

# HIV AND AIDS TEACHING: EXPLORING TEACHER'S EMOTIONAL GEOGRAPHIES AND CULTURAL COMPLEXITIES

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**Abstract** - Global statistics of people living with HIV and new HIV infections is still alarming. Teachers are tasked with the enormous responsibility of providing essential knowledge, skills, attitudes and values to curb further new HIV infections. This study aimed to explore HIV & AIDS teaching and the cultural complexities that teachers experience when teaching about HIV & AIDS. The purpose of this study was to explore the significance of teachers' emotions in HIV & AIDS teaching and how they address the cultural challenges of teaching sensitive issues related to sexuality and HIV & AIDS. The study adopted a qualitative, narrative approach and used a purposive sample of five teachers from a Midlands town in the province of KwaZulu-Natal, South Africa. Data was generated from scenario analysis, semi-structured interviews and lesson observations, to construct narratives. Hargreaves' conceptualisation of five key emotional geographies of teaching such as moral, socio-cultural, physical, professional and political, was used as the framework to analyse teachers' emotions and cultural challenges related to HIV & AIDS teaching. The study found that teachers experienced a range of positive and negative emotions and that these emotions influence their HIV & AIDS teaching; and that teacher's emotional geographies influenced power dynamics and relationships. Findings also highlighted that cultural complexities such as stigma, discrimination, shame and myths associated with HIV & AIDS influenced teaching about HIV & AIDS. Based on the findings, the study concluded that it is vital for Departments of Education and Education Specialists to understand and acknowledge the significance of teachers' emotional geographies in HIV & AIDS teaching. The study recommended that teachers need to be developed and equipped with knowledge and skills to address the cultural complexities and tensions and contradictions in HIV & AIDS teaching; and that these topics should be integrated into the curricula of Higher Education Teaching Qualifications.

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**Keywords** - HIV and AIDS Teaching, Emotional Geographies, Cultural Complexities, Qualitative Methodology, Narrative Approach.

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## I. INTRODUCTION

It is widely acknowledged that South Africa is severely affected by the HIV and AIDS epidemic. Recent statistics highlight that in 2016 there were 19.4 million people living with HIV in eastern and southern Africa out of 36.7 million people living with HIV globally. Women and girls make up more than half (59%) of the 19.4 million. In 2016, the estimated new HIV infections in eastern and southern Africa was 790 000, which represents 43% of the global total new HIV infections. The number of people who died from AIDS-related deaths in eastern and southern Africa in 2016 was 420 000 out of 1 million worldwide (UNAIDS, 2017). Given that the HIV and AIDS epidemic peaked in 2005, the HIV statistics for eastern and southern Africa are overwhelming. Lack of knowledge about HIV and AIDS, inadequate access to prevention, insufficient treatment and care facilitates and stigma and discrimination drive the HIV and AIDS epidemic in Africa (Lamprey, Wigley, Carr & Colley, 2002). The main drivers of the South African epidemic include gender inequality, multiple concurrent sexual partners, labour migration and HIV-related stigma (Gibbs, 2009). The key HIV-affected populations in South Africa include women and adolescent girls, men who have sex with men, sex workers, drug users, children and orphans. On a positive note, in eastern and southern Africa new HIV

infections and AIDS-related deaths have decreased by 29% and 42% respectively. The critical role of school-based education in curbing the HIV and AIDS epidemic should not be overlooked. Coombe and Kelly (2001) argue that education and schooling provide almost the only known antidote for HIV infection. Young children at school are seen as a 'window of hope' and should be provided with essential knowledge, attitudes, values and skills at school. Thus, there is growing awareness that teachers play a crucial role in teaching young children about HIV-related information as well as developing suitable attitudes, values and skills to assist them in preventing and coping with HIV and AIDS.

Therefore, teachers have to make important choices about what HIV and AIDS knowledge, attitudes, values and skills to focus on and develop in their teaching about HIV and AIDS. This highlights the huge responsibility that teachers have to shoulder with regard to HIV and AIDS teaching. For this reason, Wood (2009) describes teachers as 'HIV/AIDS ambassadors' and 'agents of change'. In the same vein, Mitchell and Pithouse (2009) argue that teachers are at the forefront of the HIV and AIDS epidemic since they are expected to promote knowledge, skills, values and attitudes that can save learner's lives. The significantly high prevalence of HIV and AIDS in southern Africa implores all teachers to integrate HIV and AIDS related education

in their teaching. Wood and Hillman (2008) argue that it is important for every teacher to respond to the challenges posed by the HIV and AIDS epidemic and uphold the quality of teaching and learning. Hargreaves (2001) contends that emotions are an important part of education and describes teaching as an emotional practice. Thus, teaching arouses certain emotions in teachers and learners since teachers can stimulate or demotivate learners, be friendly or unsociable and create inspiring or boring classrooms. According to Hargreaves (2001), appropriate expressions of emotional experiences vary among different cultures which influence relationships. Teachers' working conditions and relationships are entrenched in their emotional experiences, which result in significant positive and negative emotional episodes which they have to manage in their classrooms. Hargreaves (2001) asserts that the concepts of emotional understanding and emotional geographies are crucial to explore the shift in teaching contexts and deepen understanding of how teachers' emotions are embedded in their interactions and contexts.

Emotional understanding entails drawing on our past emotional experiences to understand and analyse the emotional experiences of others. Hargreaves (2000) suggests that the emotional experiences we accrue from our upbringing, relationships with others and culture craft who we are emotionally. For Hargreaves (2001), emotional understanding among teachers, learners, colleagues and parents are threatened by different forms of emotional closeness and distance, which he refers to as 'emotional geographies'. Hargreaves (2000) describes five key emotional geographies of teaching: professional, moral, socio-cultural, physical and political. These emotional geographies represent patterns of closeness and distance between teachers, parents and learners and are closely related to cultural contexts of individuals and describe emotions and relationships. Professional geographies describe teacher professionalism as 'classical', representing traditional male-oriented professions and suggest that teachers should disguise and control their emotions when interacting with learners and parents. Moral geographies describe how teachers' actions and choices are influenced when their purposes differ from that of their learners. Socio-cultural geographies outline the differences in culture and class between teachers and learners that distance teachers from their learners since they are unfamiliar with their learners' cultural and class backgrounds. Physical geographies describe the proximity and frequency of teachers' social interactions. Political geographies refer to the 'emotional politics' of teaching or the difference in power and status between teachers, learners and parents which results in hierarchical relationships that could alter communication and protect or empower teachers. Sexuality education and teaching about

HIV and AIDS require teachers to talk about sensitive topics and socio-cultural issues, which results in teachers experiencing different emotions. There is increased awareness that teacher's emotions influence their curriculum choices and teaching practices (Naidoo, 2013). This study aimed to explore teacher's emotional geographies as well as the cultural complexities associated with HIV and AIDS teaching, in a South African context.

## II. RESEARCH METHODOLOGY

A qualitative, narrative approach was adopted in this study which allowed for in-depth understanding. This methodological approach highlights the interpretive nature of research and takes the cultural, social and political contexts of the researcher and participants into account. A narrative approach offered opportunities to generate rich, detailed teacher's stories and construct narratives as well as address issues of socio-cultural and political contexts, voice and representation. Data was collected using scenario analysis, semi-structured interviews and lesson observations. The research context of this study was a midlands town in KwaZulu-Natal, one of the nine provinces in South Africa. KwaZulu-Natal has the second highest HIV-prevalence (19.8% compared to the national prevalence of 12.7%) of the nine provinces. The research sample comprised five primary school teachers who were purposively selected from three primary schools of different contexts: urban, semi-rural and rural. Permission to conduct this study was obtained from the Kwa-Zulu Natal Department of Education and ethical approval was granted by the University of KwaZulu-Natal Research Ethics Committee. This study was guided by the following research questions:

1. What emotional geographies do teachers experience when teaching about HIV and AIDS?
2. What cultural complexities do teachers experience when teaching about HIV and AIDS?
3. How do teachers cope with these emotional geographies and cultural complexities?

Stories elicited from teacher's scenario analysis, semi-structured interviews and lesson observations were crafted into narratives. Phrases or terms portraying emotions and cultural tensions were first identified. Next, individual phrases or terms were grouped into clusters or themes. Therefore, thematic data analysis was used to identify themes. For the purpose of this paper the following themes are discussed: emotional geographies and HIV and AIDS teaching and cultural complexities in the HIV and AIDS classroom to address the three research questions mentioned above.

### III. RESULTS AND DISCUSSION

#### Emotional geographies and HIV and AIDS teaching

Results and discussion in this section mainly address research question 1: What emotional geographies do teachers experience when teaching about HIV and AIDS?

Teachers shared a range of emotions that they experienced when teaching about HIV and AIDS, which highlighted that HIV and AIDS teaching was an emotional practice. Analysis uncovered the following positive emotions that teachers experienced in their teaching about HIV and AIDS: happiness, love, powerfulness, pleasure, hope, care, being motivated, usefulness, and awareness. The following negative emotions were displayed by teachers: guilt, sadness, regret, hopelessness, loss, despair, fear, angry, frustration and sorrow. Drawing on Sutton and Wheatley (2003) and Zembylas (2005), I contend that these positive and negative emotions are intricately linked with their teaching praxis. A summary of teacher's positive and negative emotions is presented in **Table 1**.

**Table1: Summary of positive and negative emotions experienced by teachers**

| Teacher Pseudonyms* | Positive emotions                            | Negative emotions                          |
|---------------------|--|--|
| Mary-Ann*           | Happy, love, powerful, pleasure              | Guilt, sad                                 |
| Sandile*            | Hope   | Regret, hopeless, sadness                  |
| Andrew*             | Love, care, motivated, usefulness, awareness | Loss, despair, fear, sadness, hopelessness |
| Zibuyile*           | Hope, happy                                  | Sad, angry, frustrated, nervous            |
| Nombu*              | Hope, care                                   | Sorrow, loss, sad                          |

\*teacher's quotes are represented in italics

Mary-Ann highlighted the social issues that she engaged with in her HIV and AIDS lessons such as HIV prevention and treatment, living with HIV and healthy lifestyle and myths surrounding HIV and AIDS. She explained that this made her more supportive and dedicated to teach about HIV and AIDS. This corresponds with Hargreaves' notion of socio-cultural geographies as she was familiar with learners' socio-cultural and class backgrounds. However, Mary-Anne also mentioned that teaching about HIV and AIDS was not an emotional issue as it was possible to be clinical and give learners a more scientific, clear picture of HIV and AIDS. She added that teachers needed to make clear choices and needed to take the subjectivity out of teaching about

HIV and AIDS which makes it more effective. Mary-Anne was trained as a psychologist and explained that she keeps her emotions out of her HIV and AIDS teaching. This resonates with Hargreaves' notion of professional geographies where teachers disguise and control their emotions when interacting with learners about HIV and AIDS. She further suggested that her psychology training was an advantage and enabled her to select relevant HIV-information and develop suitable attitudes, so that learners can make correct choices. Her emotions have made her more positive; and she wanted to make a difference in learners' lives by talking openly about HIV and AIDS. This represents what Hargreaves refers to as moral geographies when teachers have a different purpose than that of their learners, which influences their actions and choices. Zibuyile shared that she feels the pain that some infected and affected learners are going through and feels like crying. For Hargreaves, this represents professional geographies since Zibuyile has to control her emotions and disguise that she feels like crying. Andrew mentioned that teachers should be careful about how sensitive information about HIV and AIDS is taught, and that contextual issues were important, since learners came from different socio-cultural backgrounds. This highlights socio-cultural geographies as outlined by Hargreaves. He added: You can try to be objective but your emotions will come through. Learners can see whether you are genuine or not. For Andrew, his personal experiences of HIV and AIDS made him want to know more and do more in teaching about HIV and AIDS. He shared that after the painful death of his HIV-positive friend, his teaching about HIV and AIDS was more purposeful and he wanted to prevent learners from the dangers of HIV and AIDS and death. Andrew further mentioned that his emotions have helped him to select content that was accurate and focused on the human and personal side of HIV and AIDS.

This corresponds with Hargreaves' notion of moral geographies which influenced Andrew's actions and choices as his purpose differed from that of his learners. Teaching, Andrew believed, must make learners more aware about HIV and AIDS and empower them to bring about changes in their attitudes and beliefs about HIV and AIDS. This highlights political geographies and the difference in power and status between teachers and learners. Andrew, to some extent, attempts to alter hierarchical relationships and communication and protect or empower learners. Andrew recommended that teachers present a holistic picture of HIV and AIDS. He opined that it was not only important for teachers to share knowledge about HIV and AIDS, but also to be understanding and tolerant of diverse cultures, drawing attention to notions of socio-cultural geographies. Andrew also suggested that teachers have their own everyday problems and are dealing

with their own feelings and suggested: I think that there should be someone in the school, like a counsellor or social worker, who teachers and learners can talk to. Two or three schools or a cluster of schools can also share a counsellor or social worker, who would deal with sensitive issues like HIV and AIDS, and death.

Sandile suggested that he was making a difference in teaching about HIV and AIDS by designing interesting activities, having a positive attitude and teaching relevant, age-appropriate information. This corresponds with Hargreaves' notion of moral geographies. He also asserted that he would choose to teach HIV and AIDS education especially in the rural areas where most people are ignorant about the virus and the disease, highlighting notions of socio-cultural geographies. This discussion illustrated that teachers have emotional control and regulation of selection of content, teaching strategies as well as feelings in the classroom. For Hargreaves, this represented the moral geographies experienced by teachers since they made curriculum and teaching strategy choices related to the moral purpose of HIV and AIDS teaching. For Hargreaves, the close relationships which teachers formed with their learners and colleagues enhanced their emotional understanding, which resulted in successful HIV and AIDS teaching.

### **Cultural complexities in the HIV and AIDS classroom**

Results and discussion in this section mainly addresses research question 2: What cultural complexities do teachers experience when teaching about HIV and AIDS?

Mary-Ann highlighted that a major challenge in teaching about HIV and AIDS were belief systems that parents instill in their children which made it difficult for learners to engage with and discuss sensitive issues. She added: I made a point of telling parents that I will be talking openly about sex and sexuality with their children. She pointed out that it was vitally important for teachers to come to a good space within themselves about their own sexuality and belief systems. Although Mary-Ann was very knowledgeable and confident to teach about HIV and AIDS, which is evident in lesson observations, she explained that the main challenge in teaching about HIV and AIDS was addressing cultural and religious conflicts. For Sandile, the main challenge facing society was that parents were not well informed about HIV and AIDS, and therefore could not pass on important information about the disease to their children. He explained further: learners were first exposed to HIV and AIDS education by teachers at school, and initially found it difficult to talk about sensitive issues. The silence and denial by parents is also a challenge, as well as the myths. Like if you have HIV and AIDS you are in the process of becoming a sangoma, or you get the disease because someone has used witchcraft on you. Additionally,

some parents in the community are not in favour of teachers discussing sensitive issues, such as sex and HIV and AIDS with young learners. However, despite these cultural challenges or barriers, Sandile felt obligated to perform a pastoral care role, and believed that it was his moral responsibility as a teacher to expose learners to knowledge about HIV and AIDS. Zibuyile highlighted the socio-cultural problems in the community she taught in. She explained that learners got sick and were absent from school often. Also, parents were not working and did not check their children's books. She added that the community was affected by violence, crime and poverty, which influenced teaching and learning. She highlighted socio-cultural stereotyping and prejudice of learners who believed that people who get AIDS are unfaithful wives and girlfriends. Furthermore, she mentioned that parents in the community did not talk openly about HIV and AIDS. She suggested that maybe learners were sick themselves, or their parents or someone in their family was sick or passed away because of HIV and AIDS, which made it difficult for them to talk about it due to the stigma associated with the disease. In addition to this, there were many myths about HIV and AIDS. She explained that when some parents told learners that there was a cure for HIV and AIDS, she had to respond:

I gave them a booklet with the facts about HIV and AIDS, which clearly stated that there is no cure for HIV and AIDS, and urged them to share this information with their parents. I insisted that their parents were wrong and that they must share the correct information in the booklet with their parents. However, some of them insisted that their parents said that if a person takes Zulu medication, they will be cured.

Mary-Ann and Zibuyile highlighted tension and conflict in their relationships with parents at their school, which also highlights political geographies or 'emotional politics' of teaching (Hargreaves, 2001). They employ their power and authority to resist this tension and conflict, and negotiate their relationships with parents and what they taught about HIV and AIDS. In rural, poor socio-economic contexts, teachers are more knowledgeable about HIV and AIDS than parents, which afforded them more power to teach about it. Nombu concurs in stating that some parents ask her for advice about HIV and AIDS treatment and testing. Therefore, it is evident that teachers negotiate such power differentials or 'emotional politics' in their HIV and AIDS teaching to develop emotional connections with the parents and learners. Zibuyile asserted that it is a challenge to teach about HIV and AIDS because the issues are serious and sensitive. According to Zibuyile, an additional challenge was that some teachers were shy and reluctant to talk about sensitive issues. She attributed this to the fact that possibly these teachers are themselves sick or have family members who are

infected, and this makes it difficult for them to talk about HIV and AIDS. In contrast, Andrew was affected by his friend's death as a result of AIDS, but this increased his commitment to make learners aware of the dangers of HIV and AIDS. Andrew highlighted the socio-cultural geographies and challenges in the area where he taught, and added, there are so many young girls who are pregnant and have HIV. He explained that Zulu children are not told about sex and they don't talk about it, because their parents don't like to talk about it. The attitude towards HIV and AIDS and what children have to deal with varies in the different communities. Teachers, in addition to teaching about HIV and AIDS, have to try and ascertain the background and socio-cultural conditions of different learners and must be very observant of learners' behaviour in and out of the classroom.

The following narrative episodes highlighted the socio-cultural tensions that teachers had to negotiate in their HIV and AIDS teaching.

Narrative episode 1:

Mary-Ann was introducing a lesson about the myths surrounding HIV and AIDS.

Mary-Ann: What are the myths about HIV and AIDS?

Learner: If you have sex with a virgin you can be cured of AIDS.

Mary-Ann: This is a big problem, because some traditional healers are telling HIV positive people that if they have sex with a young girl they will be cured. This is not true

Learner: Only African, poor people get HIV and AIDS.

Mary-Ann: Are these myths true?

Learners: No.

Learner: Showering after sex can prevent HIV.

Learner: Don't touch someone with HIV.

Mary-Ann: Listen, these are myths, they are not facts and they are not true.

Narrative episode 2:

Andrew was teaching a lesson on HIV prevention. He explained how the HI virus affects the immune system and decreases the CD4 count.

Learner: Sir, I heard people say in the church that if you have HIV God is punishing you because you have too much sex.

Learner: They say you have sex with a man.

Andrew: HIV is not a punishment from God, do you hear me. Also, if you have HIV, people shy away from you, they don't want to touch you or talk to you. People discriminate against you because of the stigma about HIV.

These narrative episodes illustrate common myths and misconceptions about HIV and AIDS that teachers had to address in their classrooms. It was evident that most parents were not knowledgeable about HIV and AIDS and passed on incorrect information or cultural myths to their children.

Teachers contend that traditional healers and religious leaders also perpetuated some of these cultural myths, which presented challenges for them in their HIV and AIDS teaching. In narrative episode 1, Mary-Ann, draws attention to a significant challenge confronting teachers in dispelling myths perpetuated by traditional healers. She contends that traditional healers are telling HIV positive people that if they have sex with a young girl they will be cured. If this was the case, then teachers face an enormous challenge to address such cultural and religious tensions. Narrative episode 2 also revealed a religious tension or myth when a learner in Andrew's class claimed people say in the church that if you have HIV God is punishing you because you have too much sex. Although Andrew dismissed this claim, he nonetheless, ignored a learner's response about homosexuality. The learner responded: They say you have sex with a man. The learner could be suggesting that having sex with a man results in HIV-infection. On the other hand, it's also possible that the learner could be aware of Andrew's homosexuality and his response is a statement being posed directly to Andrew, that he has sex with a man. It is possible that Andrew failed to address this response because it was directly related to his homosexuality and he was not comfortable discussing this with learners. He explained that people in the community talked about him being single and living with his HIV-positive African friend. Although the responses of learners about the cultural myths varied, however, they highlighted a challenge that most teachers had to address when teaching about HIV and AIDS.

Sandile reiterated that socio-cultural factors had a detrimental effect on his HIV and AIDS teaching as most people still don't want to talk about issues and have myths related to HIV and AIDS. Similarly, Mary-Ann explained that while both religious and cultural beliefs influenced her teaching about HIV and AIDS, the influence of religious beliefs was more profound. She clarified: religious leaders actually do a lot of damage by telling children that it is taboo and a sin to talk about HIV and AIDS. Religious leaders must be more broad-minded and not fanatical; they endanger the population by hiding information and not talking about the realities of life. Religious beliefs skew thinking and instil wrong ideology, like gay people are evil. Zibuyile agreed that different religious beliefs influenced her teaching about HIV and AIDS. She elucidated: Shembe people believe that you get HIV and AIDS because you didn't respect or do what your ancestors expected and they are angry with you. Other cultures, like Zulus, don't believe there is a disease like AIDS, they believe that 'ancestors are in you' and you need to go for training and become a sangoma. This illustrated her emotional understanding since she wanted to make learners more aware about HIV and AIDS and inculcate values so that they can talk about it and change their behaviour. In the same vein, Andrew shared that

stigma, cultural diversity and the taboo and silence in some cultures influenced his teaching about HIV and AIDS. He added that HIV and AIDS are not related to some cultures only, as it affected all communities. In contrast, Nombu maintained that religious beliefs did not negatively influence her teaching. She explained that even the churches now teach about HIV and AIDS. The minister invited speakers and sisters to talk about HIV and AIDS, and encouraged children to abstain from sex until marriage; so the church does encourage positive behaviour. This is a counter-narrative in conflict with what Mary-Ann, Zibuyile, Andrew and Sandile shared about the influence of religious beliefs and the church on HIV and AIDS teaching. The framework of emotional geographies was useful to analyse and make sense of patterns of closeness and distance that threaten emotional understanding that is crucial for effective HIV and AIDS teaching.

The preceding discussion also addressed research question 3: How do teachers cope with these emotional geographies and cultural complexities. Drawing on Hargreave's notion of emotional geographies, teachers presented closeness in their socio-cultural, political and moral geographies, but distance in their professional geographies. This finding has significant implications for teachers and HIV and AIDS teaching. It draws attention to the crucial role of teachers' emotions in teaching sensitive HIV and AIDS topics, an aspect previously neglected. It encourages teachers to take note of their positive and negative emotions and how these may influence their teaching praxis. Teachers will feel empowered if they can employ their technologies of emotion to regulate their content selection and teaching praxis in their HIV and AIDS classrooms. Responses of teachers presented evidence which succinctly illustrated the significant challenge that traditional healers and religious and socio-cultural myths pose for teachers. At a deeper analytical level, this illustrated the socio-political context and how teachers' emotions are related to norms and culture. Andrew, Zibuyile and Mary-Ann highlighted how social dilemmas and cultural and religious myths challenged and ruptured their teaching praxis. Day et al. (2006) agree that conflict between wider social issues, such as cultural and religious myths, and teachers' emotions and beliefs influenced their practices and self-efficacy. However, Foucault (1977, 1980) and Maclure (1993) argue that teachers can create spaces in their classroom to resist these tensions and exercise their agency, as was displayed to varying degrees in the classrooms of teachers in this study. Zembylas (2003: p 115) relates differential power relations to emotions and asserts that "emotions are discursive practices operating in circumstances that grant powers to some relations and delimit the power of others". Such power dynamics in teaching relationships illustrated the socio-political context of HIV and AIDS classrooms. Therefore, I

argue that teachers draw on their emotional understanding and emotional geographies to negotiate and disrupt the cultural complexities in their HIV and AIDS teaching. Conflicting socio-cultural attitudes with regard to stigma, discrimination, shame and age and gender heighten teaching about HIV and AIDS as an emotional practice. Cultural complexities related to stigma, discrimination and shame also restricted the effectiveness of HIV-prevention or -intervention programmes. Analysis revealed a key finding that emotional geographies illuminate patterns of closeness and distance between teachers and learners which either support or threaten emotional understanding in the classroom related to HIV and AIDS teaching. Another key finding was that cultural and religious myths, as well as stigma and discrimination presented major challenges for teachers when teaching about HIV and AIDS. In addition, emotional geographies and emotional praxis of teachers influenced the content they selected and taught in the spaces of their classrooms.

## CONCLUSIONS

Based on the findings of this study, it was concluded that teacher's emotional geographies form an integral part of their HIV and AIDS teaching. The study concluded that teachers find teaching sexuality and HIV and AIDS education emotionally challenging, and paying attention to teacher's emotional geographies may help them to stimulate greater emotional understanding in their classrooms and promote better relationships. The study concluded that teachers' emotional geographies and positive and negative emotions influence their selection of content, teaching. Furthermore, the study concluded that cultural complexities and the ways in which teachers negotiated cultural and religious myths, as well as stigma and discrimination influences their teaching in the HIV and AIDS classroom.

## RECOMMENDATIONS

Given that the findings highlight the crucial challenge of addressing cultural and religious myths when teaching about HIV and AIDS, a limitation of this study is that it focused primarily on the schooling context, and did not involve parents, religious leaders and traditional healers from the community. This accentuates the need for future research on HIV and AIDS education to move beyond the walls of the classroom and into communities. This could be an area of research that Higher Education Institutions emphasise more and work with communities to address the challenges of HIV and AIDS education. This community research would also serve to enhance knowledge and awareness of HIV and AIDS, as well as address cultural and religious myths. Teachers in this study also called attention to the need for ongoing workshops run by the

Department of Education to supplement their knowledge and resources for HIV and AIDS teaching. Management staff also need to take note and acknowledge that HIV and AIDS teaching is an emotional praxis, and provide additional support for teachers which is on-going, for example, by sending them to workshops and providing relevant resources. Therefore, future research could focus on the relationship between Higher Education Institutions and Departments of Education to jointly plan and organise on-going workshops to provide updated knowledge about HIV and AIDS, as well as provide teachers with relevant resources such as charts, pamphlets and booklets. Another possible direction for future research would be to explore how HIV and AIDS education is integrated into curricula of teacher training and teacher development programmes of Higher Education Institutions. This research should also focus on enhancing the development of counselling skills of teachers to address the HIV and AIDS epidemic and counsel learners and teachers infected and affected by HIV and AIDS.

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