

Submitted in fulfillment of the requirements for the degree of

Master of Education (Environmental Education)

at Rhodes University

Supervisor

Ingrid Schudel

By

Wakaa Tjiveze

February 2015

---

## ABSTRACT

---

The HIV and AIDS crisis can be presented as a socio-ecological issue, with an ever-increasing impact on both human beings and the environment. Teaching about socio-ecological issues and the consideration of individual capabilities has become crucial within HIV and AIDS education programmes. Issues of deforestation, land degradation and other environmental problems have worsened since the advent of HIV and AIDS, especially in developing countries. The My Future is My Choice (MFMC) programme has been identified as an important HIV and AIDS education initiative that caters for young people in Namibian secondary schools (Grades 8-12). One of the themes within the programme (Facing HIV and AIDS) is highlighted in this study.

This study was constituted as a case study of one school in rural Omuthiya, in the Oshikoto region. The study investigated the opportunities for the integration of a focus on socio-ecological issues and risks, within the MFMC education programme. The study also investigated the way in which the program develops learners' capabilities to respond to HIV and AIDS related socio-ecological issues and risks/vulnerabilities. The study also presents the constraints and enabling factors influencing the implementation of the programme.

This study used a qualitative, interpretive case study methodology. The research methods included the analysis of eight documents and nineteen semi-structured interviews, with the Programme Coordinator, the Programme Facilitator, the School Principal and with the programme participants. The analysis also included two focus group discussions with a group of learners; and two classroom observations; and the learners' submissions (reflection sheets). Convenience sampling was used, and ethical issues were taken into consideration throughout the study. The study revealed the following as key findings:

- The aims and objectives of the HIV and AIDS education programme can enhance and constrain the development of capabilities, as well as opportunities and challenges for the

integration of a focus on socio-environmental issues and risks as additional learning content.

- Teaching and learning methods that are participatory and rooted within the learner centered approach can make the integration of HIV and AIDS inherent socio-environmental issues and risks into the MFMC education programme possible.
- The values and beliefs inherent within the MFMC education programme stand as opportunities for the successful development of capabilities in the education programme.

The study concluded by recommending that capabilities within the MFMC programme be developed through teaching learners about their rights, respect for human dignity, and the right to health and to living the life free from discriminatory practices, as a moral entitlement of each and every individual. While teaching learners about their right to health and the importance of healthy diets, this study found that the programme could include learning about food production and handling practices for the benefit of those living with HIV and AIDS, while caring for the environment.

Another recommendation was that future research should consider actively involving young people in decision-making with regard to the programme, as this will allow them to choose and decide on what knowledge and skills they need and want to acquire. The study further explained that this will promote the programme participants' sense of agency, and their freedom to choose what they value being and doing as an important element in enhancing learner capabilities. Ultimately, this will also enable the learners to acquire the necessary skills and knowledge they need in order to respond to the socio-ecological problems they face in their communities.

---

## ACKNOWLEDGEMENTS

---

I hereby would like to extend my heartfelt gratitude to the Ministry of Education through the inspector of education, Omuthiya Circuit and the school principal of Onashikuvu Combined School, for granting me the permission to carry out and complete this study.

≈

This study is dedicated to my family, friends and colleagues for their unwavering support and encouragement – and occasional hard words – during the long writing process.

≈

Special gratitude is also offered to the participants of this learning journey – the groups from Onashikuvu Combined School, and in particular the Program Coordinator and Facilitator. You have all taught me so much and will be in my memories always. *Okuhepa Tjinene (ondapandula)!*

≈

Above all, Glory be to the Almighty God, without whom this project would not have been completed.

---

## TABLE OF CONTENT

---

<b>CHAPTER ONE: INTRODUCTION TO THE STUDY .....</b>	<b>12</b>
<b>1.1 Introduction .....</b>	<b>12</b>
<b>1.2 Research location and contextual framework .....</b>	<b>12</b>
<i>1.2.1 Demographic and socio-ecological aspects of Namibia .....</i>	<i>12</i>
<i>1.2.2 Developmental and socio-ecological challenges of the case .....</i>	<i>13</i>
<i>1.2.3 Educational responses to HIV and AIDS and related issues in Namibia .....</i>	<i>15</i>
<b>1.3 Research purpose and interest .....</b>	<b>16</b>
<i>1.3.1 Research aim .....</i>	<i>17</i>
<i>1.3.2 The research questions .....</i>	<i>17</i>
<i>1.3.3 Research goals .....</i>	<i>17</i>
<b>1.4 Educational interest of the study .....</b>	<b>18</b>
<b>1.5 Description of research site and research participants.....</b>	<b>18</b>
<b>1.6 My position in the HIV and AIDS education programme .....</b>	<b>19</b>
<b>1.7 Overview of the thesis .....</b>	<b>21</b>
<b>CHAPTER TWO: EXPLORATION OF CONCEPTUAL AND THEORITICAL FRAMEWORK .....</b>	<b>25</b>
<b>2.1 Introduction .....</b>	<b>23</b>
<i>2.2.1 Environmental issues as socio-ecological issues.....</i>	<i>23</i>
<i>2.2.2 Socio-ecological risks .....</i>	<i>24</i>
<b>2.3 Interrelations of HIV and AIDS and the environment.....</b>	<b>28</b>
<b>2.4 National policy and strategic responses to environmental risks and vulnerabilities and HIV and AIDS education .....</b>	<b>30</b>
<i>2.4.1. The Constitution of Namibia.....</i>	<i>30</i>
<i>2.4.2 The Green Plan.....</i>	<i>31</i>
<i>2.4.3 Vision 2030 .....</i>	<i>31</i>
<i>2.4.4 National Strategic Framework for HIV and AIDS Responses in Namibia 2010/11-2015/16 (Republic of Namibia, 2010).....</i>	<i>32</i>
<i>2.4.5 Workplace HIV and AIDS policy for the education sector (MOE, 2007).....</i>	<i>32</i>
<i>2.4.6 National Policy on HIV and AIDS for education sector (MBESC &amp; MHETEC, 2003).....</i>	<i>32</i>
<i>2.4.7 The National Policy on HIV and AIDS (MBESC &amp; MHETEC, 2006). .....</i>	<i>33</i>
<b>2.5 Existing knowledge on the MFMC education program .....</b>	<b>33</b>

2.5.1 Findings and discussions of previous research .....	33
<b>2.6 A capabilities approach to HIV and AIDS education.....</b>	<b>36</b>
2.7. Using the capability approach to reflect on the purpose of education .....	42
2.8. Conclusion .....	44
<b>CHAPTER THREE: RESEARCH DESIGN .....</b>	<b>45</b>
<b>3.1. Introduction .....</b>	<b>45</b>
<b>3.2. Research Paradigm .....</b>	<b>45</b>
<b>3.3. Research Design.....</b>	<b>46</b>
<b>3.4. Data Generation techniques .....</b>	<b>48</b>
3.4.1 Document selection .....	49
3.4.2 In-depth semi-structured interviews.....	50
3.4.3 Observations .....	51
3.4.4 Learner reflection sheets.....	52
3.4.5 Focus group interviews.....	53
<b>3.5 Data Management .....</b>	<b>54</b>
<b>3.6 Data Analysis .....</b>	<b>56</b>
<b>3.7 Ethical aspects .....</b>	<b>59</b>
<b>3.8 Reliability and Validity.....</b>	<b>62</b>
<b>3.9 Limitations of the study .....</b>	<b>63</b>
<b>3.10 Conclusion.....</b>	<b>64</b>
<b>CHAPTER FOUR: DATA PRESENTATION AND ANALYSIS.....</b>	<b>65</b>
4.1 Introduction.....	65
4.2 Description of the MFMC programme .....	65
4.2.1 A brief description of the background of the MFMC programme .....	65
4.2.2 Aims and objectives of the MFMC programme .....	67
4.2.3 Curriculum and Methodological strategies of the MFMC program .....	69
4.2.4 Tensions and contradictions within MFMC programme.....	72
<b>4.3 Interrelationships between HIV and AIDS and the environment within learners' communities as well as within the MFMC program .....</b>	<b>73</b>
4.3.1 Food that learners and their family buy.....	74
4.3.2 Food that learners and family collect .....	75
4.3.3 Food that learners and family grow.....	75

4.3.4 Food supplied by the government .....	76
4.3.5 Learners preferred method of sourcing food for their families, and their reasons for this choice.....	76
4.3.6 Sources of food for people living with HIV and AIDS .....	77
4.3.7 Representation of the relationship between HIV and AIDS and the environment within the MFMC program.....	79
<b>4.4 Aspects contributing to the development of capabilities within MFMC program.....</b>	<b>81</b>
<b>4.4.1 Acquired knowledge and skills in MFMC programme .....</b>	<b>81</b>
<b>4.4.2 Acquired values and attitudes.....</b>	<b>82</b>
<b>4.4.3 What participants prefer/ value learning in MFMC program .....</b>	<b>83</b>
<b>4.4.4 Other aspects that presents opportunities for the enhancement of learners’ capabilities within MFMC programme .....</b>	<b>84</b>
4.5 A synthesis of the comparative analysis of various HIV and AIDS education programmes that could inform the MFMC programme .....	89
<b>4.5.1 A brief description of the HIV and AIDS programs.....</b>	<b>89</b>
<b>4.5.2 Aims and objectives of the compared programmes .....</b>	<b>91</b>
<b>4.5.3 Curriculum and methodological strategies of the compared programmes .....</b>	<b>92</b>
<b>4.5.4 Youth involvement and how it affects them.....</b>	<b>94</b>
4.6. Conclusion .....	95
<b>CHAPTER FIVE: DISCUSSION AND INTERPRETATION.....</b>	<b>97</b>
<b>5.1 Introduction .....</b>	<b>97</b>
<b>5.2 Analytical statement 1: The aims and objectives of the HIV and AIDS education programme can enhance and constrain the development of capabilities. ....</b>	<b>97</b>
<b>5.3 Analytic Statement 2: <i>The curriculum and methodological strategies of MFMC presents opportunities and challenges in responding to socio-ecological complexities.....</i></b>	<b>99</b>
<b>5.4 Analytic Statement 3: <i>The context of the MFMC learners’ communities illustrates the socio-ecological nature of HIV and AIDS .....</i></b>	<b>101</b>
<b>5.5 Analytical Statement 4: <i>The values and beliefs inherent within the MFMC education programme stand as an opportunity for the successful development of capabilities in the education programme. ....</i></b>	<b>102</b>
<b>5.6 Analytic statement 5: <i>Other HIV and AIDS programmes have potential to inform the MFMC programme.....</i></b>	<b>105</b>
<b>5.7 Conclusion .....</b>	<b>104</b>

<b>CHAPTER SIX: SYNTHESIS AND RECOMMENDATIONS</b> .....	106
<b>6.1 Introduction</b> .....	<b>106</b>
<b>6.2 Summary of the study</b> .....	<b>106</b>
<b>6.3 Recommendations emerging from the study</b> .....	<b>108</b>
<i>6.3.1 Reorientation of the programme’s aims and objectives to allow for flexibility in the teaching and learning processes</i> .....	108
<i>6.3.2 Pedagogical consideration and context specific expectations and plan of action</i> .....	109
<i>6.3.3 Expanding the MFMC learning content.</i> .....	110
<b>6.4 Recommendations for further research</b> .....	<b>110</b>
<b>6.5 Conclusion</b> .....	<b>110</b>
<b>LIST OF REFERENCES</b> .....	112
<b>APPENDICES</b> .....	124

---

## APPENDICES

---

- Appendix 1** Analytic Memo One: A description of MFMC programme
- Appendix 2** Analytic Memo Two: Exploration of the relationship between HIV and AIDS and the environment
- Appendix 3** Analytic Memo Three: description of how MFMC program enhances the strengthening of learners' capabilities
- Appendix 4** Analytic Memo Four: A comparative analysis of HIV and AIDS education programs that could inform the MFMC programme
- Appendix 5** A: Program Coordinator interview schedule  
B: Program Coordinator interview transcript
- Appendix 6** A: Program Facilitator interview schedule  
B: Program Facilitator interview transcript
- Appendix 7** A: School Principal interview schedule  
B: School Principal interview transcript
- Appendix 8** A: Learners' interview schedule  
B: Learners' interview transcript
- Appendix 9** Lesson Observation schedule
- Appendix 10** A: Learner's reflection sheets  
B: Learners' reflection sheets transcript
- Appendix 11** A: Focus group discussion transcript (1)  
B: Focus group discussion transcript (2)

**LIST OF TABLES AND FIGURES**

---

**TABLES**

<b>Table 3.1</b>	Document Log .....	50-51
<b>Table 3.2</b>	Stages of Data Generation .....	55-56
<b>Table 3.3</b>	Labeling data generation tools .....	56-57
<b>Table 4.1</b>	Composition of the MFMC education programme .....	70

**FIGURES**

<b>Figure 1.1</b>	Location of Namibia in Africa .....	15
-------------------	-------------------------------------	----

---

## LIST OF ACRONYMS

---

<b>ARVs</b>	<b>Antiretroviral drugs</b>
<b>HIV and AIDS</b>	<b>Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome</b>
<b>MFMC</b>	<b>My Future is My Choice</b>
<b>NDP4</b>	<b>National Development Plan 4</b>
<b>NGOs</b>	<b>Non-governmental Organizations</b>
<b>STD</b>	<b>Sexually transmitted disease</b>
<b>UNEP</b>	<b>United Nations Environmental Plan</b>
<b>UNICEF</b>	<b>United Nations Children’s Fund</b>
<b>USAID</b>	<b>United State AID</b>
<b>WHO</b>	<b>World Health Organization</b>

---

## CHAPTER ONE:

### INTRODUCTION TO THE STUDY

---

#### 1.1 Introduction

This chapter introduces the reader to the general organisation and structure of the research report, and provides an orientation to the whole research project. This chapter further outlines the background, context, rationale, and interest of this research, and briefly introduces key theoretical concepts that informed the study.

The context includes the background of the ‘My Future is My Choice’ (MFMC) education programme, and the way in which it came to be the focus of this study.

#### 1.2 Research location and contextual framework

This describes relevant demographic and socio-ecological aspects of the country under study, Namibia. It further presents the regional location of the Oshikoto region in Namibia, as well as the population of the region, and that of the town where the case being studied is located.

The section describes the developmental challenges specific to the community under study. It also describes educational responses to these challenges.

##### *1.2.1 Demographic and socio-ecological aspects of Namibia*

This study was conducted in a communal area of Omuthiya town in the Oshikoto Region. Geographically, Namibia is located in south-western Africa, separating South Africa and Angola. According to the Ministry of Health and Social Services [MHSS] (2008), Namibia covers an area of approximately 825,000 square kilometers and spreads across two major deserts, the Namib on the west coast and the Kalahari on the eastern side. According to the Republic of Namibia (2012) “Omuthiya constituency covers an area of 13,389 sq km and has a density of 2.0 people per square km” (Republic of Namibia, 2012, 54).



Fig 1.1: Location of Namibia in Africa (Map adapted from USAID Namibia, 2003)

MBESC and MHETEC (2006, p. 1) state that, “after many years of liberation struggle, Namibia gained its independence from colonial rule, first by Germany, and then by South Africa, and has been independent for 24 years now.” Although the country has been independent from colonial rule, the policy further states that the country faces other struggles, noting that Namibia has reorientated itself from a struggle against political domination, to one against the Human Immunodeficiency Virus and the Acquired Immune Deficiency Syndrome (HIV and AIDS) (ibid, 2006).

The Republic of Namibia (2012) stated that 2,104,900 people were counted during the 2011 population census, which shows an increase of 274,570 people, or 15%, compared to the 1,830 330 people in 2001. The report further states that “of the total number of people enumerated, 800,000 people live in the northern part of Namibia while the remaining inhabit the central, eastern, western and southern part of the country” (ibid, p. 36). Those analysing these figures noted that this “presents immediate implications for education, health, social amenities and shelter among other necessities” (Republic of Namibia, 2012, p. 36).

The report further states that Oshikoto region was shown to have a population of 181,600 people in 2011, of which 26,100 (13,600 females and 12,500 males) were counted in the Omuthiya constituency alone, and the report noted that this number is the highest in the region, followed by the Oniipa constituency, with 24,800 people.

### *1.2.2 Developmental and socio-ecological challenges of the case*

This section describes the general socio-ecological challenges within Namibia.

The World Bank (2012, p. 2) remarks that “although Namibia has enjoyed economic growth and prudent macroeconomic policies, certain daunting development challenges remain.” The report further states that, “that is because the enjoyed economic growth and policies have not changed the social challenges that people face. Despite the fact that “bringing down the unemployment rate is at the top of the government’s NDP4 agenda” (ibid, p.3), “these policies have not led to the generation of the much-needed jobs in order to alleviate poverty, overcome the inequitable distribution of income, and assets (notably land), and raised living standards in rural areas and among the urban poor” (World Bank, 2012, p. 2). In Namibia, most of the population lives below the poverty line, and the country has an unemployment rate of 51 percent (ibid).

Furthermore, USAID (2003, p. 10) states that although there are “ongoing public health initiatives and functional public health systems resulting in high levels of awareness and knowledge about HIV and AIDS”, and despite a drop in prevalence, HIV infections remain a serious concern.

Also of importance for public health, the World Bank (2012, p. 5) notes that “Namibia is fast approaching an energy crisis due to a rapid growth in electricity demand, pushed by urbanization [sic] and technological advancements especially in the mining sector.” The report also shows concern that the energy crisis is not just unique to the country’s urban inhabitants, but that it also affects the rural populations as well (ibid).

The concern here is that as people clear land to create crop fields, it becomes difficult and almost impossible for the elderly, women and children to cover the walking distance to collect the much-needed wood for heating, and for the construction of shelter. Also, because so many trees are cut, in the long term this leads to land degradation and soil erosion (SEEN, 2010). This increases the risk and vulnerabilities of children and the elderly, where the impact is even worse for those infected with HIV and those living with AIDS (World Bank, 2012.). Fetching firewood from afar instead of resting their bodies, causes those patients more susceptible to HIV and AIDS Anti-Retroviral (ARV) side-effects.

Like many other rural communities in Namibia, the Omuthiya rural communities are vulnerable, and live at risk of HIV infection. The factors driving the HIV pandemic in local communities are

partnerships combined with inconsistent condom use, inter-generational sex and transactional sex and low levels of male circumcision” (Republic of Namibia, Ministry of Health and Social Services [MHSS], 2012, p. 38).

The Ministry of Health and Social Services (ibid, p. 4) further states that “these factors occur within a complex social and economic context and shapes the behaviors [sic] and choices individuals make regarding sex.” In the context of rural Omuthiya, individual behaviours and choices are “influenced by factors such as poverty, unequal access to resources by women and cultural norms regarding partnerships. Low risk perceptions and widespread alcohol abuse aggravate the problem, and reduce motivation to implement safer sexual practices” (Republic of Namibia, 2012, p. 15).

It is also important to note that poverty, low standards of living, health, an energy crisis, and unemployment, are not the only challenges facing Namibia. Chapter Two will discuss other environmental challenges facing people in rural Namibia, especially those in the northern regions, where the case study is carried out.

### *1.2.3 Educational responses to HIV and AIDS and related issues in Namibia*

It was only after 1990 that the Namibian government realised the seriousness of the HIV and AIDS pandemic, and decided to mainstream initiatives into the formal school curriculum, first as an extra-curricular activity, and then in formal school subjects, as a cross curricular theme (NIED, 2010).

Of interest to this study is one such initiative, namely the MFMC HIVA and AIDS education programme. This programme deals with mature learners and teaches them how to prevent themselves from becoming infected with HIV. The programme also teaches learners positive living strategies, including healthy diets (Ministry of Education, 2007).

The MFMC programme is a ten session life skills training programme, which aims to give young people the information and life skills they need to make decisions about their future. One of the greatest threats in Namibia’s future is the HIV virus that causes AIDS. The focus of *My Future is*

*My Choice* is to protect young people from becoming infected with the virus, and other sexually transmitted infections (STIs).

The programme teaches young children to think for themselves, and to take responsibility for their own development, and develops their courage and confidence, coupled with the necessary skills, so as to enable them to protect their future.

According to the MOE (2007), the programme is based on the ideology that people learn better by doing, and when what they are doing is fun. Thus, MFMC is designed to be fun, both for participants and the facilitators, and it is an interactive programme that requires the participation of all the people attending the training.

Furthermore, the MOE (ibid) states that the programme is designed for young people aged 15 to 18. The course is a group activity, and a group should involve a minimum of 20 and a maximum of 22 boys and girls together. It is also recommended that MFMC 15-16 year-old participants be separated from the 17 to 18 year-olds to allow the facilitators to stress different HIV prevention messages, as it is likely that more of the 17 to 18-year-olds will be sexually active than the 15 to 16-year-olds. This is because the older groups would require more of an educational focus on safer sex, while the majority of the younger group would need more information that might help them to delay their first experience of sexual intercourse until they are at a more mature age (MOE, 2007).

Chapter Four provides a detailed description of the aims and objectives, as well as teaching and learning strategies of the MFMC programme.

### **1.3 Research purpose and interest**

This section provides a description of the research purpose and rationale of the study. Firstly, within the Namibian context, most of the studies carried out on HIV and AIDS education presents HIV and AIDS as a social and economic issue, and thus, HIV and AIDS education programs tend to focus on the prevention of HIV infection, teenage and unwanted pregnancies, alcohol and drug abuse (Olson, 2002). Consequently, even today, HIV and AIDS education is

marginalised, and not often enough considered in terms of the very real effects it has on the environment.

Secondly, previous researchers have made recommendations concerning the learning content of the MFMC programme, where additional topics that are of interest to the learners need to be added. Previous HIV and AIDS education research (see Section 2.7) has identified a need, along with opportunities and challenges, for further improvement of HIV and AIDS education programmes in general, across the entire Southern African region. This has prompted this research, by exploring the possibilities for the development of learners' capabilities through incorporating topics that are of interest to both learners and the broader community.

Critical to this research is the goal to generate strategies and guiding principles for the integration of a focus on environmental risks and vulnerabilities into MFMC teaching and learning processes.

### *1.3.1 Research aim*

The aim of this study is to investigate and explore opportunities that enable the strengthening of learners' capabilities within the MFMC program in response to the socio-ecological complexities amongst those communities living with HIV and AIDS.

### *1.3.2 The research questions*

In order to accomplish the aim and goals of this study, I worked around the following fundamental research questions relative to MFMC programme:

Q1: In what way does the MFMC enable the strengthening of learners' capabilities in the context of socio-ecological complexities of the HIV and AIDS pandemic?

Q2: How can a comparative analysis of different HIV and AIDS education programmes inform the MFMC programme?

### *1.3.3 Research goals*

In line with its aim, the study seeks to:

- a. Describe the history, objectives and teaching and learning processes of the MFMC education programme;
- b. Explore the relationship between HIV and AIDS and the environment, as experienced by learners within their communities, and as represented within the MFMC programme;
- c. Describe how the MFMC enables the strengthening of learners' capabilities;
- d. Explore practices across different HIV and AIDS programmes to inform the MFMC programme.

#### **1.4 Educational interest of the study**

This section describes the lenses used to view the educational interest of this study. The aim of this study is to explore the way in which the MFMC enables the strengthening of learners' capabilities, so that they may be able to "live the life they have reason to value" (as proposed by Sen, 1993; 1999; 2000; Nussbaum, 1947), regardless of their HIV status (Section 2.7). The research also explored the possibilities of an integration of a focus on socio-ecological issues and risks into the MFMC programme, with a view that an understanding of the socio-ecological complexities of the HIV and AIDS pandemic is fundamental to the development of capabilities.

The research imperative in this study is to explore possibilities for bringing together knowledge generated in the field of HIV and AIDS research, along with knowledge generated in the field of environmental knowledge systems (issues and risks) in the MFMC teaching and learning processes. This integration is informed by an understanding of the links between HIV and AIDS and the environment. The integration would ensure that while learning how to care for themselves whilst suffering with the HIV infection, and to care for others who are infected with HIV, learners would also learn that the environment is a crucial part of their lives, and that they need to manage it with care through correct use of the natural resources available to them.

#### **1.5 Description of research site and research participants**

This section introduces the reader to the specific geographic location of the research site, as well as the demographic information of the case participants.

The specific case of this study is a rural combined school in northern Namibia, in the Oshikoto region, Omuthiya Constituency and Educational Circuit. Research participants were members of the MFMC programme run at the school. The school lies to the southeast, within the radius of Omuthiya Town.

Participants in this study are children schooling in rural schools. Most of them come from village homes, headed by grandparents or child-headed homes, and only a few live with their biological parents. They also depend on subsistence farming for food and as a source of income, and some are sometimes subsidised by social grants from the government and NGOs.

The MFMC education programme included 20 girls and 11 boys in the school under study. Among the 31 participants, only one is not a member of the Owambo cultural community, and comes from a different cultural background to the others namely, the Otjiherero cultural background. The age group of participants ranges from 13 to 20, and all were Grade 8 to 10 learners at the school. Most of the participants (51.6%) were Grade 9 learners, with Grade 10 learners making up 35.5% and Grade 8 making up 12.90% of the programme. One teacher has participated in this study, as the MFMC programme facilitator.

The research focused on a specific section of the MFMC programme, namely, Session 5: entitled 'Facing HIV'. This session teaches learners what the elements testing, treatment, and positive living, stigmatisation and understanding mean. This session is particularly of interest for this study, due to its focus on the aspect of positive living, which specifically talks about healthy diets, or healthy eating, as a way of living positively with HIV and AIDS. This will help in exploring the relationship between HIV and AIDS and the environment, as represented with the MFMC programme, and as experienced by the programme participants.

### **1.6 My position in the HIV and AIDS education programme**

This section details my position as the researcher in this study, and my role and involvement in the programme under review. The section will elaborate the specific factors that ignited my interest in undertaking this study.

My interest in researching an HIV and AIDS education program, especially the MFMC programme, emerged from knowledge and understandings that I have acquired from listening to those affected by the virus, as well as from the analysis of HIV and AIDS-related work done by other scholars. My personal experiences, first as a learner participant, and then as facilitator and contact teacher of the MFMC programme, also shaped my interest.

Over the past fourteen years, I have actively participated in the MFMC education programme, first as a learner at Kolin Foundation Secondary School at Arandis, and then as a schoolteacher at Olupale Combined School at Omaakuku, a small village north of Omuthiya. When I became a teacher in 2006, I was assigned as facilitator and contact teacher of Window of Hope (Senior). Window of Hope is an HIV/ and AIDS education programme, catering for Grade 6 and 7 learners. I later became the HIV/ and AIDS contact teacher and vocal person for all HIV and AIDS-related programmes and activities at Olupale Combined School. As an overseer and monitor of the HIV and AIDS activities, I received the opportunity to look at the programme from within, and could view it from a distance. That is when I developed an interest in the effectiveness and quality of the MFMC education programme. I started questioning the effectiveness of the programme, most especially in terms of HIV and AIDS, and teenage pregnancy prevention. I also questioned the programme's impact with regard to equipping learners with relevant skills, which provided them with the agency to sufficiently and effectively respond to HIV and AIDS-related issues. By this, I mean strengthening learners' the capabilities to respond to issues facing their communities on a daily basis, due to the complexities of their HIV infection.

Furthermore, working as a social science teacher, I taught HIV and AIDS first as an extra-curricular programme, and then as a cross-curricular theme in formal school subjects. Although HIV has strong implications for those living in impoverished circumstances, and a cause of the socio-ecological complexities that such limiting conditions implicitly present, it struck me that HIV and AIDS teaching does not seem to recognise the links between HIV and AIDS, and the environment. I wanted to explore how these socio-ecological complexities could be incorporated within HIV and AIDS education programmes, as we seek to develop learners' capabilities. This curiosity ignited my interest in embarking on this study.

## **1.7 Overview of the thesis**

Following this Chapter, Chapter Two discusses the relevant conceptual framework relating to HIV and AIDS as a socio-ecological issue, and the capabilities approach as the theory that informs the study. The chapter seeks to explore and discuss the relationship between HIV and AIDS and the environment. The chapter also discusses the national policies and strategic responses to environmental risks and vulnerabilities, HIV and AIDS. The chapter will end by discussing the capabilities approach to HIV and AIDS education, and how the approach could be used to reflect on the purpose of education.

Chapter Three describes the methodology underpinning this study and includes the data generation and management process. The chapter further provides insight into ethical considerations and the approach to data analysis in the study. The chapter further gives an account and a description of limitations that emerged as the study unfolded, as well as the lessons learned from the research process.

Chapter Four, presents data gathered during the study according to themes that surfaced during the data analysis process. The chapter presents the experience of working with a rural school community through the observation of the MFMC education programme as a case study. The chapter presents an analysis of the features of HIV and AIDS education programmes (an international review), gathered through a comparative analysis of four programmes. It then presents the programme context of the MFMC, as well as the implementation of the programme in this particular case.

Chapter Five interprets and searches for meaning and answers that respond to the research question. The chapter, based on the data at hand, discusses in what way the MFMC programme enables the strengthening of learners' capabilities amongst the program participants. Using the same data, this chapter discusses how a comparative analysis of HIV and AIDS programmes can inform the MFMC programme to further enhance capabilities. This chapter makes use of the theory developed in Chapter Two, and evidence presented in Chapter Four, to draw conclusive responses to the research questions, and ultimately to the purpose and goals of this research.

Chapter Six summarizes the key findings of the study, and presents recommendations for enhancing learners' capabilities, in order to respond to socio-ecological risks, and issues that

they face because of HIV and AIDS. In conclusion, this chapter also presents some recommendations for future research.

---

## CHAPTER TWO:

### EXPLORATION OF CONCEPTUAL AND THEORETICAL FRAMEWORK

---

#### 2.1 Introduction

This chapter is a presentation of the literature reviewed and an exploration of key concepts relevant to the research interest and goal. The chapter draws on previous research in the fields of HIV and AIDS, and Environmental Education (EE) within the Southern African region, particularly on the findings and recommendations emergent from those initiatives. The review starts with an exploration of key concepts whereby socio-ecological issues, HIV and AIDS education and socio-ecological risks are discussed as key concepts of this study. The chapter then gives a brief historical and contextual overview of the MFMC programme, as well as the programme's achievements and shortcomings. The chapter also discusses the capabilities approach and the significance of the approach to the research project.

#### 2.2 Exploration of key concepts

With this research's interest in integrating an emphasis on the socio-ecological, this concept is viewed as interrelated and complex, in the sense that where people live, how and what we produce, and the decisions we make, results in environmental challenges that in turn affect us for longer and with greater significance (Murray, 2005). It is, as motivated by UNAID, equally important to understand the way we think and feel about these challenges, and also to be confident to take a stand on them, in order to bring about change (UNAID, 2006). In order to achieve this understanding, the concept of socio-ecological issues is explained hereafter.

##### *2.2.1 Environmental issues as socio-ecological issues*

According to Murray (2005), environmental issues and challenges are inseparable from social issues, as they are also related to and caused by social, economic and political factors, and can therefore not only be regarded as biological problems to be studied as part of nature. Murray (ibid., p. 4) further states that, "because our knowledge of the biophysical world is socially constructed, our perceptions of nature are intertwined with social, political, ecological and economic interests". It is in these dynamic interactions between the four forces that environmental problems and risks arise and are experienced. This study aims to understand these

interactions in order to better support learners with the agency, freedoms and abilities to better manage their lives, while understanding the importance of managing and caring for the environment.

However, Murray (2005) further states that knowing about the environment has not helped us to become better, where we have instead become capable of avoiding, more than *solving* our environmental problems. He thus advocates for environmental learning styles that develop an awareness of the way in which environmental processes work (ibid.).

Hattingh (2004) and Beck (1992) both argue that social issues are ecological in nature, due to the intertwined relationship across social, economic and the ecological spheres. HIV and AIDS, poverty and food security therefore can be seen as environmental issues/concerns, as they pose a threat to the ecological sphere, where families depend on wild food plants and wild meat and use these plants for traditional medicine for both humans and animals. This argument is also evident in Bolton & Talman (2010), who refer to the natural resources as a safety net for people living with HIV and AIDS, especially in cases where the pandemic – coupled with poverty – compromises the peoples’ ability to earn and maintain a living.

Having stated the ecological issues in the context of the HIV and AIDS pandemic, the discussion will now continue with social issues, and the risks faced by people living with HIV and AIDS in particular.

### *2.2.2 Socio-ecological risks*

Beck (2002, p. 24) argues that in modern society “risks have become pervasive in such a way that many are invisible, present in things that are seemingly harmless”. This study draws insight from Beck (ibid.), as he argues that in the developing world (such as Namibia) there are risks that are more conspicuous, such as the HIV and AIDS pandemic, and that the responses to such risks should be to prepare learners to be able to negotiate and live with these risks. This will guide the study when exploring the way in which the MFMC enables the strengthening of learners’ capabilities in communities living with HIV and AIDS.

This dependency of people on the natural resources as described above can result in multiple ecological risks:

Firstly, this could lead to over-harvesting and exploitation of certain plant and animal species and consequently a loss of ecological services. Secondly, degradation of the environment and thirdly, loss of habitat as the wild species would have to compete with humans for habitat. This kind of dependency could result in a loss of biodiversity that will have profound effects on the country's economy, since a large part of Namibia's economy is based on wildlife either in a form of tourism, trophy hunting or livestock (SEEN, 2010, p. 12).

MOE (2007) has identified key risks that those living with HIV and AIDS face within their societies. Some of the common risks identified in this policy are orphanhood, child-headed homes, gender roles, discrimination and stigmatisation of people living with HIV and AIDS by family, friends and the community in which they live.

Kinghorn, Rugeiyamu, Schierhout, Johnson, McKay, Ndegwa, Coombe, Mendelsohn & Villet (2002) report that many reports indicate that orphanhood, particularly due to a stigmatised disease such as AIDS, can substantially affect performance, completion rates and the general development of learners. In their report, Kinghorn et al. (ibid, p. 1) state that there is "a great potential for stigmatization [sic], isolation and compromised education for chronically ill learners, including those who do not have HIV and AIDS".

With regard to the socio-economic growth of Namibia, Kinghorn et al. (2002, p. 3) explain that the AIDS pandemic is expected to slow growth in the number of children of school going age in Namibia for several reasons. This includes "death of women in childbearing ages, suppressed fertility among HIV-infected women and death of children who are infected, with HIV around the time of birth or through breastfeeding", usually before the age of five.

Such risks will not only affect the socio-economic development of the country, but also pose a threat to the development of orphaned children, and places them in the status of heads of households, while they are too young to take up such responsibilities. They also argue that gender dynamics influence the way in which the pandemic impacts on children's education. In their report, Kinghorn et al. (2002) have shown that "girls tend to be at higher risk of dropping out of school than boys. Girls are normally charged with the responsibility of taking care of sick

parents and relatives, and girl orphans have different needs from those of boy orphans” (ibid., p. 1-2).

In their conclusion, Kinghorn et al. (2002) have also reported parental death, not having enough money to pay fees, and teenage pregnancy, as being relatively high in secondary school grades, when compared to a higher dropout rate among primary school boys, as important underlying problems leading to school dropout (ibid.). Of relevance here is that teenage pregnancy in government schools may be linked to the MFMC programme, where their task is to educate and prepare young girls against such eventualities. This could also raise the question of how effective the program is in general.

Nonetheless, this falls outside the scope of the present study. Based on the report and of relevance to this study, particularly that teenage pregnancy is high in schools, the question would then be, what capabilities does MFMC programme develop amongst the learners?

Reports have shown that AIDS related opportunistic diseases are the leading cause of death in Namibia, and that the country is faced with a high rate of orphans, due to HIV and AIDS related mortality (MBESC & MHETEC, 2003 & 2007 and MOE, 2007). People living with HIV and AIDS are reported as being at risk of violation of their rights to health, owning land and other possessions. Because they lose their property, they also run the risk of facing conditions of poverty. According to USAID (2011), poverty and inequality are identified as driving forces for young girls getting involved in transactional sexual activities at a very early age, thus putting them at risk of teenage pregnancy, and consequently dropping out of school. Due to poverty, those affected suffer from inadequate nutrition, which compromises the effect that ARVs have on their lives (Bolton & Talman, 2010). Of interest to this study is the role MFMC is playing in equipping its participants with skills, knowledge, values and attitudes that would empower them to exercise their rights, and enjoy their freedoms and entitlements, in order to live a good quality life with dignity and in harmony with other habitats without being violated or stigmatised.

Of importance to note here, is the fact that although any other person or community may generally suffer from the above-mentioned challenges and risks, evidence from previous research has found that socio-ecological problems in general have both increased and worsened since the existence of HIV and AIDS (MOE, 2007).

Evidence also shows that poverty-stricken people living with HIV and AIDS depend heavily on available natural resources for survival (McGarry & Shackleton, 2009a; Bolton & Talman, 2010). The problem here is that due to high rates of mortality, existing knowledge for sustainable development is not accessible, widely shared, or well-managed; and that therefore, poverty and inequality reinforce environmental degradation, while inequality hinders the sound management of resources (Murray, 2005).

If this is the case, then the onus is on the HIV and AIDS education programmes, including the MFMC, to ensure that sustainable natural resource use practices are taught to those implicated. Furthermore, Frohlich (2006) affirms that environmental issues and risks in Namibia have increased so much and so fast over the past century due to the greater pressure on resources, increased human population, unsustainable practices and human power relations, just to name a few. This has serious implications for education systems and programmes as places where skills and knowledge are constructed, and taking cognisance of the implications of HIV and AIDS on the environment could contribute towards the development of capabilities amongst communities living with HIV and AIDS.

Bolton & Talman (2010, p. 14-15) state that people living with HIV and AIDS tends to “exploit natural resources by using unsustainable practices, because they expect to die sooner rather than later”. They further report that:

Premature deaths result in lack of knowledge transfer on how to use resources in a manner that is sustainable. Land degradation as a result of soil erosion and loss of vegetation leads to reduced crop production, which leads to poverty and hunger. Resource degradation leads to longer walking distances to fetch water, fuel wood, construction materials and to reach grazing sites. This in return leads to higher demands for labor with unavailable calories and nutrients thus stressing individuals. This also increases the vulnerability of women to sexual violence (ibid, p. 26).

Furthermore, Bolton & Talman (2010) state that “land dispossession after adult owner’s death affects widows and orphans”. It is for this reason that this study includes socio-ecological issues and risks as a concept for discussion. The assumption here is that if such considerations were to

contribute to the development of agency and freedom, that this would shape the decisions communities make with regard to their wellbeing.

Of importance to note here is that, although MFMC teaches learners prevention methods of HIV and AIDS and the responsibilities of caring for their health, it is necessary that they know how to use natural resources effectively in order to enable positive lifestyles. It is for this reason that socio-ecological issues need to be understood when seeking to develop capabilities through education.

### **2.3 Interrelations of HIV and AIDS and the environment**

Having discussed HIV and AIDS as a socio-ecological issue, this section will discuss and strengthen the argument of the interrelations between HIV and AIDS as a socio-ecological issue, and the environment. The understanding of this relationship is crucial in this study, in order to understand the need for the development of learners' capabilities within MFMC programme.

Bolton and Talman (2010) have undertaken a case study in the environmental field, reflecting on the relationship between HIV and AIDS and the environment in Tanzania. In their report, they revealed that poverty leads to a dependency upon what can be classified as limited natural resources. They further clarified that people living with HIV and AIDS (especially those living in informal settlements) are more likely to depend on wild food plants and wild meat. Those infected and affected also use plants for traditional medicine for both humans and animals. It is for this reason that Bolton and Talman (2010), as stated earlier, describe natural resources as the only alternative “for families when HIV and AIDS and poverty restrict them from otherwise earning and maintaining a livelihood” (p. 7).

Similarly, McGarry and Shackleton (2009b) have reported that HIV and AIDS victims use wild food to counteract food insecurity in various areas in Southern Africa. They also reported that HIV and AIDS brings about household, social and economic vulnerabilities, and leads to biodiversity jeopardy.

As Bolton and Talman (2010, p. 4.) have explained “the connections between HIV and AIDS and the environment are “complex, multi-faced, and involve direct and indirect pathways”. Therefore, Murray (2005) has explicitly identified HIV and AIDS as one of the key

environmental challenges facing Namibia. It is complex, multifaceted problem in the sense that “it affects all aspects of society and impacts on national development goals” (MOE, 2007, p. 1).

In order to further explain the link between HIV and AIDS and the environment, UNAID (2006) has identified a two-way link between our personal health and the health of the environment by exploring the link between the condition of our environment, available health services, and illness and disease, stating that one of the things to be taught is food security and nutrition. The emphasis of this report is on the need for people not only to know how to take responsibility for their health, but also that of the environment.

HIV and AIDS, poverty, and food insecurity can therefore be seen as environmental issues or concerns, as they pose a threat to the ecological sphere, because families in these situations are more likely to depend on wild food plants and wild meat and to use these plants for traditional medicine for both human and animals. This is evident in Bolton and Talman (2010), who have reported that families living with HIV and AIDS use natural resources as a “safety net” especially in cases where the pandemic is coupled with poverty, and compromises their ability earn and maintain a living.

Bolton and Talman (2010, p. 4) further argue that HIV and AIDS flourishes in conditions of underdevelopment, especially in “conditions of food insecurity, poverty, social inequity and unequal power relations between the genders”. However, HIV and AIDS is more than just a public health issue, it is a socio-ecological issue and education about HIV and AIDS should treat it as such. Hence, Bolton & Talman (2010, p. 10) suggests that “poverty and food insecurity become the linchpin in examining the connections between HIV and AIDS and the environment.”

This is affirmed by Barnett, Tumushabe, Bantebya, Sebuliba, Ngasongwa & Kapinga et al. (1995, p. 18-45), who state that “HIV and AIDS affects individuals during their most productive wage earning period and that illness and mortality from AIDS results in labor shortage at the household level”. They further state that although other factors, including drought, land degradation and crop disease affect productivity and land use, however it is furthermore interesting to note that, a shortage or “decrease in crop production has been observed since the beginning of the pandemic in Sub-Saharan Africa” (MOE, 2007, p. 1).

Since the HIV and AIDS pandemic has affected and reduced the working-age population, the number of orphans and vulnerable people has increased. Consequently, the government has “to provide education, food, shelter and clothing for these orphans” (WHO, 2012, p. 20). Talman and Bolton (2010) note that high mortality rate affects the basic human right of food security as breadwinners or those knowledgeable in food crop production and management fall victim of HIV infection. They further note that “malnourished individuals are more susceptible to HIV infection and tend to have worse outcomes once they are infected with HIV, as the antiretroviral treatment may be less effective in persons with inadequate nutrition” (ibid, p. 10). HIV and AIDS leads to a loss of labour productivity, as people get too ill and too weak to work (even in food production) on the one hand, and an increase in expenditure on treatment and funerals on the other hand. Consequently, HIV and AIDS affect the food security of impoverished households, leading to high mortality rate (Bolton & Talman, 2010).

Based on these arguments, this study seeks to understand the way in which the MFMC programme enables its participants’ capabilities in terms of knowledge, skills, values and attitudes, that would enable them to respond to the daily issues and risks they face as a cause or effect of HIV and AIDS. These issues and risks (as discussed earlier in Section 2.2) arise due to our perceptions on life and the world around us, and the decisions we make results in environmental problems that affect us in turn.

The section below examines how Namibia is responding to environmental risks and vulnerabilities at a national level, with specific focus on educational responses.

## **2.4 National policy and strategic responses to environmental risks and vulnerabilities and HIV and AIDS education**

This section presents policies and initiatives of the Namibian government in response to the environmental risks and vulnerabilities the country is facing. The section also presents some policies shaping HIV and AIDS education in Namibian government secondary schools.

### *2.4.1. The Constitution of Namibia*

The constitution is the fundamental policy that governs all policies of a country. It provides overall guidelines for all policies regarding education, whether pertaining to HIV and AIDS or

the environment, as per Article 95 of the Constitution (Legal Assistance Centre, 1998). This article of the Namibian constitution ensures the implementation of the principle of non-discrimination and promotes the welfare of all people. Furthermore, the article foregrounds the maintenance of ecosystems, essential ecological processes, biological diversity of Namibia and the utilization of living natural resources on a sustainable basis for the benefit of all Namibia (ibid, 1998).

#### *2.4.2 The Green Plan*

This document seeks to promote sustainable development through sustainable resource management systems. It sets out policies and strategies for securing resources for the present and future generations. The plan aims to create national common vision for sustainable development (Brown, 1992).

#### *2.4.3 Vision 2030*

Vision 2030 provides a long-term development framework for the country to be prosperous and industrialised. The national development plans NDP 1, 2, 3, and NDP4, are the main vehicles to translate the vision into action and make progress towards realising Vision 2030 (Republic of Namibia, 2004 & 2009). Through Chapter 6 of Vision 2030, Namibia aims to develop a significantly more equitable distribution of social wellbeing, through the sustainable utilization of natural resources in a mixed economy through stronger growth and poverty-reduction. This policy further state that the prevalence of HIV and AIDS undermines human well-being and economic prosperity by reducing the quantity and quality of the labor force which is a key thread to sustainable development in Namibia (ibid, 2009).

Furthermore, equally important to this study is that this policy document describes sustainable development as the development that meets the needs of the present, without limiting the ability of future generations to meet their own needs. It encourages people to take responsibility for their own development and promotes development activities that address the actual needs of and it calls for democracy and human rights.

#### *2.4.4 National Strategic Framework for HIV and AIDS Responses in Namibia 2010/11-2015/16 (Republic of Namibia, 2010)*

This is a guiding framework that all sectors in Namibia have to follow when deciding on which HIV and AIDS programmes to implement, to which target group, and what results they intend to achieve. The aim of the framework is to serve as a tool that Namibia can use when evaluating its successes in responding to HIV and AIDS. As a tool, it is concerned with acquiring qualitative results in terms of outcomes and impacts that are evident in society as a result of implemented programmes.

#### *2.4.5 Workplace HIV and AIDS policy for the education sector (MOE, 2007)*

While the purpose of the former policy is to provide guidance in the formation of other policies and to act as a tool for evaluating the successes of such policies in responding to HIV and AIDS, this policy is concerned with creating an enabling environment for the implementation of HIV and AIDS programmes in the workplace within the education sector. The goal of the policy is to provide a supportive policy environment for the implementation of workplace programmes, so as to reduce new infections; improve care, treatment and support; mitigate the impact of HIV and AIDS; and reduce stigma and discrimination. The MOE states that, “HIV and AIDS-related stigma and discrimination refers to prejudice, negative attitudes, abuse and maltreatment directed at people living with HIV and AIDS” (2007, p. 2). This policy is crucial for helping the reader understand that the way in which wrong attitudes towards people living with HIV and AIDS interferes with their freedom and dignity to do what they value being and doing.

#### *2.4.6 National Policy on HIV and AIDS for education sector (MBESC & MHETEC, 2003)*

This policy aims to prevent the spread of HIV infections, to reduce excessive fears about the pandemic, to reduce the stigma and discrimination associated with HIV and AIDS, and to foster non-discrimination associated with HIV and AIDS attitudes towards persons living with HIV and AIDS. Of interest to this study is that this policy states that it is the responsibility of educators to ensure that the knowledge and skills that learners and students acquire is age and context appropriate in order for them to adopt and maintain behaviour that will protect them from HIV infection (MBESC & MHETEC, 2003). By so doing, learners will be able to weigh their options

and make informed choices based on what they can and are able to do and be, within their given context.

#### *2.4.7 The National Policy on HIV and AIDS (MBESC & MHETEC, 2006).*

While the former policies are concerned with the general implementation of the HIV and AIDS programmes, this policy is concerned with a specific group of people, their values and their cultures. This policy is a broad framework intended for individual institutions to build on in order to meet the wide diversity of cultures existing in Namibia. It foregrounds what specific people value being and doing and therefore leaves it up to the communities to give recognition to governing bodies, parents and caregivers in the education partnership. The policy states that “such plans should reflect the needs and values of specific educational institutions and the values and specific needs of a specific community” (MBESC and MHETEC, 2006, p. 2).

### **2.5 Existing knowledge on the MFMC education program**

This section will present a discussion of existing research done on the MFMC education programme within the Namibian context. The intention here is to draw and learn from previous research in order to build on the knowledge claims, conclusions reached and recommendations made.

#### *2.5.1 Findings and discussions of previous research*

Stanton, Li, Kahikuata and Fitzgerald (1998) carried out an evaluative study of the MFMC education programme after its trial period between 1996 and 1997. The conclusions of the study led to the implementation of the MFMC programme were based on 26% of the original intervention group sample. Nonetheless, Stanton et al. (1998, p. 37) state that “the findings of the study are not robust”. They also reported that although the results of the study showed no significant difference in condom use at the six-month follow-up period, and no difference in rates of condom use for the 12 month follow up period, the MFMC programme was scaled up for implementation on a wider scale.

Thereafter, an investigation to ascertain how effective MFMC was in terms of achieving its aims and objectives was carried out in 2002. In his report, Oslon (2002) reported a successful implementation of the programme in all thirteen regions and proved active participation of the

young people, private sectors and NGOs in programme implementation, and improved access to adolescent friendly health services and condoms. However, one problem reported by Oslon (ibid.) was that the programme is sidelined by the school staff, since it is an after school activity. This restricts learner participation, as only those who are able to stay after school can attend the programme, and as a result, those who need the program most do not attend, as they are obliged to rather attend other commitments and household chores (Oslon, 2002).

Chandan et al. (2008) reported that the programme has enabled important positive and health promoting changes for many participants and peer facilitators. They report increased knowledge with regard to reproductive health and HIV and AIDS, the adoption of protective sexual attitudes and practices, increased awareness of the effects of peer pressure, and increased awareness of the dangers of alcohol. They share the same sentiments as Olson (2002), that the marginalisation of the programme compromises the effective delivery of the programme.

Questionnaire data used by UNICEF Namibia (2009) suggests that participants experienced program satisfaction and perceived impact with regard to the HIV and AIDS-related information delivered through the MFMC programme. The graduates showed personalisation of risk and intention to practice safe sex or to abstain, as well as positive attitudes towards people living with HIV and AIDS. Regardless of these achievements, the report states that there is still considerable room for improvement in term of graduate knowledge of the consequences of pregnancy, negotiating sex, and condom use, knowledge and symptoms of STIs, the uptake of voluntary counseling, testing, attitudes towards alcohol, and a comprehensive knowledge of HIV transmission and prevention. These are the freedoms and choices that this study aims to explore and enhance amongst the MFMC programme participants.

Chin and Nakaambo (2004) reported that the MFMC programme provides crucial information to young Namibians, which helps them make healthy lifestyle choices and reduce high-risk behaviour. They reported that in the process of learning about sexuality, reproductive health, STDs, HIV and AIDS, and alcohol and drug abuse; participants practice assertiveness, independent decision-making and interpersonal communication skills. In the same vein, this study also reports participants to have enjoyed the programme sessions and information provided by the training. They recommended for current topics to be retained, but to consider combining

some of the sessions in order to incorporate new topics that are suggested as pertinent to MFMC, such as: mother to child transmission; voluntary counseling and testing; updated HIV and AIDS statistics; the physiological effects of HIV and AIDS; and home-based care.

Based on the kinds of research done on MFMC programme, it became evident that most of the research in this field has been served to evaluate the achievements and shortfalls of the programme, in order to respond to the socio-economic issues of our society.

It also seems like the struggle for HIV and AIDS education has been more concerned with the prevention of infections with the virus, and less concerned about training people with practical skills that the people will need once they are infected with the HIV, an example of which is teaching the infected and affected people ways of producing healthy food and methods of harvesting natural resources and purifying natural water. Particularly in poverty stricken rural contexts, people tend to depend mostly upon natural resources such as water from ponds or rivers and plants and animals for food and medicinal purposes, as stated earlier by McGarry and Shackleton (2009b), and Bolton and Talman (2010).

Since the MFMC programme has a component/section titled ‘Positive Living’, which teaches participants about healthy living and healthy diets, the interest of this study is to determine to what extent teaching about these aspects enables participants to achieve their daily needs and compact the effects of ARVs and HIV and AIDS in general.

This study follows the recommendations made by Chin and Nakaambo (2004, p. 37), who suggest combining some “sessions in order to incorporate new, pertinent topics in the programme”. This study aims to explore opportunities for the integration of a focus on environmental risks and issues into MFMC programme, in order to address the needs of those already infected and living with HIV and AIDS.

Currently, in order to address the needs of those living with HIV and AIDS the MFMC facilitators’ manual (MOE, 2006) highlights the importance of positive and healthy living, which includes exercises and healthy diets. However, the policy fails to consider the practical skills and strategies that people infected and affected with HIV and AIDS need to employ in order to live positively and healthily within the broader social and environmental context, seen as a relation

between inhabitants of an ecosystem. In other words, learners living with HIV and AIDS do not get training that equips them with those vital survival skills they would need in order to produce crop food. Such training would support people in growing healthy food and in minimising the side effects of ARVs, with the potential to enhance people’s capabilities, and to prevent the dependence of vulnerable groups on natural resources and social grants from the government. It is for this reason that this research intends to explore the potential, as well as to generate guidelines for the integration of new topics into MFMC programme’s learning processes, with a particular focus on socio-environmental issues and risks.

## **2.6 A capabilities approach to HIV and AIDS education**

Aristotle and Ruger have forwarded the following argument:

“It belongs to the excellent legislator to see how a city, a family of human beings... will share in the good life, and in the happiness that is possible for them. This conception also expresses the idea of capability in that which humans are able to do and be, and what is possible for them and it suggests that our social obligations involve enabling all to live flourishing lives” (2006, p. 288).

This study is concerned with exploring how the MFMC programme develops the capabilities of learners living in HIV and AIDS-stricken communities. This section discusses the capabilities of the programme, and its relevance to this study.

Although different authors define the capabilities approach differently, one thing is clear that the approach is people-centered. For example, Sen (cited in Kurklys, 2005, p. 9) defines the capabilities approach as a “framework for the evaluation of individual welfare, while referring to welfare as a standard of living.”

Nussbaum (1978) has defined the capabilities approach as an approach to a comparative quality of life assessment and to the theorising of social justice. Nussbaum (ibid.) reasons that the capabilities approach seeks to answer questions such as what each person is able to do and be. The approach focuses on choice, and on holding societies accountable to prompting available opportunities and substantial freedoms, which people may or may not choose to execute in practice.

Robeyns (2000, p. 3) states that the “capabilities approach is a framework offering a way to think about normative issues and make evaluations of social issues such as well-being and poverty, liberty and freedom, development, gender bias and inequalities, justice and social ethics”. Although Brighouse and Unterhalter (n.d.) state the importance of looking at the relationship between the resources people have and what they can do with them, it is equally important to understand that the “choice of context matters in the evaluation of functionings” (Anand, 2004, 299). Anand (ibid.) further explains that the choice of context matters because a person not eating food because he is fasting would be regarded differently from another person who cannot find or does not have anything to eat. The state of well-being is therefore “a combination of functionings that s/he is capable of achieving if s/he so chooses” (Sen 1992, in Wigley & Wigley 2008, p. 3).

While considering the resources that the people have, as well as their freedom and choice to do and be what they value, Robeyns (2000), states that personal and social factors influence the choice to achieve certain valued forms of being and doing. Personal characteristics (e.g. metabolism, physical condition, reading skills, intelligence etc.) influence how a person might be able to convert the characteristics of the commodity into a functioning. Social characteristics (e.g. infrastructure, institutions, public goods, public policies, social norms, discriminating practices, gender roles, social hierarchies and power relations) play a role in the conversion of the goods into the individual’s functioning.

Unterhalter, Vaughan and Walker (2007, p. 1) explain that “the key idea of capability theory is that social arrangements should aim to expand people’s capabilities, their freedom to promote or achieve functionings, which are important to them” as people’s needs are unique according to

context. Activities and states that makes up peoples wellbeing, such as having a healthy body, being safe, or having a good job cannot be universal, and no single approach will fix all situations in different contexts, simply because even these conditions might hold different meanings and values to different people.

Sen, in Kurklys (2005), on the one hand, explains that the core concepts of the capabilities approach are functionings and capabilities, and that the approach conceptualises welfare as standard of living, and measures it in terms of ‘functionings’. He defined functionings as the achieved states of being and activities of an individual, e.g. being healthy, being well-sheltered, being well-nourished, moving about freely, and being educated. Furthermore, he explained that functionings are achievements of a person, i.e. what he or she manages to do or be (ibid.). On the other hand, he described capabilities as a “derived notion that reflects the various functionings he or she can potentially achieve, and involves the person’s freedom to choose between different ways of living” (Kurklys, 2005, p. 10).

Nussbaum (1947, in Venkatapuram, 2011, p. 33-34) talks about the “universal fundamental political entitlement e.g. life, bodily health, integrity, senses, imagination and thought, emotions, practical reason, affiliation, other species, play and control over one’s environment”. Similarly to the Constitution of Namibia, which is a political document, states the fundamental human rights and privileges people have simply because of their existence. That includes the right to life, to belong, to be respected and the right to have an identity and to be protected against disease and other threats such as discrimination and neglect (Legal Assistance Centre, 1998). This study will explore the way in which the MFMC programme enables those living with HIV and AIDS to exercise these rights and entitlements.

Furthermore, Venkatapuram (2011, p. 181) states that “whether expressed as human rights, civil, women’s, minority, children’s and so forth, rights language is used to articulate particular human interests as basic and urgent”. Rights language expresses that such interests require special attention from governments, NGOs and the private sector, in order to fight for the health and wellbeing of the people in terms of disease, disability and premature mortality. In the Namibian context, the constitution of Namibia makes provision for human rights protection in order to ensure that nobody is unfairly treated. This is achieved through Articles 5, 8, 10 and 15 of the

constitution (Legal Assistance Centre, 1998). Article 5 of the Namibian constitution emphasises the protection of fundamental human rights and freedoms and urges that these elements have to be upheld and respected at all times. In article 8, the constitution states that the protection of human dignity shall be inviolable. Of equal importance is article 10 that states, all people must be treated equally and free from discrimination, and also that “no person shall be discriminated against on the grounds of sex, race, color, religion, ethnic origin, creed, social or economic status” (ibid, p. 10-11). Similarly, article 15 of the constitution protects children’s right and that children have the right to education, love and care. It is now time that research with regard to HIV and AIDS education programmes evaluate the most beneficial way in which such programmes might contribute towards the well-being and development of capabilities of those living with HIV and AIDS, in order to realise their rights as citizens of the country.

This study draws on health rights because of their potential to clarify, reaffirm or indeed, redefine the fundamental purpose and duties of the state, as well as the moral obligations of persons across national borders. For example, the right to freedom of expression is shown to be instrumental in preventing and responding to famines, prevention of HIV infections, or improving reproductive and sexual health (Venkatapuram, 2011). Hence, this study aims to explore the possibilities for the MFMC programme to use the rights provided in the constitution to enhance people’s capabilities to live dignified lives.

Furthermore, Venkatapuram (2011) argues for the recognition of every human being’s moral entitlement. He alludes to the fact that recognising every human being’s moral entitlement to a capability to be healthy or a human right to be healthy, would mean a certain cognisance of the inviolability of every human being, their equal moral worth and dignity, their right to life, or their freedom to determine, pursue or revise their lives.

The capabilities theory is relevant to this study, because according to Sen (1999), it provides the ability to respond to local people’s health and nutritional values. It is the aim of MFMC to equip learners with nutritional values, as a sign of positive living. Therefore, in the case of MFMC, being equipped with practical skills for positive living can support the possibility for a self-sustaining and ultimately a well-nourished community. This would potentially reduce economic

dependence, and boost pride, self-love and appreciation among those infected and affected by HIV and AIDS.

It is against this background that this study argues that while of an early age, young people in schools need to be trained and equipped with the knowledge, skills, values and attitudes that would enable them to meet their needs, in light of HIV infection. In the rapidly changing world of the 21st century, people need to become agents for ecological sustainability, which in return might guarantee social, economic and political stability. Therefore, the emphasis of this study is that a capability enabling education and the ability to respond to HIV and AIDS, as a socio-ecological issue and risk needs to be enhanced in young people whilst they are in school, in order to transform them into valuable and responsible adults in society.

Furthermore, Nussbaum (2000, p. 25) argues that “there are advantages to applying capabilities over notions of rights and health, and to questions concerning women’s status and well-being in developing countries”. Nussbaum (ibid.) includes two aspects of particular relevance to reproductive health, namely ‘bodily health’ and ‘bodily integrity’. She explains that “bodily health is the state of being able to have good health, including reproductive health, to be adequately nourished; to have adequate shelter” (ibid, p. 78). Furthermore, she refers to ‘bodily integrity’ as “being able to move freely from place to place; having one’s bodily boundaries treated as sovereign” (Nussbaum, 2000, p. 78).

Ruger (2006) defines health capability as a person’s ability towards the attainment of a “cluster of basic capabilities and functionings, and each at a level that constitutes a life worthy of equal human dignity” (ibid, p. 278) in the modern world. Ruger (2006) further defines the capability to be healthy as a kind of freedom, which is intrinsically and instrumentally valuable. The capability to be healthy is also grounded in the kind of dignity and equal respect that is distinct to Nussbaum’s reasoning about capabilities.

Nordenfelt (cited in Kurkly, 2005) defines health as the abilities to achieve vital goals that lead to minimal happiness or minimally decent life, but then suggested that these vital goals can either be locally determined, or made according to reasonable circumstances. However, the author suggests that local conditions and practices should inform, but not determine, the concept of health (ibid.).

Making use of Nussbaum's theory of central human capabilities, Ruger (2006, p. 345) argues that the capability to be healthy "can be usefully understood as a 'meta-capability' to achieve or exercise ten central human capabilities". According to Nussbaum (cited in Venkatapuram, 2011, p. 41), a life worthy of human dignity consists of these ten capabilities:

(1) being able to live a normal length of lifespan; (2) having good health; (3) maintaining bodily integrity; (4) being able to use senses, imagination and think; (5) having emotions and emotional attachments; (6) possess practical reasons to form a conception of the good; (7) have social affiliations that are meaningful and respectful; (8) expressing concern for other species; (9) being able to play; and (10) having control over one's material and political environment. These ten central human capabilities together make up a minimal conception of a fully human life, and provide the bases for determining the decent social minimum of entitlements in the relevant parts of an individual's life (see also Nussbaum, 2000, p. 76-77).

This constitutes the basic capability and consists of aspects central not only to MFMC programme, but also to this study, as these ten central capabilities combines wellbeing and the environment, along with the importance of gaining control over the two that leads to the conception of a dignified human life.

Nordenfelt (in Kurkly, 2005, p. 77) asserts that "health is not just a phenomenon internal to the body, found within the biological structure". Health also reflects the "direct influence of the environment whether through physical or social forces of the individual. For example, "when a person has no practical possibility to act because 'something or someone' constrains their capacity of action, then they are disabled and impaired, and not healthy" (Venkatapuram, 2011, p. 32). Likewise, Nussbaum (2000) defined 'reproductive health' as "the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes" (p. 77). Although everybody depends on the environment for survival, people living with HIV and AIDS are more constrained, either physically or mentally, to live life with dignity and pride. This condition

makes their level of dependency on natural resources higher than that of other people who are able bodied enough to earn a living through other means.

## **2.7. Using the capability approach to reflect on the purpose of education**

Sen (1999 in Hoffman, 2012, p. 2) describes being educated as “a basic capability, and regards it as crucial to well-being”. This section presents an argument justifying the relevance of using the capabilities approach to reflect on the purpose of education.

According to Wigley and Wigley (2008, p. 1) “every individual has a fundamental right to a basic education”. They further state that without education, people would lack the necessary precondition for doing things and achieving results that they have reason to value such as “being nourished, being able to avoid preventable morbidity and premature mortality, being literate and numerate, and being able to appear in public without shame” (ibid.).

The study chose this approach because, as Wigley and Wigley (2008) suggest, education is important since it equips those who acquire it with better understanding of their own health and nutritional requirements. They also state that education can improve health because it enables the individual to acquire the commodities necessary to be adequately nourished, clothed and sheltered (ibid). Since the programme under review teaches its participants about healthy diets, this notion of capabilities approach is relevant to this study in exploring how knowledge and skills acquired in MFMC equips them with the abilities to improve their health and meet their nutritional requirements.

Furthermore, Wigley & Wigley (2008, p. 3) explain that being educated is a capability, which “enables the acquisition of practical reasoning skills that are necessary for achieving other important functionings, such as participating in the process of public decision-making, or engaging in public debate”. The purpose of this argument is to justify that such an approach could be used to evaluate the purpose of MFMC programme, and explore the possibility of its approach to enhance learners’ freedom to negotiate for the attainment of the life they value or have reason to choose, regardless of their HIV status.

Furthermore, Unterhalter (2005, p. 16) argues that “there are a number of ways in which the concept of capabilities can be useful in addressing some of the shortcomings of education”, by providing a means to evaluate the overall purpose of education in relation to human well-being.

With regard to the purpose of education, Hoffmann (2012) emphasises that education for sustainable development in terms of the capabilities approach, should aim at helping people of all ages to better understand the world and to act on the understanding of the world in which they live. Hoffmann (ibid.) argues that education needs to address the complexity and interconnectedness of problems such as poverty, consumption, environmental degradation, health and population issues including HIV and AIDS, conflict, and violation of human rights. Education needs to address these issues not only to provide information, but also to provide the abilities needed to understand and use the information, “to establish agency and attitudes supporting behavior [sic] that leads to sustainable development” (UNESCO, 2005; United Nations, 2005, as cited in Hoffman, 2012, p. 5).

Hoffmann (2012, p. 2) argues that “in order to fully expand the substantive freedom of people to live the life they value and to enhance their real choices, the concept of equitable access to an education that specifically enhances individual capabilities should be embraced. Equitable access to education is one of the fundamental goals of the Namibian education system. According to Ministry of Basic Education and Culture [MBEC] (1993), this goal is concerned with overcoming the legacy of discrimination and segregation. MBEC (ibid, p. 36) argues that “in order to achieve equity, it is necessary to pursue policies that would treat different people in different ways” according to their needs and contexts. The same principle is outlined in Namibia by the Ministry of Education [MOE], (2007) with regard to HIV and AIDS education in the MFMC programme. It is therefore crucial that the MFMC programme operating within this system contributes positively towards the attainment of this goal.

Lotz-Sisitka (2009) elaborates on the notion of context specificity, arguing that entities such as governments, schools, companies and communities need to prepare environmental capacity building curricula through research in an 'ontologically defensible' way. For example, this means considering the context of the target group, including its history, culture, activities and

capabilities. This is necessary as people differ, and what might be the ideal valued life for one person, might not be the valued life for every other person.

The aim of MFMC programme is to enable the youth to develop a concept of self-worth and dignity in light of HIV and AIDS, and to develop competences that will help them prosper and live full lives. The programme aims to offer learners the capabilities to have the freedom to choose what they want to do or be. However, HIV infection has potential to compromise the ability of those infected and affected by HIV and AIDS to be free from any kind of discrimination and any other issues and risks they might face due to HIV infection, even if that is what they value being and doing. Drawing on the notion of capabilities to inform and shape teaching and learning strategies in the MFMC programme seems promising in terms of reaching the desired state of being, as it takes cognisance of the moral entitlement of communities living with HIV and AIDS, through the enhancement of human rights and the freedom to choose what they value being and doing. It is for this reasons that the operational concept of ‘capabilities’ is used as a lens in this study.

## **2.8. Conclusion**

This chapter has discussed the way in which understanding HIV and AIDS as a socio-ecological issue provides support towards the development and attainment of capabilities in communities, especially those living with HIV and AIDS and other socio-ecological risks. The chapter discussed how MFMC could apply the capabilities approach to conceptualise health and human rights in their programme.

The next chapter presents the methodology shaping the study, methods and data collection tools, data generation, analysis methods and discusses how the research process actually unfolded.

---

## CHAPTER THREE:

### RESEARCH DESIGN

---

#### **3.1. Introduction**

A methodology is “the plan of action that links the methods to outcomes, governs our choices and use of methods” (Creswell, 2003, p. 5). This chapter discusses the methodological perspectives that influenced the research design and the methodology decisions. The chapter further presents a justification for the use of an interpretive case study approach and its relevance to this study. It also discusses the five methods employed in order to generate data for analysis, namely document analysis, focus group interviews, semi-structured interviews, lesson interaction observations and participants’ reflection sheets. For each method used, an account is given of how the participants were involved and the limitations encountered. This chapter also gives an account of data management techniques, data analysis, limitations of the study and how matters regarding research ethics, validity and trustworthiness were approached.

#### **3.2. Research Paradigm**

This study was oriented within a qualitative interpretive research paradigm. Cohen, Manion & Morrison (2007, p. 21), argue that “of utmost importance in the context of the qualitative interpretive research paradigm is the understanding of the subjective world of human experience, getting into the person and understanding from within”. For this study, it was necessary to passively engage in the MFMC programme activities in order to study the human action situated within a particular social context of the case under review (Babbie & Mouton, 2001).

This study can be described as qualitative, because it focuses on interactive processes of the MFMC programme, whereby data is used in a thematic analysis (Neumann, 2006). Furthermore, Neumann (ibid.) states that interpretive research requires that researchers spend time with those being studied. This was the case in this study, because it used participant observation, interviews, and focus group discussions. These methods enabled qualitative data generation, which was then interpreted and processed to create meaning in relation to the goals and questions of the study, in line with the purpose and design of this study (Connole, 1993 and Terre Blanche & Durrheim, 1999). The utilisation of these research methods was necessary in developing a thorough

understanding of the MFMC education programme's teaching and learning strategies, and particularly in understanding how the programme develops learners' capabilities to respond to HIV and AIDS socio-ecological risks. This enabled easy identification and establishment of the links between HIV and AIDS, and the environment within learners' communities, and as presented within the MFMC programme's Goal B of this study. A research design was chosen that would enable me to act in a natural and un-obstructive environment in order to interact with the research participants in such a way to get in-depth data regarding the phenomenon (Neumann, 2006, p. 72).

The interpretive design also helped me to conduct contextualised research, and to gain real life experience of the organisation, structure and way in which the programme is run. This was key to the intentions of this project.

### **3.3. Research Design**

The study was conducted following an interpretive case study method as it sought to develop a thorough understanding of the MFMC programme in the context of a rural community in northern Namibia. The aim was to explore the way in which the MFMC programme contributes to the development of capabilities among learners, and how these capabilities enable them to respond to the socio-ecological risks and vulnerabilities they face.

The interpretive case study method also enabled me to work with people and gain thorough comprehension of the MFMC stakeholders' perceptions and interpretation of socio-environmental issues and risks, along with how this could be integrated into HIV and AIDS education programme.

Patton (1980) and Creswell (1998) recommend case studies as useful, especially when studying a particular unique case, chosen because of its unique interest to the researcher, and they state that such a case is studied in-depth and over a period of time. This is further affirmed by Robson (1993, p. 39) that "this enables a researcher to have a close examination of the data within a specific context". Furthermore, Zainal (2007, p. 1) states that "case study research entails the selection of a small geographic area or a very limited number of individuals as the subject of the

study”. Bassey (1999) emphasises that “a case study has the potential to help a researcher to thoroughly explore a socially complex phenomena, such as how people perceive and conceptualize their own learning processes and the different epistemological systems that are embedded within the learning itself” (ibid, p. 16). The case of this research focused attention on the MFMC programme as an activity of interest.

In a case study, the interaction of the unit of study within its context, is a significant part of the investigation in which the phenomenon speaks for itself (Baxter & Jack, 2008; Babbie & Mouton, 2001, & Cohen et al., 2007).

Zainal (2007, p. 3) classifies educational case studies into three categories, namely: explanatory case studies; descriptive case studies, and exploratory case studies.

An exploratory case study seems to suit the purpose of this study, which is the exploration of the MFMC programme’s teaching and learning strategies. Robson (1993) argues that the “exploratory case studies are valuable in order to seek insight and understanding of a phenomenon, a problem or process” (ibid, p. 43). This case study method allows the programme participants and myself the opportunity to work together in a natural setting, seeking to learn more about the MFMC programme activities. The case study method also allows participants to engage in a reflexive practice of how these learning processes equip them (those involved in the program) in responding to the HIV and AIDS pandemic, and increasing socio-ecological risks and vulnerabilities.

The term reflexive practice is used in this study to refer to a continuous practice of self-assessment, self-evaluation and a reflection of the MFMC participants on their own lives. The term is also used to refer to thinking about what is learned in the program and deciding how to apply the capabilities learned in such a way that it would improve the quality of their own lives and those of their communities. The assumption here is that through a reflexive practice, the educated should be able to rethink their actions and decisions for their wellbeing, their communities and the wellbeing of the environment.

The findings of this study could be used to inform and shape further developments of the MFMC or any other HIV and AIDS education programme in terms of enhancing capabilities and quality

of life of local communities. That is, in keeping with the potential of case studies which have various advantages, in that “they present data of real-life situations and provide better insights into the detailed behaviors [sic] of the subjects of interest which could be unique to a specific case or common to cases studying the same phenomenon” (Zainal, 2007, p. 4).

### **3.4. Data Generation techniques**

In keeping with its qualitative orientation, the study used the following techniques to generate data: document analysis; in-depth interviews; lesson observations; learners’ reflection sheets; and focus group discussion. All the participants who took part in data generation processes were pre-decided, in the sense that they were already participants in the MFMC programme at case under review. However, I worked with Marshall’s idea that “an appropriate sample size for a qualitative study is one that adequately answers the research question” (Marshall, 1996, p. 24). The aim of this study is to describe ways in which MFMC contributes to the development of learner capabilities. For this reason, in order to ensure that enough evidence is provided, the study involved all the MFMC programme participants.

I chose a convenience sampling technique (Marshall, 1996) because it seemed commensurate with the research design of this study. The identification of a sample depends “on the researcher’s knowledge of the phenomenon under study, the literature available and the evidence from the study itself” (Marshall, 1996, p. 32). I purposefully utilised the most ‘convenient’, most appropriate, and therefore most productive sample in response to the research question, because of learners’ specific knowledge, experience and/or expertise about the MFMC programme. The case under review became the most appropriate, because other possible groups conveniently accessible to me either had no facilitators for the programme, or the facilitator did not have time to run the programme.

As recommended by Westfall (2008), I relied on my knowledge and experience in terms of schools that run the MFMC programme in the circuit to select the case study, identify documents to be analysed, and the individuals to consider for data generation.

### 3.4.1 Document selection

The aim of analysing documents in this study was to explore the aims and objectives of the MFMC education programme, and to respond to ‘Goal A’ of this study. During this process, the selection involved six documents, namely: *The National HIV and AIDS Policy for the Education Sector*; *‘My Future is My Choice’ Facilitator’s Manual*; *‘My Future is My Choice’ Participants’ Manuals*; *HIV and AIDS Awareness Club Activities Handbook*; *Teaching and Learning About HIV and AIDS Made Easy*; and *Working For and With Adolescence - Some UNICEF Examples*. These documents enabled an understanding of the aims and objectives of the ‘My Future is My Choice’ programme, in relation to other similar programmes. These document analyses provided guidance in terms of what important questions to pursue when planning for the interviews (Stake, 1995).

Table 3.1 below shows a list of documents selected for analysis.

Table 3.1 Document log

<b>DOC No.</b>	<b>Author</b>	<b>Title</b>	<b>Publisher</b>	<b>Place</b>	<b>Date</b>
01	Namibia, MBESC & MHETEC	<i>National HIV and AIDS Policy for the Education Sector</i>	UNESCO	Windhoek	2003
02	Namibia, MOE/HAMU	<i>My Future is My Choice: Facilitator’s Manual (Revised Ed.)</i>	UNICEF	Windhoek	2006
03	Namibia, MOE/HAMU	<i>My Future is My Choice Participants’ Manual</i>	UNICEF	Windhoek	2006
04	Namibia, MOE	<i>HIV and AIDS Awareness club</i>	MOE	Windhoek	2003

		<i>activities: A handbook</i>			
05	Namibia, MBESC/NIED	<i>Teaching about HIV AND AIDS Made Easy: A Teacher's Guide</i>	UNESCO	Okahandja	2005
06	UNICEF	<i>Working for and with Adolescence - Some UNICEF Examples</i>	UNICEF: Adolescent Development and Participation Unit	UNICEF	2002
07	Oslon, R.	<i>Adolescence HIV and AIDS: My Future is My Choice</i>	UNICEF	Windhoek	2002
08	MOE	<i>Workplace HIV and AIDS Policy for the Education Sector</i>	MOE	Windhoek	2007

### 3.4 2 In-depth semi-structured interviews

Altogether nineteen semi-structured interviews were conducted to allow for participants to provide more information (Maxwell, 2002). The semi-structured interviews provided sufficient structure to elicit responses that informed the research question, and their flexible nature enabled the opportunity and ability to pursue emergent issues (Hitchcock & Hughes, 1995). In addition, semi-structured interviews enable me as the researcher to remain focused, but also allowed participants to make comments about other things in relation to the study (Creswell, 1998; Berg, 1998). One semi-structured interview was conducted with the programme coordinator, one with the programme facilitator; one with the school principal, and one interview with each of the 16 out of the 31 enrolled programme participants who were willing to participate. Koul (1984) describes an interview as a conversation between two people or a group aimed at generating data (see also Berg, 1998, & Patton, 2002).

The interview conducted with the MFMC programme coordinator was to provide understanding of the purpose of the programme, its historicity and teaching and learning strategies in response to the Goal A of this study. This then helped with the exploration of how MFMC develops learners' capabilities to respond to HIV and AIDS and the resultant socio-environmental risks, thus responding to Goal C of this study. The interview with the MFMC programme facilitator was with the intention to get an overview of the programme from the implementer's perspective. The interview conducted with the school principal aimed at providing the policy implementer's perspective at management level. Sixteen interviews with each of the learners were important, as learners are at the receiving end of the programme. These also served to inform me of the achievements and constraints of the programme as well as to shed light on nutritional issues that are mentioned in Session 5 titled 'Facing HIV' of the MFMC programme. This would give further give insight into the extent to which such issues are taught and could be interpreted to respond to Goal C of this study as well.

Furthermore, these interviews also served to explore and understand the way in which the programme equips learners with the competencies and capabilities they need in order to respond to socio-ecological risks and vulnerabilities associated with the pandemic.

The interview schedules were used for the generation of data during the interview with the program coordinator, program facilitator, school principal, as well as learners. The interview with the programme coordinator and learners were conducted face-to-face, audio taped, and transcribed at a later stage. The programme facilitator opted to receive the interview schedule, answer the questions at her own time and handed the written responses, whereas the interview with the school principal was narrated right away. The interview schedules are attached (See Appendices 5a, 6a, 7a and 8a).

### *3.4.2 Observations*

Terre Blanche and Kelly (1999, p. 134) define observation as “the second most popular form of data collecting method in research. Observation entails watching as a participant observer and living the experience while things are actually happening”. Furthermore, Patton (1990, p. 54) has argued that the observational strategy is differentiated by “the extent to which the observer participates in the activity being observed”. In this case, I took the role of a participant observer.

This means that during the lesson interaction, I observed what was happening without taking part in the lesson discussions.

Two lesson observations on the case were carried out on the interactions of Session 5 of the MFMC programme, titled '*Facing HIV*'. This session (as depicted in Section 1.5) teaches learners about healthy diets and living positively with HIV and AIDS. The observation of these lesson interactions was relevant to this study as the section carries a socio-ecological element in it. The observation of lesson interactions was necessary in order to understand the socio-ecological issues being represented within the MFMC program. This study also required insight into the teaching and learning processes of MFMC with regard to this particular topic, to observe how learners' capabilities were enhanced within the programme, in response to 'Goal B' and 'Goal C' of this study.

The first lesson observed was recorded with the use of an observation schedule. However, I was not available when the second lesson was conducted. Therefore, I asked a colleague to videotape the interactions. After videotaping the lesson interactions, I then watched the video and wrote notes in to the observation schedule. By using the observation schedule, the goal was to summarise the descriptions from the observations in a factual, accurate and thorough manner. An example of the observation schedule is attached (see Appendix 9).

#### *3.4.4 Learner reflection sheets*

The MFMC programme participants were asked to keep reflection sheets in which they would be recording the knowledge, skills, values and attitudes acquired during the lesson interactions. This also provided a description of what the learners learned in MFMC programme, as well as what they would prefer to learn within the programme. These reflection sheets helped to shape the questions of clarification asked during the focus group discussions during the last stage of data generation.

Emphasising the importance of case diaries (herein referred to as reflection sheets), Wilkinson (2000, p. 51-52) explains that "this method involves participants being requested to keep an account of the activity under study within an identified time frame", and further states that this is a "useful method of recording and gathering routine information relating to particular activity".

Bell (1993, p. 102) in supporting the use of diaries, states that “diaries can provide valuable information about work patterns and activities”. It is for these reasons that I decided to supply all participants with sheets of paper that they could use as reflection sheets (see Appendix 10A). The document selection and the collection of the reflection sheets were then followed by semi-structured in-depth interviews, as described below.

#### *3.4.5 Focus group interviews*

Babbie & Mouton (2001, p. 7) describe a focus group as people that the researcher brings together for qualitative interviewing/discussions and observation because “the technique is socially oriented and it enables the researcher to capture real-life data in a social environment”. Adding to that De Vas, Strydom, Fouche & Delport (1998, p. 299) describe focus groups as “group interviews that are used as a means to better understand how people feel or think about an issue, product or service”. Similarly, Schurink (1998, p. 86) describes “a focus group interview as a purposive open discussion of a specific topic between a group of people with a common background and/or interest.”

During the data collection period, twenty programme participants in the case study had the platform to discuss the kind of skills, values and attitudes developed through the MFMC education programme; as well as what these skills, values and attitudes enabled them to do. This was in response to ‘Goal A’ of this study, helping understand the processes of MFMC. Since the discussion provided the platform for the learners to state what knowledge and skills they wanted to learn through this programme, it would provide response to ‘Goal C’ of this study as well. Kingry, Tredje & Friedman (1990) suggest that focus group interviews should be held in a comfortable non-threatening setting, and stress the importance of the participants’ comfort. In compliance with Kingry et al. (1990), focus group discussions were held at the site, in the same classroom where participants would usually have the MFMC lessons, in order to ensure their comfort.

At the beginning of the focus group discussion, an explanation was given to the participants on what the focus group entailed (seeking clarity on issues that rose from observation, interviews and their diaries). A brief description on the type of questions to be discussed was also given

prior to the start of the discussions, in order to allow ample time for participants to prepare their responses, so that they did not panic during the discussions.

Once everything was clear, the twenty participants were divided into two smaller groups of ten members each. The questions discussed focused on how the MFMC program was providing them with knowledge and skills required to cope with socio-environmental issues and risks resultant of the HIV and AIDS pandemic. The participants then also discussed ways they thought the program could further be developed in order to enhance their capabilities to respond better to socio-ecological issues around healthy diets as presented in the MFMC Programme, Session 5 (see Section 1.2.4). Food security issues and the maintenance of healthy diets, has emerged during this study as major challenges within learners’ local communities, especially for those living with HIV and AIDS. The focus group discussions were voice recorded and transcribed at a later stage, so as to record data in sufficient detail. Data captured during this process was used to answer research Goals A, B and C of this study. This data also formed the basis in responding to the first research question later in Chapter Five.

### 3.5 Data Management

Table 3.2 below summarises this data generation process.

Table 3.2: Stages of data generation

<b>TECHNIQUE USED</b>	<b>QUANTITY</b>	<b>RATIONALE</b>
Document Analysis	Six (8)	To gain insight in to the history policy features, learning strategies and purpose of FMFC.
Learners Reflection Sheets	Seventeen (17)	Learners summarise the knowledge, skills, values and attitudes learned during lesson interactions. Information from reflection sheets was then used as data to retrieve knowledge, skills, values and attitudes as acquired during the MFMC lesson interactions.
In depth semi-structures interview	Sixteen (16)	To probe deeper into the organization and learning content and strategies of the MFMC programme.
Lesson	Two (2)	To understand the work patterns and activities of

Observations		MFMC programme, to compare and validate data collected through other methods by observation of the program's interactions.
Focus group discussions	Two (2) groups of ten participants each	To explore how MFMC programme provides learners with the relevant knowledge and skills required to cope with socio-ecological issues and risks resultant of the HIV and AIDS pandemic. To discuss ways how MFMC programme enhances the development of their capabilities to respond to issues around healthy diets.

I developed a data-labeling framework in order to ensure easy data management in terms of storage and retrieval. Documents were analysed according to categories relevant to the research goal and recorded accordingly. Data collected through voice recorded interviews (interviews with the program coordinator and with learners) were transcribed at a later stage from audio to text, and recorded according to emerging categories. The first lesson observation was recorded by using the observation schedule, whereas the second lesson observation was video recorded, watched at a later stage, and transcribed into text before searching for patterns, which were used as categories for data presentation. Similarly, focus group discussions were video recorded, watched and transcribed before narrowing the raw data with emerging categories.

Thereafter, various labels were used to classify data according to the data generation source. The labels 'DOC 1' to 'DOC 8' are used for analysing documents, programme coordinator is labelled as 'PC', 'PF' is used for programme facilitators, 'SP' is used to label the interview with the school principal, and learner participants in interviews are labeled as 'IR 1' up to 'IR 16'. Further labels were allocated to data sources such as 'LO1' and 'LO2' for Lesson Observations and 'RS 1' to 'RS 17' to label learners' reflection sheets, and 'FGD1-R1 to FGD1-10 and FGD2-R 1 to 'FGD2 -R 10' to label respondents in focus group discussions with learners, as illustrated in Table 3.2 below. The transcribed data was then labelled with stickers stored in a manual filing system.

Table 3. 3: Labelling of data generation tools

<b>Data generation</b>	<b>Data sources</b>	<b>Data Label</b>
------------------------	---------------------	-------------------

<b>method</b>		
Document analysis	Six (6) documents analysed, namely, The National HIV and AIDS Policy for the Education Sector; <i>My Future is My Choice</i> facilitator; MFMC participants' manuals; and club activities handbook; Teaching and learning about HIV and AIDS made easy; and Working with Adolescence (Table 3. 2).	DOC 1-DOC 6
In-depth semi-structured interviews	One (1) Programme Coordinator; one (1) Programme Facilitator; one (1) School Principal; and sixteen (16) Learner Interview Participants	PC,PF, SP and IR1- IR 16
Lesson observations	Two (2) observations	LO1 and LO2
Learners reflection sheets	Seventeen (17) current participants of the MFMC programme at the research site	RS1- RS17
Focus group interviews/discussions	Two (2) focus groups consisting of MFMC programme participants, consisting of 10 members each	FGD1-R1 to FGD1-R10 FGD2-R1 to FGD2-R10

This way of labeling data helped with the management and ensured traceability of data during the coding and categorisation process.

### **3.6 Data Analysis**

According to Cohen et al. (2007, p. 183), “data analysis involves organizing [sic], accounting for and explaining and making sense of the data in terms of participants’ definitions of the situation, noting patterns, themes categories and regularities.”

I used four phases of data analysis to work with and through the raw data. The frameworks served as guidelines for both the data analysis and the interpretation processes (O’Leary, 2004).

Marshall and Roman (1989 cited in Creswell, 1994, p. 114) define ‘reduction’ and ‘interpretation’ as “data analysis techniques that entail taking the raw data and reducing it into themes and then finding meaning by applying a theory to it”. De Vas & Fouche (1998, p. 203)

referred to this data analysis and interpretation approach as “a process of breaking data into constituent parts to obtain answers to research questions”.

After data-labeling, I coded the data using colors and themes. Rossman and Rallis (as cited in Creswell, 2003, p. 192) define coding as a process of “organizing [sic] the material in chunks” before giving it meaning. This was useful to me as I used colour to indicate themes on the transcripts, and the same themes are used for data presentation in Chapter Four once again.

Coding and categorising pieces of data are key processes in analysing qualitative research data. This makes materials easier to retrieve (Babbie and Mouton, 2001). The data analysis followed a four-phased process, whereby each phase of data analysis was done in respect of the four research goals. The analytic memos for each phase of analysis are attached as appendices in this study (See Appendices 1, 2, 3, and 4).

In Phase One of the analysis, document analysis, interviews with the programme coordinator, program facilitator and lesson observations were used in order to give description of the MFMC programme in response to ‘Goal A’ of this study. The data analysis during this phase is presented in Section 4.2 (see also Appendix 1, Analytic Memo 1).

In Phase Two of the analysis, interviews with the programme coordinator, programme participants and focus group discussions were used in order to explore and establish the link between HIV and AIDS, and the environment, as represented in the MFMC programme, and as experienced by MFMC programme participants within their communities, and as represented within MFMC programme. This analysis was done in response to ‘Goal B’ of this study. This data is presented in Section 4.3 (see also Appendix 2, Analytic Memo 2).

Thereafter, in Phase Three, the study involved the analysis of data from documents, interviews with program coordinator, program facilitator, school principal, lesson observations, focus group discussions, and learners’ reflection sheets in order to describe how MFMC enhances the strengthening of learners’ capabilities in response to ‘Goal C’ of this study. This data is presented in Section 4.4 of this study, (See also Appendix 3, Analytic Memo 3).

Phase Three was then followed by Phase Four of data analysis. This phase made use of a comparative analysis of different programmes in Southern Africa, in order to explore practices

across different HIV and AIDS programmes that could be utilised to inform the MFMC programme, in response to ‘Goal D’ of this study. This data is presented in Section 4.6 of this study (see also Appendix 4, Analytic Memo 4).

The categories and sub-categories of the research can be summarised as follows:

**Categories for Phase One: Description of the MFMC programme**

*Background information of the MFMC programme*

*Aims and objectives of MFMC programme*

*Curriculum and methodological strategies of the MFMC programme*

*Tensions and contradictions within MFMC programme*

**Categories for phase Two: Established interrelations between HIV and AIDS and the environment, as experienced by MFMC programme participants within their communities and as represented within MFMC programme**

*Food that learners and their family buy*

*Food that learners and family collect from the veld*

*Food that learners and family grow*

*Food supplied by the government*

*Sources of food for people living with HIV and AIDS*

*Methods of sourcing food they value/prefer and why*

*Representation of the relationship between HIV and AIDS and the environment as experienced by participants within MFMC programme*

**Categories for Phase Three: Aspects contributing to the development of capabilities within MFMC programme**

*Acquired Knowledge and skills*

*Acquired Values and attitudes*

*What learners prefer/value learning within the MFMC programme?*

*Other aspects that represent opportunities for the enhancement of the development of learners’ capabilities within MFMC programme*

## **Categories for Phase 4: Practices from different HIV and AIDS programmes that could inform MFMC programme**

*Description of the background of the compared programmes*

*Aims and objectives of the compared programmes*

*Curriculum and methodological strategies of the compared programmes*

*Youth involvement and how it affects them*

The research categories and sub-categories created through emerging themes enabled comparison across the data for establishing connecting relationships among data sources. The purpose of formulating these categories or sub-categories was to respond to the aim, goals and questions of this study, and to help with the presentation of the data in Chapter Four. The analytic memos were used to process the raw data, interpret, make meaning and draw conclusions, which are discussed in Chapter Five of this study.

### **3.7 Ethical aspects**

Janse Van Rensburg has noted that, “research ethics refers to the moral dimensions of researching our decisions of what is right or wrong while engaged in research” (2001, p. 28), while Bell (1987, p. 52) states that, “permission to carry out an investigation must always be sought at an early stage as soon as you have a project outline and have established that the topic is feasible”. Prior to data collection, I honored these ethical guidelines by writing letters to the Omuthiya circuit inspectorate of education, and the two schools that I hoped would participate in the study. I also wrote another letter to the local hospital to request permission to use the Omuthiya constituency HIV and AIDS statistics in the report, but I was not able to gain permission, because the Hospital manager was on leave.

Although the inspector of education granted permission for the study to be carried out at the two schools requested within the circuit, the study was not possible due to the fact that the MFMC programme was not active at both schools at that time. This is when I wrote a third letter to the principal of the school where I teach, who gave me permission to conduct the research at the school (See Appendix 12).

As soon as I was granted permission to conduct the research, I arranged a meeting with intended participants in the research to explain to them the aims of the study, including the levels of commitment involved. This was easy for me, since I teach at the school. Those involved in the study were learners I teach, and the rest were colleagues with whom I work. At this meeting, I asked if they would like to participate in the study, while emphasising that they should feel free to cease participation in the research at any point if they so wished, without having to justify their decisions. At the same meeting, I negotiated consent from the participating teacher and learners to digitally record interviews and lesson interactions.

To ensure that participants felt free and non-threatened, all participants were assured of anonymity. This meant that neither individuals nor institutions would be identified in the final report by using codes instead of real names. This proved to be important in building a relationship and trust that would encourage open and honest discussions between participants and myself. I informed both the inspector of education and the school principal that they would not have access to the raw data, but only to the interpretation thereof, and that interview transcripts would only be accessible to research participants for member-checking purposes. In this way, the confidentiality of the raw data was ensured. I further explained that in accordance with the principle of anonymity, I would use unique codes for all research participants, so as to protect their identity and ensure non-traceability.

Prior to the interview process, the following preliminaries were carried out:

Reminding the participants of the aims of the interview;

Reminding the participants of the purpose of recording the interviews and reassurance of anonymity in the report;

Asking the participants whether they would like to be videotaped or voice recorded; and

Giving the participants an opportunity to ask any questions.

Furthermore, this study took cognisance that power dynamics in social research interactions are most likely to be inevitable. Van der Riet and Boettiger (2014) state that power dynamics manifest in power, knowledge and participation in terms of who talks and who acts, whose

knowledge and perspective is presented, whose language is used and how knowledge is produced. They further state that power can be manifested in various forms, such as gender, age, level of education, and ability to speak in the same language as the researcher.

During this study, at various points, from the time permission was granted by the circuit inspector and then by the school principal for the study to take place, there was an exchange of power between myself, the facilitator and the participants. There was dynamics of power where by the facilitator would ask questions to participants, and as the participants responded, the interaction became pre-dominantly one-way. Knowledge was extracted from participants, recorded and taken by researcher to be used for other purposes and at this point I had the power to extract and discard the generated knowledge to fit the purpose of the study. During these processes, I needed to be conscious that my role had changed from that of a teacher and colleague to that of a ‘researcher’ in my school. I needed to ensure that I did not impose my ideas on my colleagues (the facilitator) during lesson observations and also that I did not give the impression that the facilitator and learners were obliged to participate in my research because I was a teacher in the school. It was for this reasons that a meeting with the research participants was held prior to the commencement of the study to explains participants levels of commitments and rights as explained earlier in this section

Furthermore, I should admit that there were times whereby my power as researcher had influenced the type of knowledge that was generated. For example, during classroom observations, the facilitator under my guidance tasked the participants to record the kind of knowledge, skills, values and attitudes they had learned/acquired during the lesson interactions, in their reflection sheets. However, because this research is a kind that emphasis the gathering of local knowledge and experiences in participants local contexts, the knowledge gathered was experiential and based on the knowledge participants possess that is based on their everyday practices and experiences embedded in their particular local context. On the contrary, although efforts were made to encourage all participants to feel free to share their views and opinions, it proofed impossible to involve every participant in the discussions during lesson observations and the focus group discussions. As a result, the knowledge and experiences represented is that of the

participants who had the freedom and ability to express their opinions while the views of the other participants are not.

### **3.8 Reliability and Validity**

One aspect of validity is “whether an item measures or describes what it is supposed to measure or describe” (Bell, 1987, p. 65). Where I used interviews to find out from learners what knowledge, skills and attitudes they acquire through this programme, I asked questions aimed at producing the information that I needed.

In order to further ensure validity, I provided ‘thick descriptions’ of characteristics, processes, transactions and context of the MFMC programme (Terre Blanche & Durrheim, 1999).

Furthermore, Gold (1997, p. 399) states that in order to achieve reliability and validity, one should ensure that “appropriate and adequate sampling procedures, I established a systematic process of data generation, data analysis and storage, which allowed easy access to data retrieval, as discussed earlier under (Section 3.5).

In order to further ensure validity of the data generated, lesson observations enabled triangulation of data generated during the document analysis, and interviews phases of data collection. This was achieved through comparing data that emerged across all data generating tools, searching for patterns and differences. Such ongoing reflexive triangulation and cross-referencing of data contributes to the validity and reliability of the findings in order to produce a full and balanced study (Bell, 1993 and O’Leary, 2004).

While transcribing data, if some information was not clear from the voice-recorded interviews, I checked with the participants to clarify what they had said.

My long-term relationship with the programme (Section 1.5) meant that my interpretation was at risk of being biased. In my attempt to avoid observation bias, I employed three means. Firstly, through interviewing the facilitator whereby she expressed her perceptions of the programme. Secondly, through interviewing participants, and lastly, through observation of lesson

interactions, which clarified the teaching and learning strategies of MFMC programme. This data from different methods enabled triangulation and helped me minimise bias.

### **3.9 Limitations of the study**

The following lessons were learned through conducting the study:

- a) This project faced many challenges: (1) The two schools that I chose to do the case study for some reason could not take part in the study, and did not reply to my request. As a result, I had to write a third letter to the school principal of the school where I teach, where I gained permission to carry out the case study; (2) Some important institutions that could have added greatly to the study took too long to respond (e.g. Omuthiya District Hospital).
- b) In defining the aims of the study for interlocutors and participants, the research question proved not to be clearly defined. As a result, I have learned that it is important in research to focus on this aspect so as to avoid the collection of data that is irrelevant to your study.
- c) Social science researchers emphasise the importance of having multiple ways of recording and storing data. It was surprising for me to learn that even in cases where observations are required and you as researcher are not available to capture the moments yourself, you can ask a reliable person to capture the moments for you. Of the two lessons observed, I could only observe one interaction myself and due to other commitments, I relied on a colleague to capture the moments of the second lesson interactions on video. However, relying on my colleague also had its setbacks. I had recordings of a lesson interaction which showed the film upside down, or where, instead of recording the people as they engage in the interactions, there was an image of a window or a desk. This made it very difficult for me to work out which participants said were communicating at certain times.
- d) It is important to check the compatibility of the tools intended for data recording, for example, camcorders and the SD cards. Although I planned to record all lesson interactions and interviews, at first I had a technological challenge as the camcorder could not record properly due to compatibility problems with the SD card used. I was obliged to resort to using an observation schedule in order to record the interactions.

- e) I learned that some topics, such as HIV and AIDS, are very sensitive, which makes it difficult for participants to engage research participants meaningfully in the research. In this case, I left the personal (sensitive) questions for the one-on-one interviews, while the more general and not so sensitive issues or questions formed part of the focus group discussion.

### **3.10 Conclusion**

The methodology employed was described as oriented within a qualitative interpretive paradigm and the methods described were relevant to this methodology. The chapter gave a descriptive overview of how the methods were employed; starting with the document selection, analysis of learners' reflection sheets, in-depth semi-structured interviews, lesson observations, and focus group discussions, all the way through to data presentation and interpretation.

Chapter Four includes presentation and description of the categories that emerged during the analysis of data generated. Throughout Chapter Four, I needed to be focused on the purpose and objective of this study. It was necessary to keep in mind the research questions and intentions of this study regarding the exploration of opportunities for an integration of a focus on environmental issues and risks into MFMC program as well as exploring how the program develops learners' capabilities to respond to these issues and risks.

---

## CHAPTER FOUR:

### DATA PRESENTATION AND ANALYSIS

---

#### 4.1 Introduction

Chapter Four presents the themes that emerged during the data analysis process through the application of data generation methods presented in Chapter Three. The chapter provides a “thick description” of the MFMC programme, and of aspects posing possibilities for the integration of a socio-ecological perspective on the HIV and AIDS pandemic into the MFMC programme.

The presentation of data in this chapter was based on the themes identified in the analytical phases. The chapter is presented in six (6) sections. Section 4.2 represents a descriptive overview of the MFMC programme, in response to ‘Goal A’ of the study. Section 4.3 presents evidence that supports how participants experience the interrelationship between HIV and AIDS, and the environment, in response to ‘Goal B’. Section 4.4 discussed the aspects contributing to the strengthening of learners’ capabilities within the MFMC programme, (in response to ‘Goal C’ of the study). Section 4.5, presents a comparative analysis across four (4) HIV and AIDS programmes in order to inform the MFMC programme, in response to ‘Goal D’ of the study. This is then followed by a conclusion of the chapter in section 4.6.

#### 4.2 Description of the MFMC programme

The data presented here is drawn from the data analysed during analytic Phase One of the study, as outlined in section 3.6 (see also Appendix 1). The raw data represented in this section is drawn from document analysis, interviews with both the programme coordinator, programme facilitator, and the school principal. The section also draws data from lesson observations, focus group discussions and the learners’ reflection sheets. The intention is to present data relevant to respond to research ‘Goal A’ of the study, which focuses on the history and teaching and learning processes of the programme under review.

##### *4.2.1 A brief description of the background of the MFMC programme*

*The National policy on HIV and AIDS for the education sector* states that AIDS has caused the life expectancy at birth to fall from 58.8 years to 43 years. They also report the increase in medical care and the loss of workers, parents and children to be staggering, especially among the economically active age groups of 15-49 years. In this document, the concern is that “HIV and

AIDS will continue to impact the education system, as well as human development in Namibia” (DOC1, p.1).

The Workplace HIV and AIDS policy for the education sector also states that HIV and AIDS is the single largest threat to the development of Namibia, and that its impacts are felt at every level of society, as it affects people who are the fundamental building blocks of our social and economic development (DOC8, p. 1).

Furthermore, the Programme Coordinator (PC) revealed that the issue of HIV and AIDS in Namibia dates back to the 1980s. By that time, HIV and AIDS was only known as a “*gay disease*” (INTR 1, transcription p. 1). He also stated that only after independence did the Namibian government put measures in place to mitigate against the spread of the disease.

In order to counter this situation in the country, the government of Namibia and UNICEF implemented the MFMC program in 1997, where “*the programme was designed to reach young people with sexual health information as well as strengthen young people’s communication, negotiation and decision making skills so that they are able to make safe choices related to their sexual health and associated risk behaviours*” (DOC7, p. 1).

The Programme Facilitator further affirmed that the realisation was made that the country was facing a crisis of massive proportions due to HIV and AIDS. She further stated that among those affected are the country’s children many of whom “become vulnerable and orphaned and are at risk of future infections”, hence the advent of MFMC programme (PF, p.1).

The Program Coordinator further explained that it was only after 1990 that the Namibian government identified education as one of “*the key strategies to combat the disease*”. The government embarked on an educational drive, which included curriculum development and reform, with the inclusion of HIV and AIDS education programmes, and a mass media drive to promote public awareness and healthy sexual behaviour (PC, p.1).

Both the Programme Coordinator and Programme Facilitator confirmed that the Namibian government had to consider its responses at various levels: politically, socially and educationally, hence the advent of the MFMC programme.

The program coordinator explained the government's decision to include HIV and AIDS in an education programme as due to the belief that the disease should be fought "*at the grassroots*". He further explained that the government felt it better to put the problem in books, mainstream it into the education settings and educate people from a very young age, so that they would be a lot wiser by the time they reached a sexually active age (PC, p. 1).

The program facilitator further explained that the MFMC programme is an initiative of the Namibian government in collaboration with non-governmental organisations (NGOs) such as UNICEF and Global Fund (PF, p. 1). She further reported that these NGOs, together with the line ministries such as the Ministry of Education HIV and AIDS Management Unit, and the Ministry of Health and Social Services, worked together to train teachers and some youth from the communities, so that they would be able to educate school learners or peers about HIV and AIDS prevention (see also DOC2 & DOC3). Furthermore, the programme coordinator stated that the program is funded by non-governmental organisations (NGOs) such as UNICEF, the Global Fund and UNAID, but with very little input from the government. He maintained that "*the programme is not really government funded*" (PC, p.1) see also (DOC7).

He further attests that, to date, there are many MFMC clubs taking place in all 13 regions of country, and that there are organisations in partnership that facilitate the running of these HIV and AIDS programmes (PC, p. 1). These data helped with the understanding of the reasons why the MFMC programme was established. This understanding may be used later to determine whether the aims of this study will be achievable or not, especially with regard to the integration of a focus on socio-ecological issues.

#### *4.2.2 Aims and objectives of the MFMC programme*

The National policy on HIV and AIDS for the education sector states that the aims of the MFMC program is to prevent the spread of HIV infections, to reduce excessive fears about the pandemic, to reduce the stigma and discrimination associated with HIV and AIDS, and to foster non-discrimination associated with HIV and HIV attitudes towards persons with HIV and AIDS (DOC1).

The interview with the Program Facilitator revealed that the aims of the programme is to empower school learners to establish and run HIV and AIDS Awareness clubs so that they can educate fellow learners on HIV prevention, care issues (PF, p. 1). She further noted that the programme aims to empower learners with skills to deal with social issues such as teenage pregnancy; sexually-transmitted diseases, alcohol, drug and sexual abuse (PF, p. 1). Similarly, the School Principal felt the programme to be of benefit, as it teaches children how the disease is spread and how to prevent infections. She further stated that the programme teaches children *“how to live with the virus”*. She also explained that the programme provides information on *“how to prevent teenage pregnancy because most learners leave school due to pregnancy”*. She concluded by stating that the programme gives the correct information for the learners to make wise decisions for their future. In addition, the school principal expressed her concerns regarding the MFMC programme, and explained that although the programme is a good initiative, she also feels that the programme is not effective enough, because, *“although the aims of the programme are to prevent infections and teenage pregnancies, young girls continue to fall pregnant”* (SP, p. 1-2).

The National policy on HIV and AIDS for the education sector (2003) further clarifies that the purpose of the HIV and AIDS education programme is to prevent the spread of HIV infection and the resultant consequences, such as high mortality rate amongst orphans and vulnerable children. This document further emphasises the importance of educators ensuring that learners and students acquire age and context-appropriate knowledge and skills in order that they may adopt and maintain behaviour that will protect them from HIV infection (DOC 1).

MFMC Facilitators’ and the Participants’ Guides states that the main objectives of the MFMC education programme are to prevent young people from becoming infected with HIV and other STIs; to prevent unwanted pregnancies and the abuse of alcohol and drugs; by providing facts about pregnancy, STIs, HIV and AIDS, alcohol and drugs and information on contraceptives (DOC2& DOC3). The programme also aims to develop assertiveness, decision-making and problem-solving skills, improve communication between the sexes, and between adults and youth, to provide information on living with HIV, and to raise awareness about the stigma experience by people who have HIV (DOC2 &DOC3).

Understanding the aims and objectives of the MFMC programme is important to this study in order to assess and evaluate how the programme enhances the strengthening of learners capabilities to respond to the resultant effects of the HIV and AIDS pandemic within their communities. The data presented here is therefore vital in response to ‘Goal A’ of this study.

#### *4.2.3 Curriculum and Methodological strategies of the MFMC program*

The program coordinator claims that the programme is designed in such a way that “*learners learn by doing*”; that the learners are involved in the programme where it is not the case that “*somebody dishes out [sic] the information to them*”, but where learners learn by themselves (PC, p. 1). This is also affirmed by MFMC facilitators’ guide (DOC1) that the approach aims to encourage young people to think for themselves, and to take responsibility for their future and development. Furthermore, the approach is based on the experience that people learn best by doing, and by making learning fun (ibid., see also DOC2). Furthermore, the MFMC programme is designed in such a way that they are given or facilitated by the out of school youth with the belief that “*learners at this age learn better if listening to someone from the same age group*”, because it is mostly based on general discussions, where learners have to open up and discuss issues openly (PC, p. 2). This was evident in the second lesson observation, where the facilitator (who is a teacher) read statements, and although these were discussed in a satisfactory manner in the sense that most participants in the club were actively involved in the discussions and brainstorming of ideas; there was an incidence where a participant feared expressing his concern over whether HIV positive teachers ought to be allowed to teach or not (see section 4.4.4). However, in order to address such problems, the teachers’ guide for teaching about HIV and AIDS made easy (DOC5, p. 4) suggests the “use of older learners as helpers especially learners who may have gone through a MFMC training”.

According to the MFMC facilitators’ guide, the MFMC programme is a ten session programme (DOC2), and the programme coordinator further states that “the programme targets youth in and outside school” (PC, 1).

The Program Facilitator (PF, p. 3) testified that the number of participants in a club does not matter, and that what matters is the “*motivation and energy and the consideration of the age*

groups”, where the MFMC facilitator’s guide and participants guide both stated that the minimum number of participants ought to be 20, and does not give an upper limit.

The table below outlines the components of MFMC education programme.

*Table 4.1: Composition of the MFMC education programme*

Targeted age groups	15-18
Targeted Grades	8-12
Recommended facilitators	Trained out of School Youth
Composition of program	Divided into two groups (15-16 and 17-18 separate) with 10 session each
Duration of each session	2 hours and meet twice a week
Number of participants (min)	20
Form of participation	Voluntary

The MFMC facilitators’ guide outlines the structure of the programme as follows:

- MFMC sessions can be done in five weeks by conducting two sessions per week;
- in three weeks, by conducting four sessions in the first week, three sessions in the second week and another three sessions in the third week;
- MFMC can also be conducted over three weekends of two sessions each day, with a one-hour break between each session.

The guide further state that the ten sessions are estimated to take about two hours each (DOC2).

According to the *Adolescents and HIV and AIDS: My Future is My Choice* document, activities for each session or topic are divided into four stages. The first activity is ‘Let’s play’, whereby the facilitator uses games to teach skills in a fun way, in order to relax the participants (DOC7). The second activity is ‘Let’s do’, which comprises of activities to practice what they have

learned. The third activity ‘Let’s talk’, uses questions and discussions to help participants to think critically. Lastly, the ‘closing circle’ is a relaxing exercise and closing discussion on each question (DOC7).

The *Teaching about HIV and AIDS Made Easy Teachers’ Guide* (DOC 5) stipulated that it is not the role of the facilitator to tell the participants what to do. The role of the facilitator is to ask the kind of questions that will allow them to see and analyze the results of their past and future behaviors. Facilitators should also help them to see how they can make decisions that will protect their future. Facilitators need to create an environment where young people feel free to speak and to grow. The facilitator need good communication skills, trust and to respect in order to build this among the members of the group (DOC5,).

In addition to the above, *Teachers’ Guide* further warns that managing different age, sex and cultural groups can be challenging, because a person’s age, sex and culture will affect how they view sexuality (DOC5, p. 33). The guide states that it is therefore essential to group participants by age and/or sex when doing group work. “As much as possible, it is important to keep girls and boys together in same-sex groups so they can hear each other’s perspectives” (p. 33) and learn how to communicate with each other, but there may be times when it is effective to put them in separate groups. The interview with programme coordination (PC, p. 1) revealed that “*the program considers the rights of all people and is designed to fit the specific age groups of the participants*” and that the programme is run accordingly. Similarly, the national HIV and AIDS policy for the education sector states that “educators should ensure that learners acquire age and context appropriate knowledge and skills” (DOC1, p. 3). The policy states that “age and ability appropriate education on HIV and AIDS must form part of the curriculum for all learners” (DOC1, p. 7). Furthermore, HIV and AIDS information must be sensitive to the age, gender, culture, tradition, faith and beliefs of all participants involved (DOC8, p. 4).

Based on the principle that people ‘learn best by doing’ (*MFMC Participants’ Manual*, DOC3), the *Teaching About HIV and AIDS Made Easy Teachers’ Guide* has identified the following as effective methodologies for the facilitation of HIV and AIDS programme; using learner-centered activities, interactive, observational and rehearsal strategies, letting them (learners) speak, and involving others outside the school such as health experts, social workers, testing center workers

and policymakers. The guide explains that there are a variety of approaches to complement these methodologies, such as; small group discussions, brainstorming, value questionnaires, drama, role-play, field trips, storytelling etc. The methods are aimed at capturing learners' attention and keeping them interested in what they are doing (DOC5). The guide explains further that "at no time are teacher-centered education activities more important than when teaching about sexual health, learners need to go through a process of realizing how they can keep themselves healthy and the only way to do this is through learner-centered activities" (DOC5, p. 33). This was observable during the two lesson observations, where, during the session or at the end of the session, the facilitator would make remarks that would correct learners' erroneous or otherwise misguided perceptions (see section 4.4.3).

In order to make learning more fun and interesting for the MFMC programme participants, the *Teaching About HIV and AIDS Made Easy Teachers' Guide* further outlined some useful Club activities that can be used within the MFMC education programme learning processes, such as group discussions, case studies, advice columns, picture and photographs, talks and panel discussions (DOC 5, p. 4).

The document further suggests debates, quiz contests, games, condom demonstration, drama, role plays, poster banners, rallies and walks, community service projects, poems and stories, fairs, festivals and sporting events, field trips and educational visits, competitions and video shows to make learning interesting to participants (ibid.).

#### *4.2.4 Tensions and contradictions within MFMC programme*

The Program Coordinator revealed that the MFMC programme is funded by Non-Governmental Organisations such as the UNICEF, Global Fund and USAID, with very little input from the Namibian government (PC, p. 1-2). However, his concern is that if people are giving you funds, "you have to dance to their tunes [sic]" (PC, p. 1). Sometimes the funders do not really care about your culture. The facilitator further explained that UNICEF "design the programme and no matter the input you want to add, they already have the preset standards of the programme that you have to follow and they want to see the programme run exactly according to what they have planned in the programme" (PC, p. 5). He further explained that "sometimes there are

*things that you want to cut out from the programme that the community is not happy or comfortable with simply because they do not fit with the cultural values and norms of our people in our region and to add others”* (PC, p. 5). But, the funders will want and expect the programme to run the way it is designed *“simply because that is what they are funding”* (PC, p. 5).

The Program Facilitator revealed that parents’ perspective remains a challenge whereby *“learners have been withdrawn from the programme by their parents they think that their learners are being encouraged to have sexual relations”* (PF, p. 3). The Programme facilitator further explained that parents do not condone and *“are against the distribution of condoms; they think this will encourage the children to be sexually active”* (PF, p. 3). The *teaching about HIV and AIDS made easy* teachers’ guide emphasises the involvement of the parents, such that they might be *“with us”* and not *“against us”*. The parents’ involvement will encourage them to support the message of the school and provide valuable education for them as well (DOC5, p. 33).

Furthermore, the school principal expressed concern over the fact that she feels that *“very young children are being fed with too much information which can be dangerous”* (SP, p. 1) and the fact that although they are being taught about prevention methods, the children engage themselves in risky behaviours leading to teen pregnancy, and consequently, a high rate of school dropouts, especially among girl children (SP, p. 3). On the contrary, the programme facilitator has reported that boys are not interested in participating in these initiatives, because they are shy; they assume *“others will label them as HIV victims”* (PF, p. 1).

#### **4.3 Interrelationships between HIV and AIDS and the environment within learners’ communities as well as within the MFMC program**

The data presented here is drawn from the data analysis during Phase Two of the study (see Appendix 2, Analytic Memo 2). In this study, the interrelationship between HIV and AIDS and the environment was established through analysis of interview responses of the learners in terms of the sources of food currently utilised by the programme participants and their families, the preferred method of sourcing food and the reasons why such preference is made.

Further analysis of the interviews and focus group discussions contributed to the representation of data in terms of how HIV-infected people secure healthy diets, as this may be experienced by the learners in their communities. The study also drew from the analysis of interviews with the program coordinator, and the program facilitator responses to discuss other issues representative of the interrelationship between HIV and AIDS, and the environment, as presented in MFMC programme.

The section aimed to look for the views, suggestions and ideas of the participants that would suggest opportunities towards realising the integration of socio-environmental issues and risks into the MFMC Education programme's teaching and learning processes. This section presents descriptions of the ideas and opinions of the participants of the study, with regard to how they perceive HIV and AIDS connections to the environment, and how a focus on environmental issues and risks is integrated into the MFMC programme learning processes. In Chapter Five, these ideas are interpreted to frame answers that respond to the primary research question of this study.

The intention is also to present data relevant to respond to research 'Goal B' of the study, which focuses on the exploration of how learners experience the relationship between HIV and AIDS and the environment within their communities, and as represented within the MFMC programme.

#### *4.3.1 Food that learners and their family buy*

When asked which kind of food was bought by the family, it was surprising to know discover that at least fourteen families out of the sixteen learners who took part in the interviews revealed that most of the food they buy are heavy in carbohydrates. However, only five interview participants revealed that they also buy protein-rich food.

For example, with exception of Respondent Two, who said that they do not buy food (IR2), the first respondent said that they buy maize meal to mix with mahangu (millet) meal, meat, soup, oil and onions (IR1, p. 1). Interview Respondent Three said they buy chicken and maize meal (IR3), while Respondent Four reported only sometimes buying rice, macaroni and potatoes (IR4). Interview Respondent Five revealed that in their house, they buy rice, potatoes and bread (IR5), whereas Respondent Six revealed buying bread, meat and maize meal (IR6). "We buy

Macaroni, maize, meat, fish and many things” (IR7, p. 1). Respondent Eight and his family bought rice and macaroni only (IR8). Respondent Nine said, “no, everything we eat, we make at our house” (IR9, p. 1). Respondent Ten and her family buys macaroni, rice, potatoes and meat (IR10), while the family of Respondent Twelve buys macaroni, maize meal and bread (IR12). Interview respondent thirteen and his family buy macaroni, spaghetti and bread (IR13). We buy Macaroni or rice, fresh tomatoes, and onions (IR14, p. 1). Rice, soups, onions, spice and etc. (IR15, p. 1) and interview respondent sixteen and family buy meat, milk, rice, macaroni and cooking oil... and those beans in tomato sauce, beef and fish (IR16).

#### *4.3.2 Food that learners and family collect*

During the analysis of learners’ interview responses, it was revealed that only one interview respondent showed that they do collect some food from the veld and bushes around their home. In particular, the interview respondent reported collecting wild berries like eembe, onyandi and oondunga. We use the ondunga to make ombike (a traditional alcoholic brew)(IR7, p. 2). On the contrary, the rest of the interview respondents said that they did not collect any food stuff from the veld or bushes around them.

#### *4.3.3 Food that learners and family grow*

When asked whether they owned a garden and grew their own food, it was discovered that fourteen out of the sixteen interview participants owned gardening fields. It was also discovered that in most households, the learners and their families grow carbohydrates and protein rich foods. However, only eight respondents revealed that they also grow food that provides vitamins.

Furthermore, this is what the interview respondents had to say. Interview Respondent One said that they do grow some food like mahangu, maize beans and pumpkins (IR1, p. 2). Interview Respondent Two said that they grow maize, mahangu, beans, water melons etc. (IR2, p. 2). Interview Respondent Three said that they grow millets, maize, beans, and ground nuts (IR3, p. 2). Similarly to Respondent One, Respondent Four revealed that they grow mahangu, maize, beans and pumpkins (IR4, p. 2). Respondent Five said that they grow mahangu, maize, water melons, pumpkins and beans (IR5, p. 2). Respondent Six revealed that they grow mahangu, maize, beans, pumpkins and watermelons (IR6, p. 2). In addition to growing mahangu, maize and beans, Interview Respondent 7 said they also grow sugar cane (IR7, p. 2). Interview

Respondent Eight and family grow mahangu, maize, sorghums, beans only (IR8, p. 2). Respondent Nine and family grow carrots, cabbage and watermelons (IR9, p. 2), while Respondent Ten and family grows fruits and vegetables such as spinach, onions, cabbage, tomatoes, mahangu and beans and sorghums and ground nuts (IR10, p. 2). Respondent Eleven and family grow maize, beans, mahangu, ground nuts and sugar cane (IR11, p. 2), whereas respondent sixteen revealed that they grow mahangu, maize, beans, watermelons and ground nuts (IR16, p. 2). However, the following interview respondents showed that they do not grow any food at all (IR12, IR13, IR14, IR15, p. 2).

#### *4.3.4 Food supplied by the government*

When asked whether their families receive any food supply from the government, six of the interview respondents said that they do not receive any food supply from the government (IR3, IR4, IR5, IR6, IR13, IR15, p. 3).

The remaining ten participants revealed that they are supplied some food from the government, which is mostly carbohydrates, proteins and fats. This is evident when interview respondent one said *“the government provides us with maize, fish, and sometimes oil”* (IR1, p. 3). Interview respondent two also said that the government supplies them with fish and oil (IR2, p. 3). Then again, interview Respondent Nine and interview Respondent Ten said they get maize meal, fish and cooking oil (IR9, IR10, p. 3). Interview Respondent Eleven explained that the government supports them, because they are orphans. *“We get bread flour and cooking oil from the government. We also get money and we use that money for the needs of the house and our needs”* (IR11, p. 3). Furthermore, interview Respondent Sixteen explained that they get only maize and cooking oil every year. *“They use to give us food because of flood. When they give to those affected by the flood, they bring us the left-overs to this side, and they also gave us because we are orphans. They also give us because there are old people in the house”* (IR16, p. 3).

#### *4.3.5 Learners preferred method of sourcing food for their families, and their reasons for this choice.*

When asked what they value doing between buying and growing their own food, most learners preferred growing their own food. For example, interview respondent one prefers growing because buying might be costly (IR1). Interview Respondent Two also prefers growing food *“so*

*that I will have enough food. If I have enough food I can sell and get money” (IR2, p. 3). “Now I prefer growing because there is nowhere else to get money from. Later I will be working so I will spend on buying food because I have money” (IR3, p. 3). Interview Respondent Four prefers producing his own food, because sometimes you can sell it to produce a lot of food, and use the money to pay school fees (IR4). Interview Respondent Five also prefers growing food because food in the shops is too expensive, and there is not enough money to buy the sufficient amount of food obtained instead through home cultivation (IR5). Interview Respondent Six explained that because your food does not cost you any money and you have more food than the ones you buy, that is why he prefers growing his own food (IR6). Interview Respondent Seven prefers to produce his own food, because it’s cost-effective (IR7), while interview respondent eight prefers growing food, because sometimes money is scarce. “I get food and income from maize and beans” (IR8, p. 4), and therefore prefers growing his own food. Interview respondent none prefers growing his own food, because to buy your food, it is costing a lot and then when you are planting your crops, you just go to buy seeds and then it will not cost you much money to produce your crops (IR9). Interview respondent twelve prefers growing their own food, “because sometimes food is very expensive in shops” (IR12, p.4). “I prefer growing because, you are working on your own to get food then buying food. Sometimes we don’t use to have money, we just use to grow our own food” (IR14, p. 4). “I prefer growing because I will save money for better things like clothes because most of the time we just spent money on food while you don’t have money for school stationary or clothes to wear” (IR15, p. 4). Respondent Sixteen preferred “growing because is where I can take care of my own garden/field, planting fruits and vegetables for ourselves and the community as well” (IR16, p. 5). On the contrary, Respondent Eleven preferred “buying because I do not like working in the field because it is really tough and I don’t like sweating in the sun” (IR11, p. 4).*

#### *4.3.6 Sources of food for people living with HIV and AIDS*

With regard to people living with HIV and AIDS, when asked how people living with HIV and AIDS can secure food, learners responded that they can cultivate land and grow food so that there will be enough food for them and that if they plant more, they can sell some, and get money.

Interview Respondent One explained that HIV and AIDS infected people get fish and oil from the government. The respondent further suggested that the best way to secure that these people have access to healthy food is to talk to the government to provide people with food (IR1). However, Respondent Two suggested that they (HIV and AIDS infected people) should cultivate food so that there will be enough food for their families. The respondent further explained that if they plant more, they can sell the rest and eat as much as you want (IR2). Respondent three suggested buying food towards a balanced diet (IR3). Respondent Four suggested that (those who were healthy and strong) could make a garden and grow vegetables, as well as cook, and then give this to the HIV infected (IR4).

Furthermore, Respondent Six suggested that when they are coming to get their ARVs at the hospitals, the government must contribute some foods to the doctors to give each and every one who is coming to get their tablets (IR6).

Similarly, interview respondent eleven suggested that *“we tell them to make their own gardens and grow their own fruits and vegetables so that they can boost their immune system and keep themselves healthy so that the disease will not get them that much”* (IR 11, p. 6). *“They must grow food that they need for their health and not to be weak”* (IR 14, p. 6). The need to tell people living with HIV and AIDS the importance of growing their own vegetables was expressed by FGD 1-R 7 (AM p.3). Other learners felt that it should be the responsibility of *“the government to provide these people with the necessary food that they need since some are unemployed”* (IR 9, 5). Interview Respondent Fifteen would like the government to provide HIV and AIDS sufferers with healthy food, to ensure that they remain strong. He further explained that, it might be possible that HIV-positive people are more skilled than those who are HIV-negative. By feeding them, this respondent feels that the government will benefit because they have the skills and if they eat well, they will be strong, and be able to use their skills towards the development of the country (IR15).

#### 4.3.7 Representation of the relationship between HIV and AIDS and the environment within the MFMC program

When questioned about the relationship between HIV and AIDS, and the environment, MFMC leaders presented a different view of the socio-ecological aspects of the disease to the food security and source use aspects presented in Section 2.3.

According to the Programme Coordinator, with regarding the environment, “*there are some environmental concerns that can be implicated on HIV for example, if too many people are dying, how about the space where they are going to be buried, and the graveyards? Obviously trees have to be cut to make provision for burial space and the graveyards will finish the space*” (PC, p. 2-3). He also explained that “*the plastics (rubber) that people are using can cause litter and land degradation and they don’t decompose easily*” (PC, p. 3).

Furthermore, the Programme Coordinator further stated that he has not seen anything directly connected HIV to the environment; stating that it is probably something that needs to be considered and developed (PC). He stated that it was not something that they were doing “but, somehow, when you are teaching learners how or where they should keep the used condoms, it is a responsibility with consideration of the environment. Somehow, people have thought about what plastic might do to the environment” (PC, p. 3-4).

During the interview with the Programme Coordinator, when asked whether he saw any links between HIV and AIDS and the environment and whether the programme responds to environmental issues that result from HIV infection, he responded that, “*there is no direct connection of HV and AIDS and the environment*” (PC, p. 2-3). The interview with the Coordinator however revealed that HIV and AIDS in fact does impact the environment, where, he noted a lack of appropriate and sufficient burial space. He further stated that the plastic containers used for medicine and condoms (rubbers) may be scattered in the environment, causing litter and land degradation, while this is the environment that we need to preserve. Despite making these connections, he noted that “*our programme does not deal with environmental issues*” (PC, p. 3).

The interrelationships between HIV and AIDS, and the environment within MFMC programme is experienced through the fact that, according to the *MFMC Facilitators’ Manual*, Session 5

teaches participants about positive living and eating healthy food as a mechanism to ensure positive living (DOC2, see also DOC3). In this session, participants are taught the importance of HIV infected people, to eat healthy diets as a way of positive living, and to care for themselves. However, focus group discussions have revealed that the various aspects of healthy diets are not adequately covered or taught within the MFMC programme, but rather mentioned as a method of positive living.

When the learners were asked their opinions regarding the healthy diets' content, the learners felt that it was not adequate, and that it was necessary for people to be given more information regarding healthy diets. The learners felt it necessary to include contents such as which food is healthy food, how to secure these foods, how to prepare them, as well as to grow these foods, as not everybody knows how best to prepare food. This will be discussed further in Section 4.4.3 of this study.

When teaching people about healthy eating, it is inevitable to discuss water, soil/land among other things required to grow crops. This fact presents a link between human nutritional needs and the environment. This implies that HIV and AIDS indeed is not just a public health issue, but it is also socio-ecological, as stated earlier by Bolton and Talman (2010, Section 2.3).

Furthermore, when asked for recommendations or changes that he would like to suggest in order to help improve the programme, the Programme Coordinator indicated the concern and the importance of *“learners to be made aware of the HIV and AIDS implications on the environment”* (PC, p. 3). He further suggested, *“we need consider integrating environmental issues in the program so that learners not only learn about the social aspects of HIV and AIDS but environmental implications of HIV and AIDS as well”* (PC, *ibid.*).

#### **4.4 Aspects contributing to the development of capabilities within MFMC program**

The data presented here is drawn from the data analysis undertaken during phase three of the study (Appendix 3, Analytic Memo 3). The data presented here is drawn from document analysis, learners' reflection sheets, focus group discussions and lesson observations. The intention is to present data relevant to 'research Goal C' of the study, which focuses on how MFMC enhances the strengthening of learner capabilities.

##### *4.4.1 Acquired knowledge and skills in MFMC programme*

During this phase of analysis of learners' reflection sheets, learners have demonstrated that they have acquired different knowledge and skills through their participation in the MFMC programme. One of the respondents wrote that he has learned how to take care of himself and how to live with people who are HIV positive (RS1, p. 1). Respondent two stated that they learned how to care for a person living with HIV, and how people discriminate against people with the disease (RS2, p. 1). Respondent three learned how to treat people with HIV, not to discriminate people with HIV and AIDS, and that a person that is infected by HIV needs help (RS3, p. 1). The respondent in reflection sheets six and seven both stated that they learned how to better treat people with HIV and AIDS (RS6 and RS7). Furthermore, respondent eight wrote that she learned that we should not discriminate against people living with HIV and AIDS, but to take care of them (RS8 and RS13). Similarly, in reflection sheet nine, the respondent also wrote that he learned how to treat infected people, not to discriminate people who are infected with HIV and AIDS (RS9). Reflection sheets ten and eleven both revealed that the participants learned how to treat people living with HIV and AIDS and not to discriminate against people who are infected with HIV and AIDS (RS10 and RS11). Reflection sheet twelve revealed that the participant learned that all people are the same regardless of their status. Reflection sheet seventeen revealed that the participant learned that you can be friends to someone who is positive with HIV and that teachers who are positive have the right to work (RS17).

Respondent Seven of focus group discussion one stated that he learned about the importance of getting tested (FGD1-R7, p. 2). Respondent Three stated that he learned how to treat people equally, if they are positive or not (FGD1-R3). Furthermore, respondent four learnt how to take care of a person who is positive with HIV (FGD1-R4), while respondent six learnt that they

should not discriminate people who are having HIV and AIDS (FGD1-R6). “*I found out that people living with HIV needs to be treated*” (FGD2-P2, p. 1). “*I learnt that we should treat people with HIV and AIDS equal with the other ones who do not have HIV and AIDS*” (FGD2-P4, p. 1).

According to reflection sheet fifteen, they have learned that discrimination is a serious problem in Namibia (RS15, p. 3). The knowledge and skills that the participants have acquired is in line with the policy for HIV and AIDS as it states that, in the interest of the respect for human rights, there shall be no discrimination against a person who is HIV infected, is perceived to be, or who is affected by HIV and AIDS. Unfair discrimination and stigmatisation inhibit efforts for prevention, care, treatment and support. Educational institutions shall adopt a proactive approach to avoiding and eliminating stigma and discrimination as part of this policy.

The national policy on HIV and AIDS for the education sector further states that the purpose of the programme is to prevent the spread of HIV infections, reduce the fears about the pandemic, to reduce the stigma and discrimination associated with HIV and AIDS, and to foster non-discriminatory attitudes towards HIV and AIDS victims (DOC1, p. 3).

#### *4.4.2 Acquired values and attitudes*

The MFMC programme participants have demonstrated that they intend to utilise the knowledge and skills acquired in different ways. For example, reflection sheet one showed that the participant intends to start supporting people living with HIV and AIDS by giving them attention and love they need from him/her (RS1, p. 3). Reflection Sheet Two showed that the participant intend to tell others that they go to the clinic for testing so that they know their status (RS2, p. 3). Respondent Four showed that she intends to treat all people infected or affected equally, and to use the skills gained to give people hope so that they can know that they are still loved (RS4, p.4). Reflection sheet fourteen also reflected that the participant intends to use the knowledge and skills acquired to treat all people living with HIV and AIDS equally, and recognises that we do not stigmatise others who are living with the disease.

The *National HIV and AIDS policy* also states that a person who has contracted HIV need empathy, care, treatment and support. Equal access to comprehensive care and affordable health services is supposed to be guaranteed for all people infected and affected by HIV and AIDS.

Educational institutions are expected to establish or form partnerships with programmes of care and support that guarantee access to treatment and provide counseling services, healthy living information/education on nutrition, positive living and risk reducing sexual behaviour, including life skill education, where relevant (DOC1).

#### *4.4.3 What participants prefer/ value learning in MFMC program*

Learners' Reflection Sheet One shows interest in learning more about teenage pregnancy, how to control it and the bad effects of it (RS1, p. 5). Learners' Reflection Sheet Two shows that the participant would like to learn about new infectious diseases that also need to be tested in a human body and would like to know how to take care of those people (RS2, p. 5). Learners' Reflection Sheets Four shows that the participant prefers to learn how teenage pregnancy can be prevented, and how these people think about themselves (RS4, p. 5). According to Learners' Reflection Sheets Fourteen, the participant wants to know how to test someone (RS14, p. 5). Learners' Reflection Sheets Sixteen shows that the participant has interest in learning about how to take care of people and to feed the sick people (RS16, p. 6). Similarly, Respondent Eighteen also suggested that the programme could add some more content knowledge about various topics, especially on the subject of teenage pregnancy (IR18). This suggestion also came across in a learner's reflection sheets (RS1).

Furthermore, during the focus group discussions programme, participants agreed that the program or the facilitator mentioned that infected people need to eat healthy diets, however, they stated that when asked what they thought about healthy diets, the respondents stated that the information given was insufficient. Respondent One and Respondent Seven from the second focus group discussion both agreed, and stated that eating healthy food is very important, because if the person is infected with HIV, they should eat so that they can be strong (FGD1-R1 and FGD2-R7). However, Respondent Seven from the second focus group discussion further explained that simply telling people to eat healthily is not enough to help them to do so, so the programme should tell them which healthy food they must eat (FGD2-R7). Another respondent said *"I think the programme must include learning about food, which contains the important nutrients needed in the body for the person to be strong if he/she is infected"* with HIV (FG1-R8, p. 4). In Focus Group Discussion One, Respondent Seven suggested telling the people about the importance of *"growing their own vegetables"*, and that HIV-infected people should be provided

with seeds to do so (FGD1-R7, p. 4). Respondent 2 from the second focus group discussion further expressed that the programme must teach people the “*importance of them eating healthy food*” (FGD2-R2, p. 3). Teaching should include how to control pests, how to grow those foods (FGD1-R2 and FGD2-R2), which soil is good to grow those foods (FGD1-R7) and “*how to cook those food because some of us don’t know how to cook these foods*” (FGD1-R2, p. 4) and how many times they need to eat per day (FGD2-R1, p. 3). The participants felt that these aspects could be considered for future development and improvement of the programme.

#### *4.4.4 Other aspects that presents opportunities for the enhancement of learners’ capabilities within MFMC programme*

Furthermore, other aspects that represent the enhancement of capabilities with the MFMC program emerged during the lesson observations, where participants had the opportunity to express their attitudes and beliefs about HIV and AIDS, and towards those infected or affected by the pandemic.

The national policy on HIV and AIDS for the education sector advocates for “non-discrimination and equality with regard to learners and students living with HIV and AIDS” (DOC1, p. 3). However, during the observation of the MFMC lesson interactions, the participants had different feelings with regard to the HIV and AIDS pandemic, and towards those living with HIV and AIDS. During Lesson Observation One, the facilitator used the listen and respond method, whereby she explained to the participants that she was going to read a few statements. She further explained that in order to respond to the statements, the participants would have to move to the end of the class, where she has pasted posters on which were respectively written the words: ‘Agree’ and ‘Disagree’. She also explained that the participants would have to justify their choices at a later stage during the lesson. One of the statements read “*there is no danger but, I wouldn’t let my small brother or sister to play with a kid that has HIV*”. Respondent Four disagreed with the statement, arguing that “*what if they are only two in the house? they will just play*” (LO1-R4, p. 6). Respondent Eleven said he disagreed, “*because they have got to play together. It’s like you have to take away the things that are harmful to those that can spread HIV and AIDS, like razors, scissors and broken bottles, and then cut off their nails so that they do not spread the disease*” (LO1-R11, p. 7). Respondent Twelve disagreed, asking “*what if my sister is playing with that person and they happen to bump each other and they both get wounds, then*

*that blood is where the disease will come from” (LO1-R12, p. 7). Furthermore, Respondent Five stated “I will not allow my darling sister to play with someone who is infected they might go too far to play, they might even have sex and my sister will get infected” (LO1-R5, p. 7).*

When asked of their opinion to the statement that ‘a person with HIV should not marry and have children’, Respondent Three first agreed, stating *“because he or she is also human being like us people who are not infected”*, but then changed her mind and decided that a *“person will infect the other people”* (LO1-R3, p. 3-4). Contrary to Respondent Three, Respondent Four asserted that *“because a person even though he or she is HIV positive, will just marry or be married and have children; even though they are HIV positive, there is a possibility that the children will not have HIV”* (LO1-R4, p. 4).

Similarly, another statement was read ‘if it turns out that my friend has HIV, I will still remain his or her friend’. This statement was also received with mixed feelings. Respondent two said that she will remain friends *“because my friend needs some help. I need to encourage her not to commit suicide; I need to give her advice so that she can be strong always”* (LO1-R2, p. 11).

*If it turns out that my friend has HIV, I will still remain his or her friend because my best friend needs my support, she needs my love. So, I have to show her that ‘yes, I am really her friend’. I will give her advice to know that I am always there for her and that there are people who love her. She will know that even if I am is HIV positive my friends still love me, they care for me* (LO1-R5, p. 11-12).

Respondent Fourteen also stated that, *“if it turns out that my friend has HIV, I will still remain his or her friend, because my friend needs love from me, I need to give it to her”* (LO1-14, p. 12).

There was also a statement that ‘schools should have all learners tested when they admit them, to make sure that the risk of HIV transmission is as low as possible’. A lengthy discussion erupted here, with some participants agreeing and other disagreeing to the statement. For example, respondent two disagreed with the statement, *“because some teachers will be teasing learners who are HIV positive in class and you won’t be comfortable in class”* (LO1-R2, p. 9-10). However, respondent five agreed, *“because an infected person needs love, if they get tested and*

*the teacher knows, maybe that teacher will be very close with the learner” (LO1-R5, p. 10). The respondent further explained that “the teacher will give love to the learner that they supposed to give” (LO1-R5, p. 10).*

Then again, respondent nine strongly explained that, *“we know that education is the key and all of us need education whether positive or negative. So there is no need of checking [sic] the other people’s status, because whether positive or negative, we need to be treated equally. We must not discriminate against anyone”*, stated Respondent Nine (LO1-R9, p. 10). The respondent further explained her argument stating *“let me say that maybe that person is HIV positive and the person is not going to school. Where will that person get hope or job or a career from? Meaning [sic], education is for everyone, discrimination is not needed”* (ibid., p. 10).

Similarly, the workplace HIV and AIDS policy for the education sector explains that:

*HIV testing of learners or students for HIV as a requirement for admission to, or continued attendance at an educational institution, is prohibited. No learner may be denied admission to or continued attendance at an educational institution as a result of his or her HIV and AIDS status or perceived HIV and AIDS status (DOC8, p. 4).*

The policy further explains that learners living with HIV and AIDS have the same rights as all other learners and students to attend any school (ibid.).

Furthermore, Respondent Thirteen disagreed with the statement, *“because no-one has the right to force someone to be tested”* (LO1-R13, p. 10). Then respondent six agreed with the statement arguing that *“if testing is taking place at school, you would know your status, and then you will take a step, go to hospital to take medicine which will prolong your life”* ( LO1-R6, p. 10).

According to *the National Policy for HIV and AIDS for the Education Sector*,

*The promotion and protection of human rights plays a major role in the impact of HIV and AIDS on society, and on the vulnerability of people with HIV infection. People face discrimination and stigma on a daily basis. Daily violation of their rights increases the negative impact of the pandemic on individuals, because people*

*have to worry about stigma and discrimination in addition to their health and HIV status. Violation of rights to freedom from discrimination also affects the health of the general population* (DOC1, p. 3).

The policy further explains that the fear of stigma and discrimination is one of the biggest deterrents to a voluntary HIV test (ibid.).

The workplace HIV and AIDS policy for the education sector therefore states that “safeguarding human rights in the context of HIV and AIDS has a public health benefit. People are more likely to go for counseling and testing, and to access information and education on HIV prevention, if their rights to freedom from discrimination are protected and upheld” (DOC8, p. 4).

When the Facilitator further asked the participants what they would do they tested positive with HIV, the participants had worrisome responses. Respondent Three explained that “*if I found out that I was HIV positive, I would kill myself, because people would gossip about me*” (LO1-R3, p. 16). Respondent Six maintained that “gossip does not kill”, and that she does not care because if you gossip she won’t hear that gossip” (LO1-R6, p. 16). Respondent eight also stated that she will kill herself “*because no one will love me, they will think that I will infect them*” (LO1-R8, p. 16). Respondent Ten explained that she would tell her best friend, a close friend that she trusted, then that friend would be obliged to keep that secret, and that she would go for counseling (LO1-R10, p. 15).

Thereafter, the Programme Facilitator took certain pains to assure the participants that they would certainly not need to kill themselves if becoming diagnosed as HIV positive. What ought to be done is to go for counseling, and then to go to the hospital to acquire ARVs, where life expectancy can be long, and where suicide is not the solution. The counselor advised to find someone who is you best friend, so that you talk about it, and then she/he will encourage you with how to take care of yourself, stating that even your parents or relatives will support you (LO2-PF, p. 17).

The workplace HIV and AIDS policy for the education sector states that “education authorities, the governing body, administrators and teachers and other employees and their representatives

are expected to respect and protect the rights and dignity of all learners, students and other education sector employees, regardless of their actual or perceived HIV status” (DOC8, p. 3).

The policy (ibid.) further explained that in the interests and in respect for human rights, there shall be no discrimination against an employee who is HIV infected, is perceived to be, or who is affected by HIV and AIDS and that “unfair discrimination and stigmatization inhibit efforts for prevention, care, treatment and support” (DOC8, p. 2).

During the second lesson interactions, the facilitator used the question and answer method. According to the *Teachers’ Guide*, this method might give you an insight into the attitude of the learners towards people living with HIV and AIDS (DOC5, p. 28). During this lesson, it was observed that when participants were asked how schools should treat orphans, vulnerable children and those living with HIV and AIDS, respondent three stated that “orphans must have their own class” (LO2-R3, p. 13). However, respondent four felt all the people, HIV positive, orphans or what, they must be treated equally and with love. He further explained that they have to right to be treated as equal, where even learners who are infected have that right to go to school and to be educated with others also. Furthermore, he explained that teachers have the right of teaching learners, even when infected. And without being teased or otherwise discriminated against (LO2-P4, p. 13). As it was put, “treat them equally, that’s all” (LO2-R6, p. 13). The programme facilitator then explained to the participants that “*we must treat them equally, whether infected or not infected. And do not stop loving someone because he or she is infected. There is no need to tell the person that I know that you are HIV positive, that person has the right of keeping his or her disease a secret*” (LO2-PF, p. 13). She further explained that, “*you don’t need to spread the message to each and everyone in the street or school*” (LO2-PF, p. 13).

The *Workplace HIV and AIDS Policy for the Education Sector* further explains that compulsory disclosure of a learner, student’s or education sector employee’s status to educational institutions authorities is not recommended, as this would serve no meaningful purpose. However, the policy encourages voluntary disclosure of HIV status. Furthermore, the policy explains that such disclosures should be treated and handled with confidentiality, and should not be shared without written consent of the person who made the disclosure (DOC8, p. 5). “All persons medical

information, whether oral, written or in electronic format, obtained from an individual or third party will be treated as confidential” (DOC8, p. 2). The Facilitator further explained to the participants that there is “no need to tell the person that I know that you are HIV positive. Therefore, that person has the right of keeping his or her disease a secret” (LO2-PF, p. 14).

#### **4.5 A synthesis of the comparative analysis of various HIV and AIDS education programmes that could inform the MFMC programme**

The purpose of this section is to explore practices across different HIV and AIDS programmes with a view to informing the MFMC programme. This will then lead to the attainment of ‘Goal D’ of this study.

Data Analysis Phase Four entailed a comparison of four HIV and AIDS education programmes from different parts of the world that are similar to MFMC. All information on these programmes was obtained from a UNICEF report entitled: *Working for and with Adolescents: Some UNICEF Examples* (UNICEF, 2002). The analytic work with this document was the comparative work across the four cases, as represented in analytic memo four (Appendix 4).

The section below presents a comparative analysis of the following features of HIV and AIDS education programs: a brief description of the programmes; aims and objectives of the compared programmes; programme activities; and the extent of youth involvement in these programmes.

##### **4.5.1 A brief description of the HIV and AIDS programs**

This section will give a brief description and a historical background across four HIV and AIDS programs analysed.

One of the programs analysed was the Safe Place Pilot for Meeting Sexual and Social Health Needs of Young People in Crisis. This programme was implemented by UNICEF in four communities in Malawi (Ndirande, Zingwangwa, Bangwe and Chileka) from 1998 to June 1999. Similarly to the case in Namibia, AIDS is one of the leading causes of death among young people in Malawi, with a national prevalence rate of 6.4% to 13.2% amongst adults (Chakholoma, 2002, as cited in UNICEF, 2002). In his report, Chakholoma (2002 as cited in UNICEF 2002, p. 67), claims that, although all groups are vulnerable to AIDS, “some are more vulnerable than others, and that among those are the young people living in extreme poverty,

young girls, and young people involved in violence/crime/substance abuse and young people who are sexually exploited”. Chakholoma (ibid.) further states that the number of reported female cases in the 15-24 age groups is six times higher than the male cases in the same age group.

Another programme analysed was the ‘STD/HIV and AIDS Project’, which was implemented in five areas (Cambodia, China, Laos, Myanmar, Thailand, and Vietnam) known as the Mekong Region. The programme was implemented by UNICEF as STD/HIV and AIDS “started to grow rapidly due to economic development and transportation links increased mobility within and between countries and previously isolated rural people and ethnic minorities became vulnerable to exploitation” Benoun (2002 as cited in UNICEF, 2002, p. 76). As a result of development, the rates of STD/HIV and AIDS also started to grow rapidly. UNICEF therefore implemented the program “in order to expand community level efforts in areas of prevention, reproductive health education, and care for people with and affected by HIV and AIDS” (Benoun, ibid., p. 76)

Although the *Children in Need of Special Protection Program* [sic] (CNSP) in Makati City, Philippines is not implemented by UNICEF like the previous two programmes, its desired outcome is comparable, which is to eradicate STD/HIV and AIDS and its impacts. CNSP was implemented by government agencies such as the Department of Social Welfare and Development, Department of Education, Culture and Sport, Department of Health, Child Rights Center and National Police, from the period 1999-2003. The programme was implemented to address the situation of the growing number of impoverished, fragmented and dysfunctional Filipino families’ aggravated by prevailing conditions of poverty, unbalanced socio-economic development and social inequality (Moselina 2002 in UNICEF, 2002), where children are “trapped in situations of disadvantage requiring special protection and both immediate and long-term interventions to address the unique needs and circumstances of these children” (p. 105).

Finally, the analysis compared the *Programming for Young People in Zimbabwe* as the fourth program. Similarly to the CNSP, this programme was implemented by government Ministry of Health, Ministry of Education, Ministry of Labour, NGOs and religious organisations. Marques (2002 in UNICEF, 2002, p. 160) states that Zimbabwe is a country characterised by cultural beliefs and practices that violate children’s rights. Marques (ibid.) further states that the current

level of participation of youth in decisions that affect their lives remains inadequate noting that “discussions on sexuality and growing up remain taboo at all levels and as result, healthy sexual practices are uncommon. Furthermore, weak linkages are observable between information, knowledge and provision of services and an absence of youth friendly policies in addition to a lack of access to education, retention and equity” (ibid, p. 160). Marques (ibid.) further states that 50% of school-aged children remain at home in commercial farming. He also report that HIV infection rate is rising among youth between the ages of 15-29 years old, that over 1000 people die every week due to HIV and AIDS, that 30% of pregnant women are HIV positive and that 44% of 19 year old women are either pregnant or mothers, and it was possible to estimate 910,000 AIDS orphans by the year 2005 (Marques, ibid.).

#### **4.5.2 Aims and objectives of the compared programmes**

Knowledge systems in various HIV and AIDS education programmes and the way in which knowledge is defined, are crucial to the comparison of knowledge systems inherent in the MFMC programme. Although the programmes analysed take place in different contexts, it is evident that they all aim to reduce the infection, the impacts and transmission of HIV. According to (Chakholoma, 2002 in UNICEF, 2002) The *Safe place Pilot for Meeting Sexual and Social Health Needs of Young People in Crisis* programme is aimed at enabling “young people to set up and run their own [safe spaces] - low cost multipurpose youth centers which will provide the information, skills and services needed by young people in crisis to meet their needs and rights” (ibid., p. 67).

The Nekong Region STD/HIV and AIDS Project aims “to assess and counteract the likely consequences of HIV and AIDS on the health, education and wellbeing of the most vulnerable groups in the region. The STD/HIV and AIDS project is also developed to implement, monitor and evaluate activities that reduce HIV transmission and increase community’s acceptance and care for women, children and families affected by the illness” (Benoun, 2002 in UNICEF, 2002, p. 77).

The *Children in Need of Special Protection* is implemented by government agencies “to address major child protection issues in the Philippines today, including the exploitation and hazards of child labour, sexual abuse, commercial sexual exploitation, armed conflict and other forms of

organized [sic] violence, neglect and abandonment, substance, and HIV and AIDS, through the development of education policies and programs that address the needs and circumstances of CNSP” (Moselina, 2002, as cited in UNICEF, 2002, p. 105).

The aims and objectives of *Programming for Young People in Zimbabwe*, according to Marques (in UNICEF, 2002, p. 165), are to facilitate/support orphan care community initiatives. The program aims to “improve capacity for community, NGOs, and CBOs response to HIV and AIDS prevention and promote PWAs community based activities; facilitate/support provision of youth friendly services. Similarly to the CNSP, *Programming for Young People in Zimbabwe* advocates for policies and laws to promote development of young people and protect their rights” (ibid.).

#### **4.5.3 Curriculum and methodological strategies of the compared programmes**

Some programmes integrate vocational training knowledge and skills into their HIV and AIDS education programmes, and do not only focus on HIV and AIDS prevention knowledge and skills development. For example, in terms of managing and running the project for young people in crisis, in Malawi, “the city council conducts a community needs assessment for the youth centre, which leads to skills and training to be provided to the youth” (Chakholoma, 2002 in UNICEF, 2002, p. 68-69). Through participation in such a programme, it is reported that the youth have acquired leadership, management and practical skills through various activities in the programme. It is also reported that through participation, the youth “strengthen their decision-making skills, and many have acquired vocational skills while through peer education, the youth acquired information on HIV and AIDS, reproductive health and life skills” (ibid.). The Malawian program entails vocational knowledge and skills such as papermaking and recycling, carpentry, welding, bookkeeping, proposal writing and poultry management skills (Chakholoma, 2002 in UNICEF, 2002, p. 69). The *Children In Need of Special Protection* is a Medium Term Youth Development Programme “responsible for facilitation and co-ordination of national development plan for children with emphasis on strengthening entrepreneurship skills and vocational training on science, education and technology” (Moselina, 2002 in UNICEF, 2002, p. 108).

In *Programming for Young People in Zimbabwe*, the youth have been involved in the assessment, analysis and taking action to solve identified problems. The programme reaches out and mobilises communities using a participatory methodology that facilitates community involvement in problem assessment, analysis, and action taking, in order to improve the situation. Participants conduct community outreach/NGO support and capacity building activities and, community initiatives in support of orphans, as well as formative research on youth health and development needs (Marques, 2002 in UNICEF, 2002).

Furthermore, in terms of teaching and learning support materials, there is a variety to choose from when teaching about HIV and AIDS, and its inherent socio-ecological issues. Learning support tools used in the Safe Place Pilot for meeting sexual and social health needs of young people in crisis, Malawi “includes the report of the initial KAPB survey undertaken by young people included; video footage (raw) of the process of programme implementation; training packages that were used for peer education, life skills and management training; monitoring tools; manuals for the youth; and technical sub-committees form part of the activities that were successfully carried out” (Chakholoma in UNICEF, 2002, p. 70).

According to Benoun in UNICEF (2002, p. 78), the ‘STD/HIV and AIDS Project’ in the Nekong Region:

Orphaned children are left with limited financial resources, limited care and support from the elderly, are vulnerable to HIV infection, and are therefore in need of special protection. The hope and Help video and manuals has been developed as a community education tool, as well as resource for people living with HIV and AIDS. The videos and manuals are used by school children and by out of school youth to promote acceptance and understanding of people living with HIV and AIDS.

Furthermore, *Children in Need of Special Protection* make use of “Life skills training materials, curricula and IEC materials, Video kit, retreats and workshops run by young people to facilitate the program [sic]. They also make use of videos and accompanying manuals containing “games

and activities suitable for youth groups and school students” play a great role in the facilitation of the program [sic]” (Benoun in UNICEF, 2002, p. 83).

#### **4.5.4 Youth involvement and how it affects them**

The MFMC programme is very specific, and provides the youth with the knowledge and skills to make well-informed choices about their lives with regard to prevention of HIV infection. The ‘Safe Place Pilot for Meeting Sexual and Social Health Needs of Young People in Crisis in Malawi’ provides information, and allows young people to choose and decide what knowledge and skills they want to acquire in order to meet their needs and rights. “Focus group research carried out to assess young people’s perceptions of services, showed that they preferred access points, as well as services and activities to meet their rights and needs” (Chakholoma, 2002 in UNICEF, 2002, p. 60 and 70).

In terms of the *Nekong Region STD/HIV and AIDS Project*, Benoun, (2002 in UNICEF, 2002, p. 79) states that “the youth also get involved in planning and implementation of peer education approach. The youth in Thailand get involved in camps, share experience and to address their specific needs; participate in situation analysis and designing solutions to assist in supporting and educating the communities about HIV and AIDS.”

In comparison, the *My Future is My Choice* has pre-determined set of knowledge and facts that has to be taught to young people and the desired outcome of such knowledge is also pre-set. That is that, young people should be able to make wise, well-informed choices about their sexual behavior in terms of teenage pregnancy, alcohol and drug abuse, as well as the prevention of STIs infection including, HIV. Furthermore, the programmes have different strategies for achieving the desired outcome. The *Children in need of special protection* programme of the Philippines uses strategies that enable capabilities and allow learners to be self-sustaining, while the *Nekong Region STD/HIV and AIDS Project* and the MFMC programmes uses strategies that promote acceptable behaviour and understanding of people living with HIV and AIDS (Oslon, 2002 and Benoun, 2002 in UNICEF, 2002).

The Zimbabwe-based programme uses “life skill education books for HIV and AIDS prevention, life skills education magazines (body talk series, Straight talk and New generation, facts about AIDS, Living with AIDS) and AIDS questions and answers to facilitate learning. The

programme also makes use of media through newspaper, magazines and electronic materials. They also conduct rural outreach programme through mobile cinema (videos), radio and television programmes and other promotional educational material such as T-shirts, caps, posters, pamphlets with HIV and AIDS prevention messages” (Marques in UNICEF, 2002, p. 165).

It is reported that the Youth Council established network in all village, organisational structure “municipal associations and provincial, regional and national federations” (Moselina in UNICEF, 2002, p. 111).

The involvement of the youth in the programmes differs from context to context. Nonetheless, what is common here is that in all programmes, the youth is involved in decision-making processes at various levels. Some youth is involved in decision making committees and community mobilisation, and in the daily management of the safe space centres. Some are involved in the planning and implementation of peer education approach (e.g. The Nekong Region STD/HIV and AIDS Project). The youth participating in *Children in Need of Special Protection program* [sic] (in the Philippines) are involved in the assessment, analysis and action taking to solve identified problem.

#### **4.6. Conclusion**

This chapter is a representation of evidence gathered through the five-phased analysis process in relation to the themes outlined in Chapter Three. After giving a descriptive presentation of the MFMC programme in Section 4.2, the chapter has presented empirical data to respond to the goals of this study. By presenting data about the aims and objectives of the MFMC programme, the study has provided evidence that clarifies how these programmes enhance the development of learners’ capabilities to respond to socio-ecological issues facing their communities.

In section 4.3, the study discussed evidence relative to ‘Goal B’ of this study. Evidence of how learners experience the relationship between HIV and AIDS, and the environment and as represented within MFMC programme and how learners and their families secure food for themselves, are all discussed in this section.

The chapter further presents evidence about how this relationship is represented within the MFMC programme. This data was drawn from DOC2 and DOC3 Section 5, and interview responses from programme participants. Aspects of non-tolerance of discrimination, stigmatisation, inequality and respect for other human presents possibilities for the development of capabilities. This could further be enhanced through what learners prefer to learn or know within MFMC programme.

The chapter ended by giving a comparative analysis of four HIV and AIDS education programmes from which MFMC programme could draw in order to enhance the development of learners capabilities further. This chapter processed and presented raw data as evidence for later interpretation in Chapter Five.

---

## CHAPTER FIVE:

### DISCUSSION AND INTERPRETATION

---

#### 5.1 Introduction

Chapter Five draws conclusions regarding the research questions and uses the themes as presented in Chapter Four to discuss the findings. These conclusions are presented in the form of analytical statements. The reviewed literature is drawn upon to relate to the data for particular perspectives on the phenomenon.

These conclusions regard to the opportunities for the integration of a focus on environmental issues and risks into MFMC Education programme's learning processes, as well as how the programme enhances the strengthening of learners' capabilities to respond to environmental issues and risks that are resultant of HIV infection.

The chapter starts by discussing how the aims and objectives of the HIV and AIDS education program can enhance and constrain the development of capabilities. This is then followed by a discussion on how the MFMC programme presents opportunities and challenges in responding to socio-ecological complexities, addressing Research Question One, 'Goal A' and 'Goal B'. Thereafter, it discusses aspects that link HIV and AIDS and, the environment, followed by a discussion of aspects that present possibilities for the development of learners' capabilities, addressing Research Question One, and 'Goal C'. Finally, the chapter discusses practices across HIV and AIDS education programmes that have potential to inform the MFMC programme. This will be addressing Research Question Two, 'Goal D' of this study.

**5.2 Analytical statement 1:** *The aims and objectives of the HIV and AIDS education programme can enhance and constrain the development of capabilities.*

The MFMC education programme in Namibia aims at equipping learners with the skills to avoid teenage pregnancy, and the spreading of STDs including HIV and AIDS (Namibia, Ministry of Education, 2006, p. 1, Section 4.2.2). The success with this aim was indicated by other studies that were carried out before this study (Section 4.2.2). On the contrary, the experience of the school principal indicated otherwise. The school principal (as stated in Section 4.2.4)

demonstrated clear concern regarding the rate of school drop outs among girl learners due to pregnancy. Similarly, the school principal states that she does not think that young people use the knowledge and skills learned, because a large number of girls fall pregnant while in school (Section 4.2.4). Furthermore, the programme ought to teach learners about healthy diets so that they are strong and do not suffer the side effects of the HIV and AIDS treatment.

Furthermore, the aims and objectives of the programme present possibilities for affecting the development of capabilities within HIV and AIDS education programme. This evidence lies in the difference in aims and objectives of MFMC education programmes and other HIV and AIDS education programme reported on in Section 4.3. One example is the MFMC programme and Malawian programme. While the former has pre-determined knowledge content to be transmitted to learner participants, the latter lets the participants decide what knowledge and skills they want to acquire within the programme. The programme is then run in such a way as to respond to the needs and rights of the young people. While MFMC “provide” knowledge and skills for the participants to be able to make well-informed choices about a predetermined situation (sexuality and reproductive health) the Malawian programme trains the youth so that they can be able to meet their needs and rights (Section 4.5.2). This intention is consistent with a capabilities approach to education, because it is specific to what skills and knowledge the youth require. This allows for the development of individual capabilities that will cater specifically for opportunities available for each person, and what each person is able to do or be as stated by (Nussbaum, 1978, Section 2.6.).

One of the aims of the MFMC education programme is to equip learners with empathetic attitudes towards people living with HIV and AIDS (Section 4.2.2). This was evident during the lesson interaction and observation, where participants were asked to discuss their views about various statements made by the facilitator. Participants demonstrated clearly that they understand that stigma and discrimination should not be allowed and that it inhibits the freedom of the infected to disclose their status, and more seriously, prevents them from going in for voluntary counseling and testing (Section 4.4.4). Such statements tested the participants’ understanding of their rights, which they demonstrated clearly (Section 4.4.4). Interviews and document analysis indicate a belief that stigma, fear of discrimination and the inability of people to work and children to attend school compromises the ability of HIV-infected and affected people to live the

life they value. This supports what is described by the World Bank (2011), namely that HIV and AIDS education plays a vital role in reducing stigma and discrimination. The World Bank (ibid.) further states that this does not only have a negative impact on the infected individuals, but can also fuel the spread of HIV.

Ruger (2010) explains that human rights have been used to address public health issues, especially the HIV and AIDS pandemic. The fact that MFMC participants understand that everybody has equal rights regardless of their HIV status presents an opportunity for the development of capabilities. That is because, when rights are respected, people living with HIV and AIDS can be encouraged to make emancipating choices of what they want to do and be in life. Sen (1997) states that the capabilities approach is concerned with the way in which people living a life they value. Regard for other human beings' needs and rights should be strengthened through education that promotes individual capabilities, respect for human dignity and integrity.

By teaching participants about respect and equal treatment of people regardless of their HIV and AIDS status, the MFMC program take into account respect of human dignity as an aspect of capabilities (Section 4.8). Venkantapuram (2011, section 2.6) said that every human being has a moral entitlement to the capacity for health. Recognising human being's moral entitlement, such as the human right to be healthy, would mean cognisance of the importance and sacredness of every human being and their equal moral worth. The participants of MFMC strongly drew on the notion of rights to justify that everybody requires equal treatment, simply because it is their right to be treated equally, fairly, and with respect (Section, 4.4.4).

### **5.3 Analytic Statement 2:** *The curriculum and methodological strategies of MFMC presents opportunities and challenges in responding to socio-ecological complexities*

During this study, evidence suggests that there exists an opportunity for introducing additional learning content into the programme's learning processes, particularly learning content focused on socio-ecological issues and risks into the MFMC programme.

Of particular interest to note is that the programme already teaches young people about healthy diets as a way of living positively with the virus (Ministry of Education, 2006). However, during the focus group discussion of this study, (Section 4.2.3), some participants stated that learning

about healthy diets is simply not enough. They suggested that that learning about healthy diets should be made deeper and broader, and should include learning about specific foods regarded as healthy food, how to grow such food (since not everybody can afford to buy it) and even how prepare/cook the food so that it does not lose its nutritional value (Section 4.4.3).

Furthermore, participants have suggested that learning about healthy diets within MFMC should also consider learning about environmental sensitive methods of cultivation and harvesting (Section 4.4.3).

Although the organisational structure of MFMC programme presents opportunities for the integration of learning content where learning about healthy diets is already included in the programme learning content, it became more evident that when teaching about HIV and AIDS, and especially where healthy diets are concerned, it would be wise to go further into detail about such issues. Therefore, all that needs to be done now would be to expand on it to cater for what learners have identified as their valued skills and knowledge. The MFMC programme also presents challenges for the integration of socio-ecological issues and risks into the program's learning processes. The program coordinator explained that the program is designed to be presented/ implemented as it is designed, without any alterations to its content or methods (section 4.2.4). The inflexibility of the programme organisation and structure could pose challenges for the program facilitator to restructure and organise teaching and learning activities in a way that suits the existing structural, geographical, socio-ecological needs and the socio-cultural context of the local community.

Another factor that presents opportunities and challenges for the integration of socio-ecological issues and risks is the teaching and learning methods used within MFMC. Evidence presented in (Section 4.2.3) suggests that the program is designed in such a way that learners learn by doing. This is also known as the participatory method that uses interactive, observational and rehearsal strategies. The participatory method emphasizes learning from the community through the use of games, storytelling, drama, and field-based activities (MOE, 2003, Section 4.2.3). In this way, the facilitators provide learners with opportunities to actively participate in discussing issues and concerns directly affecting them. Participatory methods are also used for learners to bring their local knowledge and experiences into the learning processes (Section 4.2.3).

Storytelling, games, dramas, community-based projects, educational visits, competitions and video shows as suggested by Ministry of Education (2003), are all participatory, and provide opportunities for learners to actively take part in learning interactions. On the contrary, despite all these suggested teaching and learning methods, during the lesson observation, the question and answer and listen and respond methods dominated the teaching and learning processes in MFMC programme (section 4.5). This could pose a challenge to the integration of socio-ecological issues and risks. That is because when learning about ecological issues, Fien (1993) stated that an inquiry-based or Active Learning framework should be followed in order to actively engage participants in identifying the issues, risks and design-appropriate solutions to the environmental problem within the community in context.

At the end of each lesson, participants were asked to write in their journals/diaries the knowledge and skills that they had learned through their participation in the programme, and to state how they would use the acquired knowledge and skills in their communities. Similarly, participants were asked what other knowledge and skills they would like to acquire through participating in MFMC programme, as well as to make recommendations on changes that they would like to see in the programme, in terms of its content (Section 4.4.3). This reflexive way of teaching could enhance learners understanding of their actions, the world, and the way in which they could use the acquired information to improve the quality of their lives. Through such reflexive interactions and involvement, and understanding that the social consequences of HIV and AIDS results in socio-ecological issues could be achieved and consequently such issues and risks can be incorporated into MFMC or any other HIV and AIDS programme.

**5.4 Analytic Statement 3:** *The context of the MFMC learners' communities illustrates the socio-ecological nature of HIV and AIDS*

As stated earlier by Bolton & Talman (2010, Section 2.3), the relationship between HIV and AIDS and the environment is complex and multifaceted. In this study, the interrelationship between HIV and AIDS, and the environment became evident in activities reported by learners that people engage in as they try to cope with rather unfavourable social circumstances, such as poverty, food insecurity, malnutrition, and the side effects of the HIV and AIDS ARVs treatment. These are discussed below.

One interview respondent indicated that he collects wild berries and other traditionally foraged wild fruits, which they eat and use to make traditional alcoholic brews. Fifteen of the participants (all for different reasons) confirmed their dependence on the natural environment in terms of cultivating their own food crops (Section 2.3.3). It is also evident that not only do they grow their own crops due to the unaffordability of food in shops but, that it is their preferred method to ensure that they eat healthily (Section 4.3.5). This suggests that those living with HIV and AIDS could be encouraged to make their own gardens, where they can grow food that they need in order to be healthy and strong (section 4.3.6). Growing food crops requires natural resources such as the land/soil and water, among other things, and if these are not properly utilised, this could lead to serious environmental problems such as erosion and soil degradation. The fact that most of the Respondents as stated earlier, prefers growing their own food could be translated into what McGarry and Shackleton (2009) referred to as the ‘dependency on the natural resources’, which could be higher among those infected and affected by HIV and AIDS, especially amongst communities living in rural areas. Similarly, Bolton & Talman (2010) have also stated that the natural resources become a safety net when the livelihood of the people gets compromised by social factors such as poverty or HIV and AIDS.

**5.5 Analytical Statement 4:** *The values and beliefs inherent within the MFMC education programme stand as an opportunity for the successful development of capabilities in the education programme.*

During the data analysis process, it emerged that the learners who participate in the MFMC programme at the research site come from families with similar socio-cultural contexts (see Section 1.4). Evidence suggests that education about HIV and AIDS context specific, and varies according to the age and needs of the participants (Section 4.5.2). MBESC/NIED (2005) suggested that in HIV and AIDS education programmes, participants must be divided into groups according to age, sex and culture, because these factors can influence their perception on issues being discussed. In the case of MFMC programme under review, although most participants are from the same cultural background, they have different beliefs, norms, values and myths as observed during the lesson interactions, reflection sheets and interviews with learner (Section 4.3.5 & Section 4.4.3). These different values and belief systems are defined as very important elements of the capabilities approach. For example, when asked about what they preferred as source of food, some participants preferred to buying food, while others preferred growing their

own food crops. Even those who chose the same options had different reasons for doing so (section 4.3.5). Thereafter, evidence suggests that learners' believe that letting your sibling play with a child that is infected with HIV is risky, and that people who has HIV can marry and have children, although the participants had different opinions on this subject. It was agreed that couples infected with HIV and AIDS may marry and have HIV-free children (Section 4.4.4). This insight is central in understanding the attitudes of the learners towards people with HIV and AIDS as their attitudes will determine the extent to which the infected and affected people will exercise their agency.

Unterhalter, Vaughan and Walker (2007, section 2.7) sees human diversity as a problem in aiming towards identical inputs and outputs, due to the fact that learners will always have different needs and interests. Furthermore, human diversity, according to Robeyns (2000, Section 2.7), is one of the strong points of the capabilities as an individualistic approach. This presents opportunities when planning for learning that enhance capabilities within such a context.

In the case of the MFMC programme, values of being and doing amongst participants varied. For example, when asked about their opinions in terms of securing healthy foods, some learners valued being supplied with food by the government, while others valued growing their own food. One would argue that it becomes very challenging to work with capabilities approach in a setting like the MFMC education programme, where the intended beneficiaries and participants hold different values for life. On the contrary, it is helpful to keep in mind that the capabilities approach concerns the individual, and not the collective values, beings and doings.

### **5.6 Analytic statement 5:** *Other HIV and AIDS programmes have potential to inform the MFMC programme*

The comparative analysis of HIV and AIDS programmes in other countries revealed some practices that have potential to inform MFMC practices. Such potentials lie in the teaching and learning processes of some of the compared programmes. This is because, although the programmes basically share common aims and objectives, such as the prevention of infections and to counteract the consequences of HIV and AIDS on the health, education and wellbeing

of people, the major difference between the programmes lies in the teaching and learning processes in which the participants are engaged (Section 4.5.2).

Apart from a focus on raising awareness and the prevention of HIV and AIDS transmission, teenage pregnancy and alcohol and drug abuse, and caring for the sick, as is the case across all the compared programmes including the MFMC programme, certain programmes integrate vocational training knowledge and skills into their HIV and AIDS education programmes and do not only focus on HIV and AIDS prevention knowledge and skills development. For example, in terms of Managing and Running the Project for Young People in Crisis, in Malawi, the youth and city council conducts a community needs assessment for the youth center, which leads to skills and training to be provided to the youth (Section 4.5.2). Through participation in such a programme, evidence presented in (Section 4.5.2) revealed that the youth have not only acquired leadership, management and practical skills through various activities presented in the programme, but that participation in this programme has strengthened their decision-making skills, and they have acquired vocational knowledge and skills such as papermaking and recycling, carpentry, welding, bookkeeping, proposal writing and poultry management skills. Similarly, the *Children in Need of Special Protection Programme* emphasise strengthening entrepreneurial skills, and vocational training on science, education and technology within their programme (Section 4.5.2).

The integration of such skills within an HIV and AIDS education programme could be used to inform the practices of the MFMC programme. This could add value to the programme and also enhance the strengthening of learners' capabilities. This could help the MFMC to train participants so that they become valuable members of the society, which will also enhance their level of participation in community development projects

## **5.7 Conclusion**

This chapter presented five analytical statements to respond to the research questions. The findings presented here suggest that the aims and objectives of the MFMC programme, as well as the beliefs and values of learners enhance the exercise of agency among those living with HIV and AIDS and could enhance the development of capabilities. The findings further suggest that

there are opportunities for the integration of a focus on socio-ecological issues and risks into the MFMC learning interactions through the use of participatory learning methods.

The findings presented here further suggest that broadening learning content about healthy diets could enhance learners' capabilities in responding to socio-ecological complexities. These findings were crucial in response to question one of the study.

Furthermore, in this chapter, the study has presented evidence that the MFMC programme could gain from other HIV and AIDS education programmes to inform its practices such as the *Project for Youth in Crisis Programme* and the *Children in Need of Protection Programme*, which includes vocational skills within their learning content. These findings are important in response to question two of this study.

The next chapter is a concluding chapter of this study, and it presents the summary and the recommendations.

---

## CHAPTER SIX:

### SYNTHESIS AND RECOMMENDATIONS

---

#### 6.1 Introduction

As a synthesis chapter, this chapter is presented in three sections. Firstly, the chapter presents the reader with a brief summary of the main findings of the study. Secondly, it presents recommendations towards the integration of a focus on socio-ecological issues and risks and the development of learners' capabilities that emerged from the study findings. The recommendations are drawn from the insights and knowledge gained while conducting the research, and serve to inform future planning of MFMC programme for Namibian combined and secondary schools. Thirdly, the chapter presents recommendations for future research.

The results of this investigation contributed to the broader understanding and to the existing body of knowledge in the fields of environmental education, in the sense that it suggests for including a focus on the socio-ecological issues and risks, which could further enhance the development of learners' capabilities within HIV and AIDS education programmes. It is also important to note that the recommendations presented here are tentative, as well as specific to the MFMC programme within which the research was conceptualised. However, similar HIV and AIDS education programmes might draw and learn from the recommendations made herein.

#### 6.2 Summary of the study

The study was a case study of one school in the Omuthiya, Oshikoto Region. The study focused on the *My Future is My Choice HIV and AIDS Education Programme*. The study posed two research questions as stated below:

- i. In what way does MFMC programme respond to socio-ecological complexities and the development of capability among communities living with HIV and AIDS?
- ii. How can a comparative analysis of different HIV and AIDS programmes inform the MFMC programme?

The main purpose of the study was to explore the MFMC programme for opportunities for the integration of a focus on socio-ecological issues and risks, as well as how the programme could develop learners' capabilities to respond to these socio-ecological complexities.

The study employed qualitative methods, specifically semi-structured interviews, focus group discussions, classroom observations and analysis of programme documents, as well as learners' reflection sheets, in its investigation of MFMC teaching and learning processes.

The study provided a new lens of viewing HIV and AIDS education programme planning. The study also presented a lens to review HIV and AIDS education, and its potential to equip learners with the capabilities to respond to HIV and AIDS risks and vulnerabilities in context.

In response to Question 1, the study found that the aims and objectives of the HIV and AIDS programmes could enhance and constrain the development of learners' capabilities. The study further found that the curriculum and methodological strategies within MFMC presents opportunities for the integration of a focus on socio-ecological issues, because the programme already teaches learners about healthy diets. The study suggests that an opportunity exists for expanding the learning content regarding healthy diets, by taking into consideration specific knowledge and skills that learners' value and wants to learn with the MFMC programme. The use of participatory learning methods is found in this study as an enabling factor in enhancing the development of learners' capabilities, in order to respond to socio-ecological issues as experiences by learners within their communities. Furthermore, the study acknowledges that although such integration is an opportunity, it could face challenges as well. That is, because the MFMC program is a UNICEF initiative, it is expected to be implemented in the way it is designed, without any pragmatic alterations to the programme.

Furthermore, in response to Question 1, the study has established the interrelationship of HIV and AIDS, and the environment in the community served by MFMC programme. This relationship manifests as a result of the intertwined socio-political, economic and ecological spheres. These relationships need to be understood in order to be incorporated into the MFMC learning content.

Lastly, in response to Question 2, the study found that apart from the commonly-shared acquired skills and knowledge, such as decision-making and management skills across the HIV and AIDS programmes, there are aspects from other HIV and AIDS education programmes that could inform and enhance the development of learners' capabilities within the MFMC programme. Such aspects are conducting community needs assessment, and training programme participants according to the needs identified within their specific communities (including vocational training skills within the programme, such as papermaking and recycling skills, carpentry, welding, bookkeeping, proposal writing, poultry management skills) as is the case in the project for young people in crisis, Malawi. These skills are referred to as vocational and entrepreneurial skills by the children in need of special protection programme in the Philippines.

### **6.3 Recommendations emerging from the study**

This section represents recommendations associated with the findings of this study.

#### *6.3.1 Reorientation of the programme's aims and objectives to allow for flexibility in the teaching and learning processes*

Although the MFMC programme has an element of healthy diets in its learning content, this element is stated as one of the ways of living positively with HIV and AIDS. The MFMC programme should highlight healthy diets in its aims and objectives, as nutrition is an important aspect in the lives of any person, and even so much more for those on ARV treatment, so that they do not have to suffer the side effects of the ARVs. It is necessary that learners understand the fact that socio-ecological issues and risks such as poverty, inequality, stigmatisation and discrimination associated with HIV and AIDS, are influenced by our cultural values, socio-economic and political structures, and particularly that they come to understand the relationship between HIV and AIDS and the environment.

As it has emerged from this study that programme participants and their families depend mostly on the environment and prefers to grow their own food crops then buying food, HIV and AIDS education should enhance individuals' capabilities to use the environment sustainably for human prosperity, and also for the welfare of other co-inhabitants, by teaching learners sustainable methods of food production and food preparation. This is stated by Hoffmann (2012), that

education needs to provide the abilities needed to establish agency and attitudes supporting behaviour that leads to sustainable development (Section, 2.7).

### *6.3.2 Pedagogical consideration and context specific expectations and plan of action*

The capabilities approach is about what the individual values being and doing. The approach is concerned about human rights, respect for human dignity, the right to health and to living a life free from discriminative practices as amoral entitlement of each and every individual.

Furthermore, considering the capabilities approach and the intention to develop an environment suitable for human prosperity, it would be appropriate to recommend that that learning happening in such program be context-specific. Context-specific learning could cater specifically for the needs and rights of the local people. In this regard, the MFMC education programme could learn from the Malawian programme, where participants evaluate their needs and those of the community, and suggest what skills they would like to learn in the programme. Based on their choices, plans of action can then developed to cater for the specific needs of the youth and their communities.

The programme could involve young people more actively in the programmes intended for them. They should be decision-makers, as this will allow them to choose that they want to learn and the skills they need or want to acquire through an HIV and AIDS education programme, and the MFMC in particular. This is because decision-making entails choice, and the freedom to choose is an element of capabilities.

Lastly, in order to strengthen the programme, the MFMC programme developers could approach other agencies or departments for involvement in the teaching and learning processes, for example, the Ministry of Agriculture or the Ministry of Health, in order to explore the possibilities of the integration of a focus on socio-ecological issues and risks and how capabilities could be developed amongst communities in order to enable them to respond to the issues they face.

### 6.3.3 Expanding the MFMC learning content.

Instead of merely mentioning healthy eating as a mechanism to living positively, the programme could contain a detailed topic on nutrition, possible titled ‘*ARV and Nutrition*’. Such a topic would need to be practical, and learners would learn which food is healthy, how to grow their own food crops, and how to cook the vegetables, as recommended in the focus group discussion (section 5.2).

## 6.4 Recommendations for further research

The possibility of an integration of a focus on socio-ecological issues and risks and the development of learners’ capabilities to respond to these complexities has been established. This section will now make recommendations for future studies in HIV and AIDS education, of:

- An intervention-based research exploring how socio-ecological issues and risks can be included in reorienting the MFMC programme;
- Exploring the implementation of different educational strategies for teaching socio-ecological issues and risks within the *My Future is My Choice* education programme.

## 6.5 Conclusion

Achieving the meaningful integration of socio-environmental issues and risks within the current MFMC programme might be a slow, but ought not to be a difficult process. This research has revealed existing aspects within MFMC programme that could enhance the development of learners’ capabilities such as through its aims and objectives and the teaching learning methods used within the programme. The study has also established the opportunities and challenges for the integration of a focus on socio-environmental issues and risks to the programme. The study also revealed other questions outside the initial scope of the study, and could not be reached through the methodology used herein. This calls for further research that explores how to work with each of the opportunities and challenges identified in order to re-orient the *My Future is My Choice* education programme towards becoming contextually responsive to individual learners’ valued beings and doings.

The recommendations evolving from this study are not absolute, and are mostly just viewpoints that can be used to further enhance and develop further guidelines for working with knowledge in ways that enables an ‘environmentally-oriented’ learning within the *My Future is My Choice* education programme.

As stated earlier, my concern at the inception of the project was that the *My Future is My Choice* education programme has always had a social and economic focus, and paid very little attention to the environmental impacts of HIV and AIDS. It is therefore fulfilling that this empirical research on HIV and AIDS education within MFMC programme has opened up, and is paving the way towards the reinforcement and integration of environmental learning within the HIV and AIDS education programmes more broadly, including the MFMC programme itself.

---

## LIST OF REFERENCES

---

- Anand, P. (2004). *Capabilities and health*. Retrieved on December 18, 2012 from [www.http//jme.bmj.com.html](http://jme.bmj.com.html).
- Babbie, E., & Mouton, N. (2001). *The practice of social research* (9<sup>th</sup> Ed.) Wadsworth: Chapman University.
- Barnett, R., Evens, J., & Rest, J. (1995). Faking moral judgment on the defining issues test. *British Journal of Social Psychology*, 34, 267-278.
- Bassey, M. (1999). *Case study in environmental settings*. Buckingham: Open University.
- Baxter, P., & Jack, S. (2008). *Qualitative case study methodology: Study design and implementation for novice researchers*. Ontario: McMaster University.
- Beck, U. (1992). *Risk society. Towards a new modernity*. London: SAGE
- Bell, D. (1993). *Doing your research project: A guide for first time researchers in education and social science* (2<sup>nd</sup> ed.). Bristol: Open University Press.
- Bell, J. (1987). *Doing your Research Project: A Guide For First-Time Researchers In Education And Social Sciences* (2<sup>nd</sup> ed.). Bristol: Open University Press.

Berg, B. L. (1998). *Qualitative research for social sciences*. Boston: Ellyn and Bacon.

Bolton, S., & Talman, A. (2010). *Interactions between HIV and AIDS and the environment*. Nairobi: IUCN ESARO Office.

Brighouse & Unterhalter (n.d). *Primary goods versus capabilities: Considering the debate in relation to equalities in education*. Routledge.

Brown, C. J. (1992). *Namibia's green plan: Environment and development*. Unpublished draft government document. Windhoek.

Chandan, U., Cambanis, E., Bhana, A., Boyce, G., Makoae, M., Mukoma, W., & Phakati, S. (2008). *Final Report for UNICEF: Evaluation of My Future is My Choice (MFMC) peer education life skills program in Namibia: Identifying strengths, weaknesses and areas for improvement*. Dalbridge: Human Science Research Council.

Chin, J., & Nakaambo, U. (2004). *Adolescent HIV Prevention Program: My Future is My Choice Mid-Year Assessment Research phase June 2004 to August 2004. Report of major findings and recommendations*. UNICEF.

Cohen, L., Manion, L., & Morrison, K. (2007). *Research methods in education* (6<sup>th</sup> Ed.) London: Routledge.

Connole, H. (1993). *The research enterprise in study guide: Issues and methods in Research*. University of South Australia: Underdale.

Creswell, J. N. (2003). *Research Design: Qualitative, quantitative, and mixed methods approaches*. Thousand Oaks: SAGE.

Creswell, J.W. (1998). *Qualitative inquiry and research design: Choosing among the five traditions*. Thousand Oaks: SAGE.

De Vas, A.S., Strydom, H., Fouche, C.B., & Delpont, C.S.L. (1998). *Research at grassroots for the social science and human service professionals* (3<sup>rd</sup> Ed.). Delpont: CSL.

Fien, J. (1993). *Education for the environment: Critical curriculum theorizing and environmental education*. Geelong. Victoria: Deakin University Press.

Fröhlich, G. (2006). *Namibian Environmental Education Certificate*. Windhoek: Polytechnic of Namibia.

Gold, R.L. (1997). *The ethnographic method in sociology. A Qualitative inquiry* (pp. 388-402). Sage. Retrieved December 15, 2011, from <http://qix.sagepub.com>

Hattingh, H. (2004). *Speaking of sustainable development and values: A response to Alistair Chadwick's paper: 'Responding to destructive interpersonal interactions: A way forward for schools-based environmental educators'*. Stellenbosch: Stellenbosch University.

Hitchcock, G., & Hughes, D. (1995). *Research and the teacher: A qualitative introduction to school-based research*. London: Routledge.

Hoffmann, A.M. (2012). *The capability approach and educational policies and strategies: Effective life skills education for sustainable development*. Retrieved on December 18, 2012, from [http://ethique.person.sfr.fr/AFDLife skills.htm](http://ethique.person.sfr.fr/AFDLife%20skills.htm)

Janse Van Rensburg, J. (2001). *An orientation top research. Rhodes Environmental Unit Research Methods short course* (Lecture handout, 2011). Grahamstown: Rhodes University.

Kinghorn, A., Rugeiyamu, J., Schierhout, G., Johnson, S., Mckay, E., Ndegwa, D., Coombe, C., Mendelsohn, J., & Villet, C. (2002). *The impacts of HIV and AIDS on education in Namibia*. South Africa: ABT Associates.

Kingry, M. J., Tredje, L. B., & Friedman, L. (1990). Focus groups: A research technique for nursing research. *39*(2), 124-125.

Koul, L. (1984). *Methodology of education research* (2<sup>nd</sup> ed.). New Delhi: Vikas.

Kurklys, W.S. (2005). *Studies in choice and welfare, Amartya Sen's capabilities approach: Theoretical insights and empirical applications*. Berlin: Springer.

Legal Assistance Center (1998). *The Constitution of the Republic of Namibia*. Windhoek: National Planning Commission.

Lotz-Sisitka, H. (2009). Epistemological access as an open question in education. *Journal of Education*, (46), 37-79.

Marshall, M.N. (1996). Sampling for qualitative research. *Family Practice*, 13(6), 522-525.

McGarry D.K. & Shackleton, C.M. (2009a). Is HIV and AIDS jeopardizing biodiversity? *Foundation for Environmental Conservation*, 36(1), 1-9.

McGarry, D. K. & Shackleton, C. M. (2009b). Children navigating rural poverty: Rural children's use of wild resources to counteract food insecurity in the Eastern Cape, South Africa. *Journal of Children and Poverty*, (15), 19-37.

Murray, S. (2005). *Environmental learning in Namibia: Curriculum guidelines for education*. SEEN/ Ministry of Education: Solitaire Press.

Namibia. Ministry of Basic Education and Culture. (1993). *Towards Education for All: A Development Belief for Education, Culture and Training*. Windhoek: Gamsberg McMillan.

Namibia. Ministry of Basic Education, Sport and Culture and the Ministry of Higher Education, Training and Employment Creation. (2003). *National policy on HIV and AIDS and AIDS for the education sector*. Windhoek: Author.

Namibia. Ministry of Education HIV and AIDS Management Unit. (2006). *My future is my choice: Facilitator's manual* (Revised ed.). Windhoek: UNICEF.

Namibia. Ministry of Education HIV and AIDS Management Unit. (2006). *Participants' manual: My future is my choice*: Windhoek: UNICEF.

Namibia. Ministry of Education. (2007). *Workplace HIV and AIDS policy for the education sector*. Windhoek: Directorate of Special Programmes.

Namibian. Ministry of Basic Education, Sport and Culture. (2005). *Teaching about HIV and AIDS and AIDS Made Easy: A Teacher's Guide*. Okahandja: NIED.

Neumann, W. L. (2006). *Social research methods: Qualitative and quantitative approaches* (6<sup>th</sup> ed.). USA: Pearson Education Inc.

Nussbaum, M.C. (1947). *Creating capabilities: The human development approach*. USA: Library of Congress Cataloguing-in-publication Data.

Nussbaum, M.C. (1978). *Nature, function, and capability: Aristotle on political distribution*. World Institute Of Development Economics Research. Working Papers. Helsinki.

Nussbaum, M.C. (2000). *Women and health development: The capabilities approach*. Cambridge: The Press Syndicate of the University of Cambridge.

O' Leary, Z. (2004). *The essential guide to doing research*. London: Sage.

Olson, R. (2002). *Adolescents and HIV and AIDS: My future is my choice, life skills programme, Namibia*. Retrieved June 08, 2011, from <http://www2.aau.org/studyprogram/report/AMA.pdf>

Patton, M. Q. (1980). *Qualitative evaluation and research methods* (1<sup>st</sup> Ed.). London: Sage.

Patton, M.Q. (1990). *Qualitative research and evaluation methods* (2<sup>nd</sup> Ed.). London: Sage.

Patton, M.Q. (2002). *Qualitative research and evaluation methods* (3<sup>rd</sup> Ed.). London: Sage.

Namibia. Ministry of Health and Social Services. (2012). *Global AIDS response progress reporting 2012: Monitoring the 2011 political declaration on HIV and AIDS*. Windhoek: Directorate of Special Programs.

Namibia. Ministry of Education. (2010). *The national curriculum for basic education*. Okahandja: NIED.

Namibia. Ministry of Health and Social Services. (2008). *HIV and AIDS in Namibia: Behavioral and contextual factors driving the pandemic*. Windhoek.

Republic of Namibia. (2010). *National strategic framework for HIV and AIDS response in Namibia 2010/11-2015-16*. Windhoek.

Republic of Namibia (2010). *Namibia 2011 population and housing census preliminary results*. Windhoek: National Planning Commission.

Republic of Namibia, Office of the President. (2004). *Namibia vision 2030: Policy framework for long-term national development (main document)*. Windhoek.

Republic of Namibia, Office of the President. (2009). *Fourth National Development Plan (NDP4)*. Windhoek

Robeyns, I. (2000). *An unworkable or a promising alternative? Sen's capability approach re-examined*. Cambridge, Wolfson College. Retrieved on November 08, 2012, from <http://eur.academia.edu/ingridrobeyns/papers>

Robson, C. (1993). *Real world research*. Oxford: Blackwell.

Ruger, J. P. (2006). Towards a theory of a right to health: Capability and incompletely theorising agreement. *Yale Journal of Law and the Humanities*, (18), 273.

Schurink, W. J. (1998). Qualitative Research Methods. In A. S. De Vas, & C. B. Fouche (Eds.), *Research at Grassroots: A Premier For Caring Professions*. Pretoria: Van Schaik Publishers.

SEEN. (2010). *Environmental learning: Information sheets*. (Lecture handouts) Rhodes University. Okahandja: NIED

Sen A. K. (2000). *Development as freedom*. Anchor Books: New York.

Sen, A.K. (2002). *Editorial: Human capital and human capability*. Great Britain: Elsevier Sciences Ltd.

Sen, A.K. (1992). *Inequality re-examined*. Oxford: Clarendon Press.

Sen, A.K. (1999). *Development as freedom*. Oxford: Oxford University Press.

Stake, R. (1995). *The art of case study research*. Thousand Oaks: SAGE.

Terre Blanche, M., & Durrheim, K. (1999). Histories of the present: Social science research in context. In M. Terre Blanche, & K. Durrheim (Eds.), *Research in Practice. Applied Methods for the Social Sciences*. University of Cape Town Press: Cape Town.

Terre Blanche. M Kelly. K. (1999). Interpretive methods. In M. Terre Blanche & K. Durrheim (Eds.), *Research in Practice: Applied Methods for the Social Sciences* (p. 123-146). Cape Town: University of Cape Town press.

UNICEF. (2002). *Working for and with adolescents: Some UNICEF Examples*. UNICEF: Adolescent Development and Participation Unit.

UNICEF. Namibia. (2009). *Evaluation of MFMC program*. Retrieved on December 17, 2012 from [www.unicef.org/evaluation/files/my\\_future\\_is\\_my\\_choice\\_namibia.pdf](http://www.unicef.org/evaluation/files/my_future_is_my_choice_namibia.pdf)

Unterhalter, E. (2002). *The Capabilities Approach and gendered education: An examination of South African contradictions. Paper presented at promoting women's capabilities: Examining Nussbaum's capabilities approach*. Cambridge: Von Hugel Institute.

Unterhalter, E. (2005). Global inequality, capabilities, social justice and the millennium development goals for gender equality in education. *International Journal of educational development*, 25 (2), 111-122. Retrieved on December 17, 2012, from <http://eric.ed.gov/?id=Ej698048>

Unterhalter, E., Vaughan, R., & Walker, M. (2007). *The capability approach and education*. Retrieved on December 18, 2012 from <http://www.rpg2008walkermclean9.pdf>

USAID. (2006). *Namibia: Risk of HIV transmission*. Retrieved on 14 December 14, 2012 from <http://www.usaid.org/en/resources/presscentre/education>.

USAID. (2011). *Press Release: Nearly 50% of people who are eligible for antiretroviral therapy now have access to life saving treatment*. Retrieved on December 14, 2012, from <http://www.usaid.org/en/resources/presscentre/pressreleaseandstatement>.

Van der Riet, M., & Boettiger, M. (n.d). Shifting research dynamics: addressing power and maximizing participation through participatory research techniques in participatory research. *South African Journal of Psychology*, 39 (1), pp. 1-18. Retrieved on March 31, 2015 from [https://www.academia.edu/347342/shifting\\_research\\_techniques\\_in\\_participatory\\_research](https://www.academia.edu/347342/shifting_research_techniques_in_participatory_research)

Venkatapuram, S. (2011). *Health justice: An argument from the capabilities approach*. Cambridge: Polity Press.

Wesfall, L. (2008). *Sampling methods: Expert from the certified software quality engineer handbook*. Retrieved on December 16, 2013 from <http://www.wesfallteam.com>

WHO. (2012). *Partners in Life Skills Training: Conclusions from a United Nations Inter Agency Meeting*. Geneva.

Wigley, A. A., & Wigley, S. (2008). *Basic education and capability development in Turkey*. Lecture Handout. Grahamstown: Rhodes University

Wilkinson, D. (Ed.) (2000). *The researcher's toolkit: The complete guide to practitioner research*. New York: Routledge Falmer.

World Bank Group. (2012). *Health survey*. Retrieved on November 28, 2012 from  
[www.http:dataworldbank.org/indicator](http://dataworldbank.org/indicator)

Zainal, Z. (2007). *Case study as a research method*. Malaysia: University of Technology.

---

## APPENDICES

---

### APPENDIX 1

Data analysis Phase One: Analytic Memo 1

Theme one: A description of the MFMC programme

Summary of main issues that emerged from document analysis, Programme Coordinator, Programme facilitator, and the School Principal in response to 'Goal A' of this study.

SUB-THEME	RESPONSES	SOURCE	PAGE
<b>1. Historical background of MFMC programme</b>	Only after 1990 when people came to understand the seriousness of the virus and how it has affected people in the country, they decided to put it in education programmes, because they believed the disease to have to be fought at grassroots level.	PC	1
	Initiated by the government of Namibia and UNICEF and implemented in 1997 to counter the situation with HIV and AIDS in the country, MFMC was designed to reach young people with sexual health information as well as strengthen young people's communication, negotiation and decision making skills so their sexual health and associated risks behaviours.	DOC7	1

	The programme is funded by UNICEF, Global Fund AID with very little input from our government.	PC	1
	Funding is given by the governments of Sweden, Germany, National committee for UNICEF, UNICEF NY, University of Maryland School of Medicine, and the Irish government.	DOC7	2
	<p>It was realized that the country was facing a crisis of massive proportion due to HIV and AIDS. Among those affected were the children, many of whom became vulnerable or orphaned due to this disease and all of whom are at risk of future infection. Thus Namibia established HIV and AIDS education programmes, including MFMC.</p> <p>The government and NGOs such as UNICEF worked together to ensure that teachers, some youth from the community are trained so that they can be able to educate learners or peers about HIV and AIDS prevention.</p>	PF	1
	In general, Namibia is one of the five	DOC1	1

	<p>countries most affected by HIV and AIDS in the world. AIDS caused the life expectancy at birth to fall from 58.8 years to 43 years. They also report the increase in medical care and the loss of workers, parents and children as staggering, especially among the economically active age groups of 15-49 years. In this document, the concern is that HIV and AIDS will continue to impact the education system as well as human development in Namibia.</p>		
	<p>In order to counter this situation in the country, the government of Namibia and UNICEF implemented MFMC programme in 1997. The programme was designed to reach young people with sexual health information as well as strengthen young people's communication, negotiation and decision making skills so that they are able to make safe choices related to their sexual health and associated risk behaviours.</p>	DOC7	1
	<p>The issue of HIV and AIDS in Namibia dates back to the 1980s. At that time, HIV and AIDS was only known as a "gay disease", and after independence the Namibian government put measures in</p>	PC	1

	place to mitigate the problem.		
	It was only after 1990 that the Namibian government identified education as one of the key strategies to combat the disease. The government embarked on an educational drive, which included curriculum development and reform, with the inclusion of HIV and AIDS education programs, and a mass media drive to promote public awareness and healthy sexual behaviour.	PC	1
	The government had to consider its responses at various levels: politically, socially and educationally. Hence, the <i>My Future is My Choice</i> HIV and AIDS education programme was started.	PC	1
	The government decided to include HIV and AIDS in an education programme because they believed that the disease should be fought at the grassroots. The government felt it better to put the problem in books, mainstream it into the education settings, and educate people	PC	1

	<p>from a very young age, so that they would be a lot wiser by the time they reach the age of being sexually active.</p>		
	<p>MFMC HIV and AIDS education programme is an initiative of the Namibian government in collaboration with non- governmental organisations (NGOs) such as UNICEF and Global Fund.</p> <p>These NGOs together with the line ministries such as the Ministry of Education HIV AND AIDS Management Unit and the Ministry of Health and Social Services, worked together to train teachers and some youth from the communities so that they would be able to educate school learners about HIV and AIDS prevention.</p>	PF	1
	<p>The programme is funded by non-governmental organisations (NGOs) such as UNICEF, Global Fund, UNAID, HAMU, with very little input from the government. This participant maintains that “the programme is not really government funded”.</p>	PC DOC7	1 1

	There are many MFMC clubs taking place in all 13 regions of country, and there are organisations in partnership that facilitate the running of the HIV and AIDS programmes.	PC	1
<b>2. Aims and objectives of MFMC</b>	To educate and consider the rights of people and designed to fit the specific age group and all the corners of HIV and problems that it brings along.	PC	2
	To empower school learners to establish and run HIV and AIDS awareness clubs, so that learners can educate their fellow learners on HIV prevention and care issues.	PF	1
	Teaching the youth how to behave with regard to HIV and AIDS. It teaches children how the disease is spread from person to person and how to prevent infections and how to live with the virus	SP	1
	To prevent young people from becoming infected with HIV and other STIs and	DOC3	1

	<p>from experiencing unwanted pregnancies and from abusing alcohol and drugs by providing facts about pregnancy, STIs, HIV and AIDS, alcohol and drugs and information on contraceptives.</p> <p>To develop assertiveness, decision making and problem solving skills; improve communication between the sexes and between adults and youth; and provide information on living with HIV and raise awareness about the stigma against people who have HIV.</p>		
	<p>To prevent the spread of HIV infections; to reduce excessive fears about the pandemic; to reduce the stigma and discrimination associated with HIV and AIDS; to foster non-discrimination associated with HIV and HIV attitudes towards persons with HIV and AIDS. Educators should ensure and maintain behavior that will protect them from HIV infection.</p>	DOC1	3
	<p>To ensure that students and learners acquire age and context-appropriate knowledge and skills, in order that they</p>	DOC1	3

	may adopt and maintain behaviour that will protect them from HIV infection.		
	The programme aims to empower learners with skills to deal with social issues such as teenage pregnancy; sexual transmitted diseases, alcohol, drug and sexual abuse.	PF	1
<b>3. Curriculum and methodological strategies of the MFMC program</b>	The programme targets youth in and out of school.	PC	1
	<p>According to the MFMC facilitators' guide, the MFMC programme is a ten session programme targeting children between 15-18 years old, who are in Grade 8-12 in government secondary and combined schools.</p> <p>The programme is divided into two groups (15-16 and 17-18 year olds). The duration of the session is two hours, and it meets twice a week.</p> <p>The sessions can be delivered in five weeks by conducting two sessions per</p>	DOC2	3-5

	<p>week in three weeks, by conducting four sessions in the first week; three sessions in the second week, and another three sessions in the third week; and/or over three weekends of two sessions each day with one hour break in between sessions.</p>		
	<p>It is designed and delivered in such a way that learners learn by doing. They are designed in such a way that learners themselves are required to be actively involved in the programme, where they learn independently. MFMC is designed to be given by out-of-school youth, with the belief that learners learn at this age learn better it dealing with a person of almost the same age as them. The programme is designed for general discussion.</p>	PC	2
	<p>Organisations supplied materials to schools when they came to being. Materials used for educating people are pamphlets, posters, personnel going</p>	PC	3

	around house to house, condoms, models etc.		
	The programme does not require any number of participants, what is important is the motivation and energy. The only thing that needs to be taken into consideration is the age group.	PF	1
	The minimum number of participants is twenty (20).	DOC2	3
	In order to implement the programme, there must always be materials available such as t-shirts, caps, rulers, booklet etc. that might attract the learners.  It also requires the input from the HIV and AIDS Management Unit (HAMU), UNIVEF Namibia, teachers, curriculum developers as well as representatives from NGOs and youth-based organisations. It also requires the involvement of the parents and out of school youths, regional Office (RACE).	PF	1 2
		DOC2	1

	<p>The approach is to encourage young people (15-22) to think for themselves and take responsibility for their future and their own development. It is based on the experience that people learn best by doing and by making learning fun.</p> <p>After completing the ten sessions, MFMC participants are encouraged to continue with HIV and AIDS prevention and life skills activities in their AIDS Awareness clubs at school.</p>		
	<p>Effective methodologies for the facilitation of HIV and AIDS programme are: using learner centered activities, using interactive, observational and rehearsal strategies, letting learners speak, and involving others outside the school such as health experts, social workers, testing center workers and policy makers.</p>	DOC5	33
	<p>HIV and AIDS club activities are group discussions, case studies, advice column, picture and photograph talk and panel discussions, debates, quiz contests, games, condom demonstration, community service projects, festivals and sporting events, fairs and video shows, designed to</p>	DOC4	25-68

	make learning interesting.		
	Some useful club activities include: group discussions, brainstorming, value questionnaires, drama, role play, and field trips.	DOC 5	16-22
	<p>It can be difficult to teach a group with different age, sex and cultural groups especially dealing with issues related to sexual health because a person's age, sex and culture affect how they view sexuality.</p> <p>Tips on managing such groups: group them by age and/or sex when doing group work and use same age and/or sex groups as much as possible, so that they can hear each other's perspectives, and learn how to communicate with each other.</p> <p>Ask learners to give their cultural perspectives when having discussions.</p>	DOC5	33

	<p>Involve parents in sexual health education so that they can be with us and not against us. This will encourage parents to support the message of the school and will provide valuable education for them as well.</p>	DOC5	33
	<p>Description of activities includes ‘<i>Let’s Play!</i>’: games to teach skills in a fun way aimed at relaxing the participants; ‘<i>Let’s do!</i>’: includes activities to practice what they have learned; ‘<i>Let’s talk!</i>’ includes question and discussions to help them think critically; and the ‘closing circle’ entails exercises and closing discussion on each question.</p>	DOC7	2
<p><b>4. Tension within MFMC</b></p>	<p>If people are giving you funds, you have to ‘dance to their tune’. Sometimes they don’t really care about your culture. The design the programmes and no matter the input you want to add, they already have a pre-set standard of the programme that you have to follow, and they want to see the programme run exactly according to what they have planned in the programme. Sometimes these are things that you want to cut from the programme that the</p>	PC	1-2

	<p>community is not happy with or comfortable with. The funding can be seen quite literally.</p>		
	<p>Learners have been withdrawn from the programme by their parents because they think that their children are being encouraged to have sexual relations.</p>	PC	3
	<p>Some parents are against the idea of their kids taking part in this programme, claiming that their kids are learning more about how to participate in sexual behaviour. Parents are against the condom distribution, they think this will encourage the kids to become sexually active. Most learners, especially boys, are not interested in participating or getting involved in these clubs because they are shy, or they assume others will label them as HIV victims.</p>	PF	1

	<p>Sometimes we feel that too much information is being given to very young children and children know too much nowadays, even more than the adults, because sometimes it can be dangerous.</p> <p>While being taught about prevention methods for infections and teenage pregnancies, the children go on and engage in activities that are dangerous to their future, and now we have school dropouts, which are more prevalent amongst girls at our school. In the entire circuit, it is worse and in most cases the reason is pregnancy, even those involved in this MFMC programme.</p>	<p>SP</p> <p>SP</p>	<p>1</p> <p>1-2</p>
--	---	---------------------	---------------------

## APPENDIX 2

### Data analysis Phase Two: Analytic Memo 2

Theme Two: explore the relationship between HIV and AIDS and the environment as experienced by learners in their communities and as represented within the MFMC programme.

Summary of main issues that emerged from interviews with programme participants (learners), Program Coordinator, Program Facilitator, and focus group discussions in response to ‘Goal B’ of this study.

SUB-CATEGORIES	RESPONSES	SOURCE	TRANSCRIPTION PG
<b>1. What food do learners and their</b>	Maize meal to mix with mahangu (millet) meal, meat,	IR1	1

<b>family buy?</b>	soul, oil and onions		
	We don't buy food	IR2	3
	Chicken and maize meal	IR3	6
	Sometimes, rice, macaroni and potatoes	IR4	8
	Rice, potatoes and bread	IR5	10
	Bread, meat and maize meal	IR6	13
	Macaroni, maize, meat, fish and many things	IR7	15
	Rice and macaroni only	IR8	18
	Everything we eat, we make at our house	IR9	20
	We buy macaroni, rice, potatoes and meat	IR10	23
	Macaroni, maize meal, bread etc	IR12	28
	Macaroni, spaghetti and bread	IR13	29
	Macaroni or rice, fresh tomatoes, onions	IR14	31
	Rice, soups, onions, spice and etc....	IR15	33
	Meat, milk, rice, macaroni and cooking oil...and those beans in tomato sauce, beef and fish	IR16	35
<b>2. What food learners and their family collect from the veld</b>	We do not harvest our food	IR1, IR2, IR3, IR4, IR5, IR6, IR8, IR9, IR10, IR11,	6,8,10,13,18,20,22, 24,29,31,33 and 35

		IR12, IR13, IR14, IR15, IR16	
	Wild berries like eembe, onyandi and oondunga. We use the oondunga to make ombike (a traditional alcoholic brew).	IR7	15
<b>3. Food that learners and their family grow?</b>	Mahangu, maize beans and pumpkins	IR1	1
	Maize, mahangu, beans, water melons, etc.	IR2	3
	Millet, Maize, beans, ground nuts	IR3	5
	Mahangu, maize, beans, pumpkins	IR4	7
	Mahangu, maize, water melons, pumpkins and beans	IR5	9
	Mahangu, maize, beans, pumpkins and water melons	IR6	13
	Mahangu, maize, beans and sugar cane	IR7	15
	Mahangu, maize, sorghums, beans only	IR8	17
	Carrots, cabbage and water melons	IR9	20

	Fruit, vegetables such as spinach, onions, cabbage, tomatoes, mahangu and beans and sorghums and ground nuts	IR10	22
	Maize, beans, mahangu, ground nuts, sugar cane	IR11	26
	We don't grow our own food	IR12	28
	We don't grow our own food	IR13	29
	We don't grow our own food	IR14	31
	We don't grow our own food	IR15	33
	Mahangu, maize, beans, water melons and ground nuts	IR16	35
<b>4. Food supplied by the government</b>	The government provide us with maize and fish and sometimes oil	IR1	1
	Fish, oil	IR2	2
	The government does not supply anything	IR3, IR4, IR5, IR6, IR13, IR15	6,8,10,13,29,33
	Yes we get maize meal, fish and cooking oil	IR9, IR10	20,23
	The government support us because we are orphans. We get bread flour and cooking oil from the government. We also get money and we use that money for the needs of the house and our personal needs.	IR11	26

	<p>We get only maize and cooking oil every year. They used to give this to us because of flood. When they gave to those affected by the flood, they brought us the left over to this side, and they also use to give to us because we are orphans. They also gave us supplementary food because there are old people in the house.</p>	IR16	36
<p><b>5. Preferred method of sourcing food and the reasons why?</b></p>	<p>I prefer growing because buying might be costly.</p>	IR1	1
	<p>Growing own food so that I will have enough food. If I have enough food I can sell it and make money.</p>	IR2	4
	<p>Now I prefer growing, because there is nowhere else to get money from. Later I will be working, so I will spend on buying food, because I have money.</p>	IR3	6

	Producing my own food, because sometimes you can sell it when you produce a lot of food and use the money to pay school fees.	IR4	8
	Growing my own food, because food in the shops is too expensive, and there is not enough money to buy food and growing is where I can get enough food.	IR5	10
	Growing, because your food does not cost you any money and you have more food than the ones you buy.	IR6	13
	To produce my own food, because it's cheap, you don't use money to buy a lot of things.	IR7	16
	I prefer growing food, because	IR8	18

	sometimes you might not have money to buy food. I get food and income from maize and beans.		
	Growing my own food, because to buy your food, it is costing a lot and then when you are planting your crops, you just go to buy seeds and then it will not cost you much money to produce your crops.	IR9	21
	I prefer buying because I do not like working in the field because it is really tough. I don't like sweating in the sun. I like buying food because you are not working for it; you get money and buy food.	IR11	26
	Growing, because sometimes food is very expensive in shops.	IR12	28
	I prefer growing because, you	IR14	32

	are working on your own to get food, more so than buying food. At times we didn't have money, we just used to grow our own food.		
	I prefer growing because I will save money for better things like clothes, because most of the time we just spent money on food, while you don't have money for school stationary or clothes to wear.	IR15	33
	I prefer growing because is where I can take care of my own garden/field, planting fruits and vegetables for ourselves and the community as well.	IR16	36
<b>6. How people living with HIV and AIDS secure food?</b>	They get fish and oil from the government.  The best way to secure that these people's access to healthy food is to talk to the government to provide people	IR1	2

	with food.		
	They can cultivate food so that there will be enough food for families. If you plant more you can sell the rest and you eat as much as you want.	IR2	4
	Buying food that contains a balanced diet. That way they will eat nice food because they will be able to buy what they want.	IR3	7
	We can make a garden and grow vegetables, cook and give away the excess.	IR4	8
	When they are coming to get their ARVs at the hospitals, the government must contribute some foods to the doctors to give each and every one who is coming to get their tablets will be able to be given food.	IR6	14

	The government must provide them with food because some of them are not working, and they will be healthy because they are eating those healthy foods; then they will not get sick from hunger.	IR9	21
	They buy food from the shops and the government provides them with maize meal and cooking oil.	IR10	23
	We can tell them to make their own gardens and grow their own fruits and vegetables so that they can boost their immune system and keep themselves healthy, so that the disease will not hinder them as much.	IR11	26
	They must grow food that they need for their health, to have healthy bodies and not be weak.	IR14	32

	<p>I would like the government to provide them with healthy food so that they will be sure that they eat those healthy foods that will help them remain strong. It might be that the HIV positive people are more skilled than us who are not positive or sick with the virus. So, that will benefit the government, where they have got skills, and if they eat well they will be strong and be able to use the skills for development of the community.</p>	IR15	34
	<p>Either at the clinics, or maybe at the hospitals, where people go to get their medicine, they must be selling those foods which are needed by those who are infected.</p>	FGD1-R8	5
	<p>And they must grow a garden where they will grow the fruits and vegetables and give them</p>	FGD1-R 9	5

	for free.		
	I suggest to tell them the importance of growing their own vegetables.	FGD1-R 7	5
<b>7. Representation of the relationship between HIV and AIDS and the environment within MFMC programme</b>	Stigma and discrimination, confidentiality (people do not want to expose their status).	PC	2
	Teenage pregnancy, sexually-transmitted diseases, alcohol and drug abuse and sexual abuse.	PF	1

	<p>If too many people are dying, how about the space where they are going to be buried, and the graveyards? Obviously trees have to be cut to make provision for burial space and the graveyards will finish the space.</p> <p>Plastics that people are using can cause litter and land degradation and they don't decompose easily.</p> <p>I have not seen anything connecting HIV to the environment; it is probably something that needs to be looked at.</p> <p>It is not something that we are doing. But, somehow, when you are teaching learners how or where they should keep the used condoms, it is a responsibility with consideration of the environment. Somehow people have thought about that plastic</p>	PC	2-3
--	--	----	-----

	might do to the environment.		
	<p>There is no direct connection of HIV/AIDS and the environment. HIV and AIDS in fact does impact the environment because if too many people are dying, how about the space where they have to be buried; the graveyards? Graveyards will take up vast areas of land and trees and bushes have to be cleared. The plastic containers</p>	PC	2-3

	used for medicine and condoms (rubbers) may be scattered in the environment causing litter and land degradation, while this is the environment – that we need to preserve.		
	Our programme does not deal with environmental issues.	PC	3
	Learners need to be made aware of the HIV and AIDS implications on the environment. We need to consider integrating environmental issues into the programme so that learners not only learn about the social aspects of HIV and AIDS but environmental implications of HIV and AIDS as well.	PC	3

### Data analysis Phase Three: Analytic Memo 3

The description of how MFMC enhances the strengthening of learners' capabilities in response to 'Goal C' of this study.

Summary of main issues emerging from document analysis: Programme Coordinator, Programme Facilitator, School Principal, learners' reflection sheets, lesson observations and focus group discussions.

<b>SUB-THEMES</b>	<b>COMMENTS</b>	<b>DATA SOURCE</b>	<b>PAGE</b>
<b>1. Acquired knowledge and skills</b>	Providing information on HIV and AIDS and developing the life skills necessary, including decision making regarding sexual and social behaviour for the prevention of HIV transmission.	DOC1	12
	Emphasising the role of drugs, sexual abuse, violence, and sexually transmitted diseases (STDs) in the transmission of HIV and empowering learners to deal with these situations.	DOC1	12
	Providing information on living positively with HIV and AIDS and on caring for family members who are living with HIV or AIDS.	DOC1	12
	Has learned how to take care of himself and	RS1	1

	how to live with people who are HIV positive or who have AIDS.		
	Providing information on living with HIV, raising awareness about the stigma against people who have HIV, and providing the skills required to face peer pressure and develop assertiveness, decision-making and problem solving skills.	DOC3	1
	<b>Testing</b> means going to the doctor, clinic, hospital or new start centre for a HIV blood test which tells you whether you are HIV positive or negative.	DOC2	39
	I learned about the importance of getting tested.	FGR7	2
	HIV testing as admission requirement is prohibited, denied admission as a result of HIV status is prohibited, HIV infected learners and students have the same rights as all other learners. Refusing to teach, study with or be taught by those living with HIV and AIDS is prohibited.	DOC1	8
		DOC2	39

	<p>Stigma is a label put on a person, for example labelling all men as violent.</p> <p>Discrimination and stigmatisation means treating and labelling some people negatively and differently from others because of their gender, race, a disability, HIV status etc.</p>		
	I learned how to treat people equally, whether they are positive or not.	FGD1-P3	1
	I learned how to care for a person with HIV, and about how people discriminate people with the disease.	RS2	
	I learned how to treat people with HIV, not to discriminate against people with HIV and AIDS. A person that is infected by HIV needs help.	RS3	1
	I learnt how to take care of a person who has HIV and AIDS.	FGR4	1
	I learnt how to deal with people who are	FGR5	2

	infected.		
	I learned how to treat people with HIV and AIDS.	RS6 and RS7	1
	I learnt that we should not discriminate against people who have HIV and AIDS.	FGR6	2
	I learned that we should not discriminate against people living with HIV and AIDS, but to take care of them.	RS8	1
	I learned how to treat infected people, so as not to discriminate people who are infected with HIV and AIDS.	RS9	1
	I learned how to treat people with HIV and AIDS, not to discriminate people with HIV and AIDS, and how to stay with people with HIV and AIDS.	RS10	2
	I learned how to treat infected people. I learned not to discriminate against people	RS11	2

	who are infected with HIV and AIDS. I learned how to take care of them.		
	I learned how to take care of people who are infected, how to treat them and not to discriminate people who are infected.	RS13	2
	I learned that all people are the same regardless of their status. Reflection sheet seventeen revealed that the participant learned that you can be friends with someone who is positive with HIV and AIDS, and that teachers who are positive have the right to work.	RS17	2
	Disclosing or coming out means to tell, or make known. Disclosing your HIV status means telling someone about it and not hiding it.	DOC2	43
	Living positively with HIV means accepting your status and continuing to live an ordinary life. Positive living also means that HIV positive persons will eat healthy food, avoid alcohol and cigarettes, get daily exercise, only have safe sex, and continue to	DOC2	43

	do things that they enjoy. They will also equip themselves with knowledge of how to deal with the different emotional stages they will go through.		
	People who have to take ARVs may experience negative side effects, such as nausea and extreme tiredness. When the side effects are very serious, the doctor might recommend that you change to a different set of ARVs.	DOC2	44
	Providing skills required to face peer pressure and develop assertiveness, decision-making and problem solving skills.	DOC2	44
	How to be supportive when someone tells you about being HIV positive, or about any other sensitive problem.	DOC2	45
	Caring for someone who is sick with AIDS.	DOC2	46
	Overcoming stigmatisation in our community and to sensitise your school and community towards the danger of stigmatising people.	DOC2	48

	Develop skills in learners (communication, decision-making, self-awareness, assertiveness, negotiation, practical ability to use articles such as condoms.	DOC5	14-15
<b>2. Acquired values/attitudes</b>	Improving communication between sexes and between adults and youth. Encourage young people (15-22) to think for themselves and take responsibility for their future and their own development.	DOC1	1
	Getting tested.	DOC1	45
	Reaching out to infected and somebody who is infected and sick with AIDS.	DOC1	46
	Stigmatising against people with HIV and AIDS is a huge problem in our country. If is one reason for an increasing number of suicides in our communities.	DOC1	48
	Encouraging learners and students to make use of health care, counselling and support services offered by the health clinics,	DOC1	12

	educational institutions, community services organisations and other disciplines.		
	<p>Teaching learners and students how to behave towards persons with HIV and AIDS, raising awareness about prejudice and stereotypes concerning HIV and AIDS.</p> <p>Cultivating and enabling environment and a culture of non-discrimination towards persons with HIV and AIDS.</p> <p>Providing information on living positively with HIV and AIDS and on caring for family members who are living with HIV or AIDS</p> <p>I learnt that people living with HIV do not need to be separated; we just have to be with them.</p>	DOC1	12
<b>3. What learners value/prefer learning within the MFMC program</b>	About teenage pregnancy, how to control it and the bad effects of it.	RS1	5
	I would like to learn about new infectious diseases that also need to be tested in human body, and I would like to know how to take care of those people.	RS2	5

	I prefer to learn how teenage pregnancy can be prevented and how these people think about themselves.	RS4	5
	I want to know how to test someone.	RS14	5
	How to take care of people and to feed the sick people.	RS16	6
	I think eating healthy food is very important because if the person is infected with HIV and AIDS, they should eat so that they can be strong.	FGD1-R1	4
	I think the programme must include mainly the food which contains the important nutrients in the body, like the necessary fruits and vegetables, which may be needed for the person to be strong if he/she is infected.	FGD1-R8	5
	How to come up with (grow) these foods.	FGD1-R2	5-6
		FGD1-R10	6

	The importance of growing their own vegetables.		
	How to control pests.	FGD1-R10	6
	How to cook them because some of us don't know how to cook them.	FGD1-R2	6
	Which soil is good for growing these foods.	FGD1-R13	6
	Tell them which type of healthy food they must eat.	FGD2-R7	4
	How many times they should eat.	FGD2-R8	4
	We must also tell them to grow their own food so that they do not buy food from stores; they will benefit from it.	FGD2-R9	4
	Teach them the importance of eating healthy food.	FGD2-R10	4

<p><b>1. Other aspects enhancing capabilities</b></p>	<p>Non-discrimination and equality with regard to learners and students living with HIV and AIDS.</p>	<p>DOC1</p>	<p>3</p>
	<p>I disagree because what if they are only two in the house? They will just play.</p>	<p>LO1-R4</p>	<p>6</p>
	<p>I disagree, because they have got to play together it's like you have to take away the things that are harmful to them that can spread HIV and AIDS like razors, scissors and like broken bottles and then cut off their nails so that they do not spread the disease.</p>	<p>LO1-R11</p>	<p>7</p>
	<p>I disagree. What if my sister is playing with that person and they happen to bump each other and they both get wounds, then that blood is where the disease will come from.</p>	<p>LO1-R12</p>	<p>7</p>
	<p>I will not allow my darling sister to play with someone who is infected they might go too far to play, they might even have sex and my sister will get infected.</p>	<p>LO1-R5</p>	<p>7</p>

	<p>The promotion and protection of human rights plays a major role in the impact of HIV and AIDS on society and on the vulnerability of people with HIV infection. People face discrimination and stigma on a daily basis. Daily violation of their rights increases the negative impact of the pandemic on individuals, because people have to worry about stigma and discrimination in addition to their health and HIV status. The violation of rights to freedom from discrimination also affects the health of the general population. The fear of stigma and discrimination is one of the biggest deterrents to a voluntary HIV test.</p>	DOC1	3
	<p>A person with HIV should not marry and have children, because he or she is also a human being like those of us who are not infected. That person will infect the other people.</p>	LO1-R3	3-4
	<p>I disagree, because a person even though he or she is HIV positive, will just marry or be married and have children, even though they are HIV positive, there is a possibility that</p>	LO1-R4	4

	the children will not contract HIV.		
	If it turns out that my friend has HIV, I will still remain his or her friend, because my friend needs some help. I need to encourage her not to commit suicide. I need to give her advice so that she can be strong always.	LO1-R2	11
	If it turns out that my friend has HIV, I will still remain his or her friend, because my best friend needs my support, she needs my love. So, I have to show her that yes, I am really her friend. I will give her advice to know that I am always there for her and that there are people who love her. She will know that ‘even if I am HIV positive, my friends still love me, they care for me’.	LO1-R5	11-12
	If it turns out that my friend has HIV, I will still remain his or her friend, because my friend needs love from me, I need to give it to her.	LO1-14	122
	Education authorities, the governing body, administrators and teachers and other employees and their representatives are	DOC8	3

	<p>expected to respect and protect the rights and dignity of all learners, students and other education sector employees, regardless of their actual or perceived HIV status.</p>		
	<p>Safeguarding human rights in the context of HIV and AIDS has a public health benefit. People are more likely to go for counselling and testing and to access information and education on HIV prevention if their rights to freedom from discrimination are protected and upheld.</p>	DOC8	4
	<p>HIV testing of learners or students for HIV as a requirement for admission to, or continued attendance at an educational institution, is prohibited. No learner may be denied admission to or continued attendance at an educational institution as a result of his or her HIV and AIDS status, or perceived HIV and AIDS status. Learners living with HIV and AIDS have the same rights as all other learners and students to attend any school.</p>	DOC8	4
	<p>When it comes to the statement that schools should have all learners tested when they</p>	LO1-R2	9-10

	admit them, to make sure that the risk of HIV transmission is as low as possible, I disagree because some teachers will be teasing learners who are HIV positive in class, and you won't be comfortable in class.		
	I agree, because an infected person needs love, if they get tested and the teacher knows, maybe that teacher will be very close with the learner. She will give love to the learner that they supposed to give.	LO1-R5	10
	I disagree, because we know that education is the key and all of us need education, whether positive or negative. So there is no need for checking the other people's status, because whether positive or negative, we need to be treated equally. We must not discriminate against anyone because, let me say that, maybe that person is HIV positive and the person is not going to school. Where will that person get hope or job or a career from? Meaning, education is for everyone, discrimination is not needed.	LO1-R9	10
	I disagree, because no one has the right to force someone to be tested.		10

	I agree, because if testing is taking place at school, you will know your status and then you will take a step, go to hospital to take medicine which will prolong your life.	LO1-R6	10
	If I find out that I am HIV positive, I will kill myself because people will gossip me.	LO1-R3	16
	Gossip does not kill, I don't care. If you gossip, I won't hear that gossip.	LO1-R6	16
	I would kill myself, because no one would love me. They would think that I will infect them.	LO1-R8	16
	I would tell my best friend, a close friend, that I trust them, that friend must keep that secret. I would go for counselling.	LO1-R10	15
	We don't need to kill ourselves due to an HIV positive status. We only need to go for counselling, and then go to the hospital and get our ARVs. At least you live longer.	LO2-PF	17

	Killing yourself is not the solution. Find someone who is your best friend so that you talk about it and then she/he will encourage you on how to take care of yourself. Even your parents. They will support you! Your relatives also.		
	Compulsory disclosure of a learner, student or education sector employee's status to educational institutions authorities is not recommended as this would serve no meaningful purpose. Voluntary disclosure of HIV status is however encouraged. Such disclosure should be treated and handled with confidentiality, so as not to share it with other people without written consent of the person who made the disclosure.	DOC8	5
	All persons medical information, whether oral, written or in electronic format, obtained from an individual or third party, will be treated as confidential.	DOC8	2
	No need to tell the person that I know that you are HIV positive. So, that person has the right of keeping his or her disease secret.	LO2-PF	14

	You don't need to spread the message to each and everyone in the street or at school.		
	In the interests and with respect for human rights, there shall be no discrimination against an employee who is HIV infected, is perceived to be, or who is affected by HIV and AIDS. Unfair discrimination and stigmatisation inhibit efforts for prevention, care, treatment and support.	DOC8	2
	Orphans must have their own class	LO2-R3	13
	For all the people, HIV positive, orphans or whomever, they must be treated equally. They must treat them with love. You must treat them as equals. They have that right, even learners who are infected have that right to go to school and to be educated with others also. And even teachers, they have the right of teaching learners even though infected. You don't need to tease them.	LO2-P4	13
	Treat them equally, that's all. Equally.	LO2-R6	13
	We must treat them equally, whether infected or not infected. And do not stop loving someone because he or she is	LO2-PF	13

	infected. There is no need to tell the person that I know that you are HIV positive. That person has the right to keep his or her disease a secret. So, you don't need to spread the message to each and everyone in the street or school.		
	I found out that people living with HIV needs to be treated.	FGD2-P2	1
	I learnt that we should treat people with HIV and AIDS in the same way as those who do not have HIV AND AIDS.	FGD2-P4	1

## APPENDIX 4

### Data analysis Phase Four: Analytic Memo 4

Theme Four: a comparative analysis of practices across different HIV and AIDS programs that could inform the MFMC programme.

The following is a summary of main issues that emerged from a comparative analysis of the HIV and AIDS programmes of Malawi, the Nekong region, the Philippines and Zimbabwe, as compiled by UNICEF (2002) in response to 'Goal D'. This data is presented in section 4.5 of this study.

SUB-THEME	RESPONSES	SOURCE
1. A brief	Safe place Pilot for meeting Sexual and Social Health	<u>UNICEF</u>

<p><b>description of the programme</b></p>	<p>Needs of Young People in Crisis. Chakholoma, P: Lilongwe 3</p> <p>Four communities in Malawi involved: Ndirande, Zingwangwa, Bangwe, and Chileka.</p> <p>1998- June 1999, implementer: UNICEF- Malawi, Lead partner: Youth Arm Youth Organisation- a Youth NGO, Partners: National Youth Council, City of Blantyre, Department of Youth and other youth NGOs. Overall budget: US \$30,000.00</p> <p>64% of the population of 11 million people is under the age of 24. National HIV prevalence rate of 6.4% and the rate for adults (15-49 years old) are estimated to be 13.2%. AIDS is a leading cause of death among young people. All groups are vulnerable to AIDS, but some are more vulnerable than others. These include youth people in extreme poverty, young girls, young people involved in violence/crime/substance abuse, and young people who are sexually exploited. The number of female AIDS cases in the 15-24 age groups is six times higher than the male cases in the same age group.</p>	<p><u>(2002, p. 67)</u></p>
	<p>THE Nekong Region STD/HIV and AIDS Project (p. 76-84). Benoun, R. Bangkok</p> <p>Cambodia, China, Laos, Myanmar, Thailand and Vietnam.</p> <p>A three year programme started in mid-1996, implemented by UNICEF, Lead partner: National government, NGOs, mass organisations and community based organisations (APICT).</p> <p>STD/HIV and AIDS is growing rapidly as economic development and transportation links increase mobility within and between countries and previously isolated rural</p>	<p><u>UNICEF (2002, p. 76-77)</u></p>

	<p>people and ethnic minorities become vulnerable to exploitation. All six countries need to expand community level efforts in areas of prevention, reproductive health education, and care for people with and affected by HIV and AIDS (p. 76).</p>	
	<p>Children in need of special protection (CNSP) (p. 104-112). Moselina, L: Makati City Philippines.</p> <p>An integral component of CPCV covering the period 1999-2003; implemented by government agencies such as Department of Social Welfare and Development (DSWD), Department of Education, Culture and Sports, Department of HEALTH, Department of Labor and Employment, Department of Interior and Local Government, Department of Local Government Unit in 20 provinces and in five cities, Child rights Center, Philippine National Police (PNP).</p> <p>The situation of growing number of impoverished, fragmented and dysfunctional Filipino families is aggravated by prevailing conditions of poverty, unbalanced socio-economic development, and social inequality. This has brought about an increased number of children who are trapped in situations of disadvantage requiring special protection measures. The present magnitude of the situation requires immediate and long-term interventions in order to address the unique needs and circumstances of these children.</p>	<p>UNICEF (2002, p. 104-105)</p>
	<p>Programming for Young People in Zimbabwe. Marques, M: Harare Zimbabwe</p> <p>Implemented in 1995-1999 by the government line</p>	<p><u>UNICEF</u> <u>(2002,p.</u> <u>160)</u></p>

	<p>Ministries of Health, Education and Culture, National Affairs and Co-operatives, AIDS service associations, Labour and Social Welfare, Local Government, municipalities youth groups, NGOs and religious organisations. Lead partner: National AIDS Co-ordination Program (NACP) in alliance with UNAIDS, UN sister agencies. Funding total: US \$ 7, 170, 436, 4.</p> <p>Some cultural beliefs and practices violate children’s rights, and there is inadequate participation of young people in decisions that affect their lives. Discussions on sexuality and growing up remain taboo at all levels, and healthy sexual practices are uncommon. There are weak linkages between information, knowledge and provision of services and an absence of youth friendly policies and services, as well as a lack of access to education.</p> <p>This results in retention and equity, and 50% of school ages children remain at home in commercial farming. The HIV and AIDS infection rate is raising among youth aged 15-29 years old. Over 1000 people die every week due to HIV and AIDS. 30% of pregnant women are HIV+ and 44% of 19 year old women are either pregnant or mothers. Around 910,000 AIDS orphans by 2005 are estimated.</p>	
<p><b>2. Aims and objectives of the programs</b></p>	<p>To enable young people to set up and run their own “safe spaces” low cost multi-purpose youth centers which will provide the information, skills and services needed by young people in crisis to meet their needs and rights.</p>	<p><u>UNICEF (2002, p. 67)</u></p>
	<p>To assess and counteract the likely consequences of HIV and AIDS on the health education and wellbeing of the most vulnerable groups in the region; implement, monitor and</p>	<p><u>UNICEF (2002, p. 77)</u></p>

	evaluate activities which reduce HIV and AIDS transmission, and increase community acceptable and care for women, children and families affected by the illness.	
	CNSP address major child protection issues existing in the Philippines today including exploitation and hazardous child labor, sexual abuse, and commercial sexual exploitation, armed conflict and other forms of organised violence, child abuse, neglect and abandonment, substance, and HIV and AIDS, and aids in the development of education policies and programmes that address the needs and circumstances of CNSP.	<u>UNICEF</u> (2002, p. 105)
	Facilitates/supports orphan care community initiatives; improves the capacity for community, NGOs, and CBOs response to HIV and AIDS prevention and to promote PWAs community based activities; facilitate/support provision of youth friendly services and advocate for policies and laws to promote development of young people, and to protect their rights.	<u>UNICEF</u> (2002, p. 165)
<b>3. Curriculum and methodological strategies</b>	Methodology and the initial KAPB survey undertaken by young people including the report; video footage (raw) of the process of programme implementation; training packages that were used for peer education, life skills and management training; monitoring tools; manual for youth technical subcommittees. These are district co-coordinating machineries for youth activities, they comprise of ten members, two of whom are young people.	<u>UNICEF</u> (2002, p. 70)
	The Nekong region Life skills training materials: curricula and IEC materials, Video kit, retreats and workshops run by	<u>UNICEF</u> (2002, p.

	young people. Videos and accompanying manuals containing games and activities suitable for youth groups and school students.	<u>83)</u>
	CNSP youth council extended network in all village, organisational structure (municipal associations and provincial, regional and national federations).	<u>UNICEF (2002, p. 111)</u>
	Life skill education for HIV and AIDS prevention books, life skills education magazines (body talk series, Straight Talk and New Generation, facts about AIDS, Living with AIDS, AIDS Questions and Answers). Use of media through newspaper and magazines electronic materials: rural outreach programme through mobile cinema (videos), radio and television programmes and other promotional educational material such as t-shirts, caps, posters, pamphlets with HIV and AIDS prevention messages.	<u>UNICEF (2002, p. 165)</u>
<b>4. Youth involvement and how it affects them</b>	<p>Managing and running the project. Youth (13-22) being incorporated in decision making committees and community mobilisation. Managing the Safe Space centers. The city council conducting a community needs assessment for the youth center.</p> <p>Youth acquired leadership, management and practical skills through various activities in the programme. They also strengthen their decision making skills and many have acquired vocational skills. Peer education has given the youth information on HIV and AIDS, reproductive health and life skills.</p>	<u>UNICEF (2002, p. 68-69)</u>
	Planning and Implementation of peer education approach. Youth in Thailand get involved in camps, share experience and to address their specific needs; participate in situation analysis and designing solutions to assist in supporting and	<u>UNICEF (2002, p. 79-81)</u>

	<p>educating the communities about HIV and AIDS. In Vietnam, the youth organise sporting activities and conduct HIV and AIDS awareness activities and condom demonstrations. A mobile group goes in community to present an hour of slides, games and condom demonstrations; Lao youth union built capacity in training of young volunteer to work with young people in villages of ethnic minorities, generally out of school youth by promoting dialogue, skill acquisition and problem-solving. Thailand youth camps for young people affected by HIV and AIDS formed new friendships network for affected young people in Myanmar who received life skills training believe that they had become more thoughtful, careful and considerate and had reduced their risk behaviours.</p>	
	<p>The Medium Term Youth Development Programme has been prepared through a very consultative process and with strong participation of youth; participation of youth in social reform agenda council and the national anti-poverty commission responsible for facilitation and co-ordination of national development plan for children with emphasis on strengthening entrepreneurship skills and vocational training on science, education and technology.</p> <p>Youth gain more self-confidence and a positive self-image. Those with traumatic experiences found support from peers who empathise with their difficult circumstances; some were convinced of their inherent capacities, talents and skills to contribute to mutual growth and development. Their resilient character provides hope and inspiration for a better future.</p>	<p><u>UNICEF</u> (2002, p. 108-109)</p>

	<p><b>Assessment, analysis and taking action</b> to solve identified problems. Girls remain less actively involved in youth activities, in most cases as a result of socio-cultural norms that dictate that they should be confined in the home. There is an effort to get more girls involved in these projects.</p> <p>Young participants gain in-depth information, education and life skills; greater understanding and skills to avoid risky situations of contracting HIV and AIDS/STDs; youth report that they gained self-confidence and feel in control of their destiny.</p>	<p><u>UNICEF (2002, p. 162-163)</u></p>
--	--	---

## **Interview Schedule No: 1**

**Respondent Profile:** RACE Coordinator in Oshikoto Region

**Date:** 25 July 2012

### **Questions**

1. Please provide an overall preview or history of HIV and AIDS leading to the development of the programmes.
2. What led the Ministry of Education to think of involving HIV and AIDS education in schools?
3. How would you describe the scale of the programme? Is it a national, local or international programme?
4. Who is involved in the programme and who funds the programme?
5. Do these funders have influence on the programme?
6. What policies are influencing the programme?
7. Can you explain the methodological orientation of the program? i.e what methodologies and approaches are preferred and why?
8. How do you view HIV and AIDS in terms of the environment? Does HIV and AIDS contribute to environmental problems?
9. How does the programme respond to these issues?
10. What are the sustainable practices are in place to deal with the issues? How do you work, what is involved and needed for the effective implementation of the practices?
11. Who funds these practices and how do they influence the practice of HIV and AIDS education?
12. Are there any tensions characterising the practice?
13. Do you have any suggestions that you would like the programme to include more specifically with regard to environmental education or awareness within the HIV and AIDS education programmes?

## Appendix 5B

Goal: 1 + Goal: 3

### Transcription Interview No: 1

The history of HIV/AIDS in Namibia is somehow complicated because nobody is really sure of how and was tested and how the test was done but according to the information we have in the country it originated in the 1980s, 1988 to be specific and there were few cases on HIV, (2 or so) when it used to be called the gay disease and that is how it started until now that we have hundreds of thousands of people living with HIV/AIDS. People only came to know about the disease in the 1990s, before then, people did not know what the disease was and how serious it was or where it came from. There were no measures on how to protect oneself. People did not know the danger they were in and it was regarded as a normal disease. Probably only doctors knew about the seriousness of the disease.

Only after 1990 when people came to know the danger and seriousness of the virus and how it has affected the people in the country, they decided to put it in education programs because they believed that the disease have to be fought at the grassroots. It seemed better to put the problem in books and into the education settings and educate people from a very young age so that by the time they reach the age of being sexually active they would understand and be wise and all that.

The scale of the program is from an international perspective then into national perspective and then regional as we are, so whatever we are doing is based on the national program, based on national policies for HIV and the programs we implement in schools are based on these policies. Basically, we took the international policies modified them and adjusted them to fit the Namibian context and national level and then modified the national policies to fit the specific cultures, traditions and all angles involved as we have different cultures that are dear to the people.

Regional wise, we have many programs all over the country targeting youth in and out of school. The programs are funded by NGOs, international organizations such as UNICEF, Global Fund AID with very little input from our government. The programs are not really government funded. And if people are giving you funds, you have to 'dance to their tunes'. Sometimes they don't really care about your cultures. They design the programs and no matter the input you want to add, they already have the present standards of the programs that you have to follow and they want to see the programs run exactly according to what they have planned in the programs. Sometimes these are things that you want to cut from the

programs that the community is not happy with or comfortable with. For them they want you to run the program the way they are because that is what they are funding.

According to some consultations, there are some things that do not fit with cultural values and norms of our people in our regions. These things have to be cut out and others have to be added according to the geographical settings.

In terms of Policies that informs HIV education and looking at the national level, we have the National policy on HIV/AIDS, the National policy of HIV/AIDS for education sector and others.

Programs are run with respect to all codes. They are designed to educate and consider the rights of people and designed to fit the specific age group and all the corners of HIV and problems that it brings along and we run the programs accordingly.

Problems that HIV/AIDS brings are those such as stigma and discrimination, confidentiality (people do not want to expose their status).

The programs are designed and delivered in such a way that learners learn by doing. They are designed in such a way that learners themselves are involved in the programs and not somebody dishing out information, they learn by themselves. Others are designed in such a way that some are given by teachers and others are given by out of school youth. MFMC is designed to be given by out of school youth and WOH by teachers. MFMC is given by out of school youth with the belief that learners at this age learn better if dealing with a person of almost the same age as them. The program is designed for general discussion. Teachers are role models, learners respect their teachers and are believed that small children listen to their teachers and do as their teachers say, hence teachers give WOH program.

Regarding the environment, of course there are some environmental concerns that can be implicated on HIV for example, if too many people are dying, how about the space where they are going to be buried, and the graveyards? Obviously trees have to be cut out to make provision for burial space and the graveyards will finish the space. HIV brought a lot of stuff such as plastics that people are using that can cause litter and land degradation and they don't decompose easily.

I have not seen anything connecting HIV to the environment it is probably something that need to be looked at. It is not something that we are doing. But, somehow, when you are

teaching learners how or where they should keep the used condoms, it is a responsibility with consideration of the environment. Somehow people have thought about what that plastic might do to the environment.

Organizations supplied materials to institutions when they came to being. But now things are not the same, it seems like they are going down every day as a time goes, they are withdrawing. Materials used for educating people are pamphlets, posters, personnel going around house to house, condoms, models etc. But these organisations think that Namibia can now take over and proceed on with the programs on their own but it takes long for people to change behaviour although awareness is raised.

The parents perspective on these programs is one of the challenges, learners are withdrawn by parents from taking part in programs because they think their children are being encouraged to have sex. There are organizations educating parents on issues concerning HIV/AIDS. Our part is only the school and school board chairpersons.

My recommendations would be that learners need to be aware on the impacts of HIV on the environment. Learners need to understand why they need to protect themselves from HIV infection as this will have implications not only on their social lives but the economic and eventually on the environment as well. There should be activities for the education for the environment.

Concerning tensions within the programs, it is that the program is not reaching every learner and it is only a limited number are taking part in these programs. Who knows? Maybe they do not believe in the issues discussed. Like I have said to change behaviour does not happen easily. Other issues might also contribute to that. Giving these programs does not necessarily guarantee a change in behaviour.

# Appendix 6A

## Interview Schedule No: 2

**Respondent profile:** Teacher and MFMC facilitator and HIV and AIDS mentor

**Date:** 03 September 2012

### Questions

1. How would you describe the history of the HIV and AIDS programs in Namibia?
2. How many participants participate in these programmes?
3. What are the aims and objectives of the HIV and AIDS education programmes, their intentions, and the social issues to which these programmes respond.
4. Considering the social issues that the programmes are designed responding to, what is the history of these issues; how did these issues arise and how long have they been around?
5. How are these programmes developed and used to address the issues?
6. What tensions exists in the successful implementation of these programmes in schools? (if any).
7. What materials and resources are needed for the effective implementation of the education programmes?

## Appendix 6B

Goal: 1 + Goal: 3

### Transcription for Interview No: 2

It was realised that the country is facing a crisis of massive proportions due to HIV/AIDS. Among those most affected are our country's children, many of whom become vulnerable or orphaned due to this disease and all of whom are at risk for the future infection. Thus Namibia established the following HIV/AIDS education programs such as Window of Hope, AIDS awareness Clubs and My Future is My Choice.

These programs does not require any number of participants, what is important is the motivation and energy. The only thing that need to be put into consideration is the age group.

The aims of these programs is to empower school learners to establish and run HIV/AIDS Awareness clubs, so that learners can educate their fellow learners on HIV prevention and care issues

Examples of social issues are teenage pregnancy, sexual transmitted diseases, alcohol and drug abuse, sexual abuse.

I don't know the history, but I think these issues were arised by ignorance, lack of information

The government and NGOs such as UNICEF, HAMU ect worked together to ensure that teachers, some youth from the community are trained so that they can be able to educate learners or peers about HIV/AIDS prevention.

Some of the tensions I've experienced in establishing/implementing these programs in school are as follows:

Some of the programs like WOH and AAWC are run by teachers which results in ineffectiveness of the programs because of over loading of activities or work.

Some parents are against the idea of their kids taking part in these programs claiming that their kids are learning more about sexual behaviour. Parents are against the condom distribution, they think this will encourage the kids to be sexual active. Most learners especially boys are not interested in participating or getting involved in these clubs because they are shy, they assume other will label them as HIV victims.

In order for one to implement these programs in schools, there must be always materials such as T-Shirts., caps, rulers, pens, posters, booklets ect that might attract learners.

In order for effective implementation of these programs to take place, it requires the input from the following ministries and organizations such as HIV/AIDS Management Unit, Ministry of Education (HAMU), UNICEF Namibia, teachers, councillors, curriculum developers as well as representatives from NGOs and youth based organizations. Also need the involvement of the community for example parents and out of school youths, regional office (RACE).

My recommendation is to train learners to educate their peers, because learners cannot meet in their clubs without the presence of the teacher. The regional office need to provide the schools with the relevant materials and schools need effective monitoring and observation on activities done at schools.

# Appendix 7A

## Interview Schedule No:3

**Respondent profile:** School Principal

**Date:** 17 September 2012

### Questions

1. Given the fact that there are HIV and AIDS education programmes running at your school, would you please narrate to me the type of programmes you run here?
2. What is your opinion about the *My Future is My Choice* programme?
3. Please explain your answer?
4. Would you allow your child to part take in such programmes?
5. To what extent do you think these programmes have an influence on their lives outside school?
6. Do you think that the children use condoms?
7. Would you rate the MFMC programme as valid and effective or not and explain your answer.

## Appendix 7B

**Transcription for Interview No: 3**

**Date: 17 September 2012**

01 Q1: Given the fact that there are HIV/AIDS education programs running at your school. Would you please narrate to me the type of programs you run here?

Here at our school we have Window of Hope (junior program) and My Future is My Choice program.

Q2: What is your opinion about the My Future is My Choice program?

I really am not sure what they teach there, but I think the program is about HIV/AIDS education, teaching young ones how to behave with regard to HIV/AIDS. So, I think the program is a good idea although sometimes we feel that too much information is being given to very young children and children knows too much nowadays, even more than the adults. So..... I don't know how good or bad is that, because sometimes it can be dangerous?

On the other hand the program teaches children how the disease is spread from person to person and how to prevent HIV infections and how to live with the virus. It enables children to make wise decisions for their future. They give information on how to prevent teenage pregnancy and drug abuse through.....through this peer pressure.

Q4: Would you allow your child to part take in such programs?

I would maybe if they ask my opinion, but I always try to let my children decide what activities they want to do after school.

Q5: To what extent to you think MFMC program have influence on the children's' lives outside school?

As a program where children always participate, I cannot say that the program has no influence at all but, if it does it is very minimal or either in the wrong way. Or perhaps this is because in Africa there is a belief that if you tell someone not to do a particular thing, that person will be tempted to do exactly what they are told not to do. Maybe this is what is happening with this program. While being taught about prevention methods for infections and teenage pregnancies, they children go on and engage in activities that are dangerous to their future and now we have school drop outs which are high amongst girls at our school. In

the entire circuit, it is worse and in most cases the reason is pregnancy, even those involved in this MFMC program.

Q6: Do you think that the children use condoms?

L

I really cannot say, maybe the boys do and some girls or maybe they are not sexually active or engaging in sexual activities, I really cannot say. But then there is the issue of being shy, these young people don't use condoms because they are afraid to go to clinics or hospitals to get condoms. Even if you bring condoms here at school, teachers use them but you will not see a learner picking some

Q7: Would you rate the MFMC program as valid and effective or not and explain your answer.

Again this question is difficult to answer because maybe I can say that the program is valid but then I cannot say that it is effective because I have to refer to the outcome of the program, through learners behaviour in order to rate its effectiveness. But now, kids are falling pregnant, alcohol abuse you cannot even talk about it and these are actions that are linked to the spread of HIV/AIDS. So, how can you say such a program is effective? No, you cannot because that is the purpose of the program and we cannot see the fruits.

# Appendix 8A

## Interview Schedule No:4

### **Semi- structured interview questions for the programme participants (learners)**

#### **Research goal**

1A: Explore the nature of food insecurity and coping strategies/values and practices underpinning food security in the communities surrounding two schools in relation to the national development goals of food stability by 2030

#### **Part 1**

What do you bring to school every day?

What is your staple food?

What else is added to your staple food?

How many meals do you eat each day? Elaborate (breakfast, lunch, dinner).

What do you eat during these meals?

What food do you buy?

What food do you collect?

What food do you grow? Who grows the food in your household?

Do you get food from any other sources (government feeding schemes, neighbours, etc)

Would you prefer to buy or produce your own food? Why?

#### **Part 2**

What kind of food do HIV/AIDS infected people need to eat?

In your community, do you know of anybody living with HIV/AIDS?

What happens to HIV/AIDS infected people nutritionally? (Where do they get the food from in order to meet their nutritional needs?)

What is the best way to ensure that infected people have access to healthy food?

What are the advantages and challenges with this method?

# Appendix 8B

## Learners' Interview Transcript

Goal: 2

INT  
Sources of Food  
Collect - ■  
Grow - ■  
Buy - ■  
Government supply - ■  
Valued source of food - ■  
Source of food for HIV/AIDS victims - →  
ensuring healthy diets (other important insights)

**INTERVIEW TRANSCRIPTION**

**IP 1**

1. What do you bring to school every day?
  - 1.1 Nothing
2. What is your staple food?
  - 2.1 Mahangu porridge
3. What else do you eat?
  - 3.1 Goat meat, fish
4. How many times do you eat per day? Elaborate.
  - 4.1 3 times, breakfast- oshikundu; lunch- porridge with meat every day; supper/dinner- porridge and fish
5. What food do you buy?
  - 5.1 Maize meal to mix with omahangu meal, meat, soup, oil, onions
6. What food do you grow?
  - 6.1 Mahangu, maize, beans, pumpkins
7. Do you collect food?
  - 7.1 No.
8. Do you have other sources of food?
  - 8.1 Yes, the government provide us with maize and fish and sometimes oil
9. Between buying and growing your own food, which one do you prefer? Why?
  - 9.1 I prefer growing because buying might be costly

①  
- Sustainability  
\* Positive outcomes

5. How many times do you eat per day? Elaborate.

3 times; morning- bread sometimes junkle oats, lunch- just porridge with meat or fish, evening- rice or porridge or anything that we can eat that day.

6. Do you have a garden where you grow food at home?

Yes

7. What do you grow?

Mahangu, maize, beans, sugarcane

8. Who grows the food or decides what should be grown?

My 37 year old father

9. Do you buy some food?

Yes

10. What food do you buy?

Macaroni, maize, meat, fish and many things

11. Do you collect food from the bush?

Yes

12. What food do you collect?

Berries, eembe, onyandi, oondunga to make ombike, ooshe,... Mmmm, they are many.

13. Do you get food from neighbours?

Yes, we do!

14. What food do you get from neighbours?

Mostly salt, if we don't have salt in the house

## Appendix 9

### OBSERVATION SCHEDULE: MFMC LESSON OBSERVATION

ANALYTICAL CATEGORY		SOME ASPECTS TO CONSIDER	COMMENDS
1.	TEACHING APPROACHES AND METHODS/STRATEGIES	<ul style="list-style-type: none"> <li>• Lesson introduction</li> <li>• Teaching methods used to mobilise prior knowledge and experience</li> <li>• Problem-solving</li> <li>• Decision-making</li> <li>• Critical reflection and debate</li> <li>• Transmission of knowledge/information</li> <li>• Creative expression</li> <li>• Synthesising/reflection/conclusion</li> </ul>	
2.	CLASSROOM ENVIRONMENT	<ul style="list-style-type: none"> <li>• How conducive for learning is the environment</li> <li>• The arrangement of the classroom to allow free movement of learners</li> </ul>	
3.	USE OF LEARNING SUPPORT MATERIALS (LSMS)	<ul style="list-style-type: none"> <li>• What LSMs were used?</li> <li>• At what stage were the LSMs introduced and how were they introduced?</li> <li>• Why were the LSMs used?</li> <li>• How appropriate were the LSMs for the learners? (for the age group, culture, language and purpose of the lesson)</li> </ul>	

		<ul style="list-style-type: none"> <li>• Were there any challenges experienced with the use of LSMs? i.e. learners did not find them useful, difficult to read, not enough for the whole group etc.</li> </ul>	
4.	POWER GRADIENTS AND PARTICIPATION	<ul style="list-style-type: none"> <li>• Was there any evidence of power imbalance between the facilitator and the learners; among learners themselves?</li> <li>• To what extent did the power gradients influence the learning?</li> <li>• How actively involved were the learners and the teacher and what influenced these levels of participation?</li> </ul>	
5.	KNOWLEDGE	<ul style="list-style-type: none"> <li>• What prior knowledge did the learners appear to have?</li> <li>• How did the facilitator build on the learners' prior knowledge?</li> <li>• How was the new knowledge introduced to the learners?</li> <li>• How was the new knowledge received by the learners?</li> <li>• Was there evidence of two way knowledge exchange?</li> <li>• Was there evidence during the lesson of learners changing their views or planning to change their ways of</li> </ul>	

		doing things (values and attitudes)?	
6.	<b>SKILLS</b>	<ul style="list-style-type: none"> <li>• What prior skills did the learners appear to have?</li> <li>• How did the facilitator build on the learners' prior skills?</li> <li>• How were the new skills introduced to the learners?</li> <li>• How were the new skills received by the learners?</li> </ul>	

7.	VALUES AND ATTITUDES	<ul style="list-style-type: none"> <li>• What prior values and attitudes did the learners appear to have?</li> <li>• How did the facilitator build on the learners' prior values and attitudes?</li> <li>• How were the new values and attitudes introduced to the learners?</li> <li>• How were the new values and attitudes received by the learners?</li> </ul>	
8.	ASSESSMENT	<ul style="list-style-type: none"> <li>• Was there evidence during the lesson of learners changing their views or planning to change their ways of doing things (values and attitudes)?</li> </ul>	

# APPENDIX 10A

↳ Natasha Tjemembura 10A

①

DATE: 19/09/2012

MFMG

## 1. HIV and AIDS AMONG US.

WHAT KNOWLEDGE DID YOU LEARN TODAY?

What is HIV and AIDS?

How it spread?

How to take care of your self

Where to get tested

How to leave with people who are HIV and AIDS

WHAT SKILLS DID YOU LEARN TODAY?

How to care of people living with HIV and AIDS

~~That you can just get infected when you get hurt and you touch that some body who is infected when you have a sore that was bleeding through blood contact.~~

That i can just get infected through blood contact with an infected person.

2. WILL YOU USE THE SKILLS YOU LEARNED TODAY?

will stay with people that are HIV and AIDS

will start supporting them by giving them attention and love they need from me.

3. WHAT OTHER SKILLS WOULD YOU PREFER TO LEARN TODAY?

About teenager pregnancy

How can you control it

How should i be aware of it

The bad effects

Matias Ester ND

2

DATE: 19 September 2012

MFMC

WHAT KNOWLEDGE DID YOU LEARN TODAY?

learned about how to care for a person  
HIV positive.  
Do people go for testing?  
are to go for testing.  
Do people discriminate people with  
AIDS.

WHAT SKILLS DID YOU LEARN TODAY?

I have learned the following skills:  
- The skill of taking care of someone who  
is sick.  
- The skill of treating other (sick people)  
with healthy people equally.  
- The skill of not separating sick from  
healthy people.

HOW WILL YOU USE THE SKILLS YOU LEARNED TODAY?

I will use the skill I had learned today  
keep it in my mind and use that  
by telling others that, ~~lets~~ <sup>they</sup> go  
to clinic ~~to~~ <sup>for testing</sup>. So that they  
know their status.

4. WHAT OTHER SKILLS WOULD YOU PREFER TO LEARN  
TODAY?

I would like to learn about other  
infectious diseases that ~~can~~ also need  
to be tested in a human body and  
I would like to know how to take  
care of that person.

# APPENDIX 10B

## ANALYTIC MEMO: LEARNERS' REFLECTION SHEET WORK TRANSCRIPTION

### ANALYTIC MEMO: LEARNERS' JOURNAL WORK TRANSCRIPTION

Topic: HIV and AIDS among us

1. What knowledge did you learn today? <sup>٧٤١١٠٠</sup>
  - 1.1. What is HIV and AIDS, How it is spread, how to take of yourself, where to get tested and how to live with people who are HIV and AIDS
  - 1.2. I have learned how to care for a person with HIV positive; why do people go for testing; where to go for testing; how people discriminate people with disease
  - 1.3. How people with HIV be treated; how to stay with them; encouragement; not to discriminate people with HIV and AIDS; how to get tested and where; not to be against them
  - 1.4. I learned how people living with HIV/AIDS think about; how uninfected people think about others who are living with HIV/AIDS
  - 1.5. I have learned that you will not know your status if you are not tested; I have learned that a person is infected by HIV/AIDS need help
  - 1.6. I learned a lot of things: how people live with HIV/AIDS people; how people get HIV/AIDS; how to treat HIV/AIDS people
  - 1.7. I learned a lot of things: I learned how to treat a person with HIV and AIDS; how people get HIV and AIDS
  - 1.8. I learned how to help a person who is suffering from HIV and AIDS; I have learned that we should not discriminate people living with HIV and AIDS but to take care of them
  - 1.9. I learned how to treat infected people and how to communicate with them; I learned not to discriminate people who are infected with HIV and AIDS; I have learned how to take a good care

1 | Page

- 2.4 I learned how to treat people; know to encourage these people to prolong their lives
- 2.5 **Communication skills**; technical skills
- 2.6 I learned taking care of HIV and AIDS people
- 2.7 I learned that we must use condoms at the time we are doing it
- 2.8 **Listening skills**; **communication skills**; **responding skills**
- 2.9 **Listening skills**; **communication skills**; **responding skills**
- 2.10 I learned to work with people with HIV and to take care of them; I learn also communication skills and many more just mention few
- 2.11 **Listening skills**; **communication skills**; **responding**
- 2.12 **Social skills**; **supporting skills**; **advising skills**; **encouraging skills**; **caring skills**
- 2.13 **Communication skills**; **listening skills**; **responding skills**
- 2.14 Communication skills; non-verbal communication skills; stress- management skills; develop skill
- 2.15 Is to be not afraid for an HIV test and I learn that stigmatization and discrimination are serious problems in Namibia
- 2.16 I learned how to take care of sick people; I learned how to control people who are affected with HIV/AIDS
- 2.17 I learned that if you are living with HIV/AIDS you still have a skill to read, listen and writing
- 3. How will you use the skills you learned today?** *change*
- 3.1 I will stay with people who are HIV and AIDS; I will start supporting them by giving them attention and love they need from me.
- 3.2 I will use the skill I have learned today to keep it my mind and use that skill by telling others that they go to the clinic for testing so that they know their status

- we must provide does people with food, to respect them and give attention and not to treat them in a bad way even to insult them; I will use it not to let anyone living with a person with HIV/AIDS not to stigmatize that person
- 3.15 I will use it good and I will understand the skills of today; you don't need to have unprotected sex, you don't need to share needles
- 3.16 I will be fair to HIV/AIDS infected people; I will be an encouraging friend and comfort them
- 3.17 Keep the skills as I hear them today; follow my skills as they are
- 4. What other skills would you prefer to learn?** <sup>people</sup>
- 4.1 ~~About teenage pregnancy, how can you control it, how should I be aware of it, the bad effects~~
- 4.2 ~~I would like to learn about other infectious disease that also need to be tested in human body and I would like to know how to take care of that person.~~
- 4.3 How to test people; writing skills; reading skills
- 4.4 ~~I prefer to learn how teenage pregnancy can be prevented, how these people think about themselves~~
- 4.5 I want to learn how to test someone
- 4.6 To be a counseling
- 4.7 To be a counseling
- 4.8 Writing skills
- 4.9 Writing skills
- 4.10 To be counseling; writing skills; to be tested
- 4.11 Writing skills; problem solving skills
- 4.12 Loving skills; protective skills
- 4.13 Writing skills
- 4.14 ~~Stressful abortion~~; develop skills

# APPENDIX 11A



## FOCUS GROUP DISCUSSION: 1

RES: Ok. Let's start. This is going to be a follow up on what you have done with the facilitator, Um, Unit 5, about positive living. You tell me! What is the most important think that you have learned that day? One thing that you have learned that day, you as an individual? Uhh, Jason! You are speaking and I was just wondering if you can speak louder.

Jason: I just want to say, nothing

Part 2: The facilitator just pasted some pictures here on the wall written agree or disagree

RES: Agree and disagree about what?

Part 2: Miss, like asking some questions

Part 1: like?

Reas: mmm

Part 2: you must add some, man!

RES: You did not add any!

Someone mumbles:

Res: who is speaking? I can't hear. O can see the person speaking.

Ok, let's start here and end there.

Yes!

Part 3: I learned how to treat all people equal, if they are positive or not

RES: Uhm, Next

Part 4: me,

Res: yes

PART 4: I learned how to take care of a person who is positive with HIV/AIDS

# APPENDIX 11B



**FOCUS GROUP DISCUSSION: 2**

**DATE: SEPTEMBER 2012**

Our discussion for today is based on unit 5, the last lesson you had with the facilitator. I really, really want to know what you think especially I want to know what changes you would like see in MFMC according to what you have learned and what you know. What else do you want to see in this program.

What did you learned that day anyway?

Part 1: We talked about living with HIV

You talked about living with HIV?

PART 1: yes

RES: And what did you learn that day, you as a person what did you pick up that you could say is what you have learned that day? What did you learn? Even one or two things.

PART 2: I found out that people living with HIV need to be treated equally, and then I must learn how to counsel them when they are feeling bad, and then how to be with them, not to treat them bad because they are also human beings.

RES: Uhmm, yes.

PART 3: I found out that each and everyone has to be tested so that they can know their status

RES: Uhmm. What else did you learn?

PART 4: I learned how to treat people with HIV/AIDS

RES: HOW TO TREAT THEM, how do you treat them?

PART 4: We should treat them equal with the other ones who don't have HIV/AIDS

RES: Uhmm

PARRT tegiiko5: Me I LEARNED THAT PEOPLE LIVING WITH HIV do not need to be separated, we just just be with them.

RES: Ummm, what else would you want the person to know about for them to eat healthy food.  
What more do you want to be said?

PART 7: ~~Tell them which type of healthy food they must eat~~

PART 1: ~~How many time times they should eat~~

PART 2: ~~we must also tell them to grow their own food so that they don't buy food from stores  
and then when they grow their own food they will get a benefit from it~~

RES: Uhhh, yes

PART 8: ~~and the importance of them eating healthy food~~

RES: so those ones forms part of the changes that you want to see because you are saying, telling  
people just to eat healthy food is not enough so; teach them which food to eat, how to grow,  
when to eat and those things, he?

PART 2: yes

RES: Ok. Is there anything else that you would like to also add in terms of healthy food, that part  
of healthy eating in the program? Is there something that you would like to add or maybe a  
question or a comment

PART 2: ~~I would also like to add that these people must also exercise and they must just like  
Ummmm, think positive that they are also human beings and they must not think that no I am  
HIV positive so I am no more a human being or I must just stay alone. they must just be like  
human beings, they should not discriminate against them and then they should exercise so that  
they can be strong and healthy.~~

RES: Uhhh. Anything else? Even a question that you want to ask, anything at all, even for the  
sake of being in the video?

PART 9: Are we going to do a drama in my future is my choice?

RES: Yes you will be doing a drama with the facilitator. Is that it? OK.

**APPENDIX 12:** A letter requesting permission to conduct the study at schools.

P.O Box 19138

Omuthiya

Namibia

31 January 2012

The Inspector of Education

Omuthiya Circuit

Dear Sir,

I am a registered student at Rhodes University, student no: 09T6588. I have been studying for a Master's Degree in Environmental Education since January 2011 and for the completion of this course, I am required to conduct research within my field of work. As I have worked with HIV and AIDS-related activities at school, I have decided to take up *My Future is My Choice* Education Programme as a focus area for my research. I would be grateful if you would allow me to use two schools in our circuit, namely Ekulo and O-Iipundi Schools as my research sites for the research report that I am required to write.

The aim of my research is to investigate alternative strategies to teaching and learning in an HIV and AIDS education programme for better adaptation to HIV and AIDS-related challenges. The study concerned HIV and AIDS, but will also focus on strategies in developing learners' capabilities through the development of skills to practically live with HIV and AIDS.

The research question is:

➤ What educational strategies in MFMC HIV and AIDS programme can develop learners' capabilities to respond to socio-ecological issues in Namibia?

The objectives of this research are to:

➤ explore the nature of food insecurity and coping strategies in the communities surrounding the two schools in relation to the national development goals of food stability by 2030;

- Explore the type of values, skills and attitudes being developed within MFMC education program, if any;
- Explore relevant skills that need to be developed within the HIV and AIDS education programme that will enable young people to respond to food insecurity problems they face in everyday life; and
- To develop a supplement to the facilitators' manual using strategies to enable learners to respond to food insecurity challenges.

The data analysis will be collected from observations, field notes, photographs, samples of learners' work and interviews with learners and programme facilitators.

The school, learners and teachers who will participate in this research will be assured of anonymity in the final research report and will be invited to proof read drafts of the report to ensure that details are accurately recorded and reported.

I have attached a **consent form**, please take time to complete it and sent it to me through Onashikuvu Combined School if this meets with your satisfaction.

Should you have any concerns or questions about this request, you may contact me at **0812111922**.

Yours Sincerely

W. Tjiveze (Ms.)

**Consent form**

I ....., Inspector of Education, Omuthiya Circuit, grant Wakaa Tjiveze permission to use O-lipundi and Ekulo Combined Schools as research sites for the research report she is required to write for the completion of her Master's Degree. I understand that data for analysis will be collected form observations, field notes, photographs and interviews with learners and programme facilitators of the *My Future is My Choice* programme; and that information from these sources will be used in the final report. I am assured that these schools, learners and teachers will remain anonymous in that report.

Signature:.....

Date: .....

