

WHY DESPITE THE CURRICULUM (LIFE SKILLS/ORIENTATION) OFFERED BY THE DEPARTMENT OF EDUCATION IN SCHOOLS, TEENAGERS IN MTHATHA DISTRICT OF THE EASTERN CAPE CONTINUE TO CONTRACT AND DIE FROM HIV/AIDS, CONTINUE TO BE VULNERABLE TO STIs AND TEENAGE GIRLS CONTINUE TO FALL PREGNANT ?

by

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DECLARATION

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AN ABSTRACT

This study looked mainly at investigating factors leading to teenage learners becoming infected with STIs, HIV/AIDS and teenage girls falling pregnant in the Mthatha District despite the curriculum (Life Orientation) offered to them in schools. The study also aimed at coming up with strategies and roles of all stakeholders to improve curriculum (LO) delivery for all teenagers. Mthatha District is located in the rural Eastern Province. Six (6) schools were considered for drawing up the sample. Thirty (30) learners were drawn randomly from each school. The total number of participants came up to one hundred and eighty (180). Both genders were represented.

The objectives of the study were:-

1. To analyze the contents of the existing curriculum with regard to HIV/AIDS, STIs and teenage pregnancy.
2. To identify learners' knowledge, attitudes and perceptions on HIV/AIDS, STIs and teenage pregnancy.
3. To identify the reasons for teenagers not to implement knowledge gained from the subject Life Skills/Orientation.
4. To provide guidelines and adjust Life skills/ Orientation so as to yield positive results.

A questionnaire which comprised of thirty (30) questions was developed by the researcher. The questionnaire consisted of both closed ended and open ended questions. Twenty one (21) questions were closed ended and nine (9) were open ended thus probing respondents to think and apply their knowledge in supporting their responses. Findings or results obtained from responses of participants were analyzed per question and per section. Findings were discussed and represented graphically.

The findings indicated that a lot is still to be done by all stakeholders in Education, e.g. parents of learners, learners themselves, Government Departments, NGOs, teachers, churches, traditional leaders, nurses, community etc. The study found that there is a wide variety of reasons leading to teenage learners not implementing what they acquired from LO. It was evident that parents and churches do not engage teenagers in sex related topics and thus consequently allowing many factors to grab the opportunity. These included peer pressure, unprotected sex, socio-economic statuses of people in the communities, gender inequality, drug abuse, government's policies, lack of thorough training for LO teachers, LO not given the same status as other national subjects, parents ashamed of engaging their

children in sex education, etc. There is an allegation that nurses treat teenagers in an unbecoming manner when they approach clinics for assistance.

Though quite a good percent seemed to understand sexual issues, there is still a remarkable percent which does not know and is unsure of issues relating HIV/AIDS, STIs and teenage pregnancy. Peer educators are an imperative for each and every school if positive results are expected.

OPSOMMING:

Hierdie studie was in hoofsaak daarop gerig om die faktore in oënskou te neem wat daartoe aanleiding gee dat tienerjarige leerders in die distrik Mthatha seksueel oordragbare infeksies en MIV/VIGS opdoen, en tienerjarige dogters swanger raak, ondanks die curriculum, Lewensoriëntasie (LO), wat aan hulle in hul skole gebied word. Die studie het ook as doelwit gehad om strategieë te formuleer en die rol van alle belanghebbendes duideliker te omskryf met die oog daarop om die curriculum (LO) aanbieding vir alle tienerjariges te verbeter. Die vermelde distrik is in die platteland van die Oostelike Provinsie geleë. Ses skole is by die studie betrek en 30 leerders is na willekeur uit elk getrek met die oog op die saamstel van die monster. In totaal was daar 180 deelnemers verteenwoordigend van albei geslagte.

Die doelwitte van die studie was:

1. Om die inhoud van die bestaande curriculum met betrekking tot MIV/VIGS, seksueel oordragbare infeksies en tienerjarige swangerskappe te analiseer;
2. Om die kennis, ingesteldheid en persepsies van leerders met betrekking tot MIV/VIGS, seksueel oordragbare infeksies en tienerjarige swangerskappe te peil;
3. Om die redes te bepaal waarom tienerjariges nie die kennis wat die vak Lewensoriëntasie hulle bied, toepas nie;
4. Om riglyne op te stel en Lewensoriëntasie aan te pas sodat positiewe resultate verkry kan word.

'n Vraelys bestaande uit dertig (30) vrae is deur die navorser opgestel. Dit het bestaan uit oop- en geslote-antwoord vrae – van eersvermelde was daar nege en van laasvermelde 21 wat sou dien om respondente aan te moedig om na te dink en hulle kennis in hul antwoorde toe te pas. Uiteraard is bevindinge of resultate uit die antwoorde per vraag en per afdeling geanaliseer. Bevindinge is bespreek en grafies voorgestel.

Die bevindinge het daarop gedui dat heelwat nog deur belanghebbendes betrokke in die Onderwys gedoen moet word – hiermee word bedoel ouers van leerders, leerders self, regeringsdepartemente, NROs, leerkragte, kerke, tradisionele leiers, verpleegpersoneel, gemeenskappe, endiesmeer. Die studie

het voorts bevind daar is 'n wye verskeidenheid redes waarom tienderjarige leerders nie dít wat hulle van LO leer, toepas nie. Dit is duidelik dat ouers en kerke tienderjariges nie betrek by seksverwante onderwerpe nie en gulde geleenthede derhalwe verlore gaan wat tot gevolg het dat negatiewe faktore vastrapplek vind, soos o.m. portierdruk, onbeskermdde seks, sosio-ekonomiese statuses van sekere mense in die gemeenskappe, geslagsongelykheid, dwelmmisbruik, regeringsbeleid, gebrek aan deeglike opleiding vir Lewensoriëntering-leerkragte, die feit dat Lewensoriëntering nie dieselfde status geniet as ander nasionale vakke nie en ouers wat te skaam is om hulle kinders by sekonderrig te betrek. Daar is ook bewerings teëgekome dat verpleegsters tienderjariges op onbetaamlike wyse hanteer wanneer dié klinieke om hulp nader.

Hoewel 'n taamlike persentasie van die kinders wat aan die studie deelgehad het, seksuele aangeleenthede begryp, is daar nog 'n merkwaardige persentasie wat oningelig en onseker is oor sake met betrekking tot MIV/VIGS, seksueel oordragbare infeksies en tienderjarige swangerskap. Indien positiewe resultate verkry wil word, is dit van die allergrootste belang dat portieropvoeders in 'n ieder en 'n elke skool moet wees.

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ABBREVIATIONS AND ACCRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
DoE	Department of Education
FET	Further Education and Training
GET	General Education and Training
HAC	Health Advisory Committee
HIV	Human Immune Virus
IQMS	Integrated Quality Management System
LO	Life Orientation
NGO	Non-Governmental Organization
OBE	Outcomes Based Education
TLO	Teacher Liaison Officer
WHO	World Health Organization

TABLE OF CONTENTS

DECLARATION	ii
ABSTRACT	iii-iv
OPSOMMING	v
ACKNOWLEDGEMENTS	vi
ABBREVIATIONS AND ACCRONYMS	vii
TABLE OF CONTENTS	viii-ix
CHAPTER 1:	
1. OVERVIEW OF THE STUDY	1
1.1. BACKGROUND OF THE PROBLEM	2-4
1.2 . THE RESEARCH TOPIC /QUESTION	4
1.3. AIM OF THE STUDY	4
1.4. OBJECTIVES OF THE STUDY	5
1.5. SIGNIFICANCE OF THE STUDY	5
SUMMARY	5
CHAPTER 2: LITERATURE REVIEW	6
2.1 INTRODUCTION	6
2.2 EDUCATION, TEENAGERS AND HIV/AIDS	7-8
2.3 SOUTH AFRICAN CURRICULUM, HIV/AIDS AND TEENAGE PREGNANCY	8-12
2.4 CONTENTS IN LIFE SKILLS'/ORIENTATION LEARNERS' BOOKS WITH REGARD TO HEALT ISSISSUE	12-13
2.5 POSSIBLE FACTORS LEADING TO VULNERABILITY BY LEARNERS	13
2.5.1 PEER PRESSURE	13-14
2.5.2 CULTURAL BARRIERS	14
2.5.3 GENDER INEQUALITIES	15
2.5.4 RAPE, SEXUAL AND DRUG ABUSE	15-16
2.5.5 GOVERNMENT POLICIES AND GRANTS	16
2.5.6 POSSIBLE GAPS BETWEEN NATIONAL HIV/AIDS POLICY FOR LEARNERS AND	

EDUCATORS AND ITS IMPLICATIONS	16-17
2.5.7. ATTITUDES TOWARDS DISCUSSING SEX, DRUG ABUSE AND HIV/AIDS	17
3. SUMMARY	18
CHAPTER 3 : RESEARCH DESIGN AND METHODOLOGY	19
3.1 INTRODUCTION	19
3.2 TARGET POPULATION AND SAMPLING TECHNIQUE	19-20
3.3 RESEARCH METHODS	20
3.4 THE RESEARCH INSTRUMENT	20-21
3.5 ETHICAL CONSIDERATIONS	22
CHAPTER 4 : RESULTS AND FINDINGS	23
4.1 INTRODUCTION	23
4.2 DATA ANALYSIS INSTRUMENT	23
4.2.1 SECTION A	23-31
4.2.2 SECTION B	31-34
4.2.3 SECTION C	34-37
4.2.4 SECTION D	37
4.2.4.1 INTRODUCTION	37
4.2.4.2 ANALYSIS	37-41
4.2.5 SECTION E	41-44
4.2.6 SECTION F	44-50
4.3: SUMMARY OF PERFORMANCE ACCORDING TO SECTIONS	50
4.3.1 SECTION A	49
4.3.2 SECTION B	50

4.3.3	SECTION C	51
4.3.4	SECTION D	52
4.3.5	SECTION E	52-53
4.4	SUMMARY	53
CHAPTER 5 : RECOMMENDATIONS AND CONCLUSION		53
5.1	INTRODUCTION	53
5.2	RECOMMENDATIONS	53
5.2.1	THE ROLE OF COMMUNITY AND PARENTS	53
5.2.2	THE ROLE OF CHURCHES AND NGOs	54-55
5.2.3	THE ROLE OF EDUCATION/ CURRICULUM	55-56
5.2.4	PEER EDUCATION	56-57
5.2.5	THE LEARNER TEACHER SUPPORT MATERIAL (LTSM)	57
5.2.6	GOVERNMENT POLICIES AND SOCIAL GRANTS	57-58
5.3	CONCLUSION ...	58-59
	REFERENCES	60-61
	APPENDICES 1	62-66
APPENDIX 1 SAMPLE OF A LETTER REQUESTING PERMISSION TO CONDUCT A RESEARCH STUDY IN SCHOOLS		
APPENDIX 2 THE RESEARCH QUESTIONNAIRE		

CHAPTER 1

1. INTRODUCTION

The Department of Education (DoE) nationwide introduced a subject or Learning Area, Life Skills/ Life Orientation (LO) as a means of intervention towards a wide range of social and life aspects as early as at the entry level of schooling so that learners at a very early age are equipped with skills on how to cope with life. After having realized that learners are vulnerable to a wide range of challenges the DoE decided to include in its curriculum a subject which will address issues like :- What is HIV/AIDS, difference between HIV and AIDS, modes of HIV/AIDS transmission, living with HIV/AIDS, HIV/AIDS and stigmatization, prevention of HIV/AIDS, falling in love, gender and power, teenage pregnancy, sexual abuse and rape, dating and intimate relations, decision making, changing attitude, nutrition, sport, managing stress, religion, goal setting, drug abuse, etc. The DoE then ascribed learning schedules on the subject according to phases and grades. Authors started writing teachers' guides and learners' books according to the National Curriculum Statement (NCS). Learning schedules and books written were in accordance with the age cohort. For the Foundation Phase the learning area was called life skills and from the intermediate phase to the FET band (Secondary School) the name changed to Life Orientation. The intention was marvelous as learners would be equipped with relevant information at their early ages. This subject was made compulsory so that every learner is able to cope with lifelong challenges amongst which are HIV/AIDS, STIs and teenage pregnancy. A wide scope of considerable interventions was put in place to mitigate the impact of HIV/AIDS, STIs and teenage pregnancy. Government Departments, Non Governmental Organizations and communities conducted some targeted programs to the communities in the fight against the pandemic and teenage pregnancy. But, to everybody's surprise everyday new infections are surfacing, STIs are dominating and teenage girls are vulnerable to teenage pregnancy. It was on this score that the DoE deemed it fit that the learning area LO be introduced and be compulsory from an entry level of schooling to fight the battle. This aimed at salvaging the current as well as the forthcoming generations because without a strategic intervention the human species would extinct and teenagers continue to drop out from school thus enhancing the poverty cycle. The study seeks to find out as to why after all the interventions teenage learners are still vulnerable to HIV/AIDS, STIs and teenage pregnancy.

1.1 BACKGROUND OF THE PROBLEM

The researcher has noticed with concern that despite the curriculum offered by the DoE in schools, teenage learners in Mthatha District of the Eastern Cape continue to contract and die from HIV/AIDS, continue to be vulnerable to STIs and teenage girls continue to fall pregnant. Mthatha District is located in the rural Eastern Cape Province, a province characterized by poverty, gross unemployment, poor infrastructure and lack of resources. Mthatha District was once a capital town of the homeland Transkei. Mthatha District has urban, semi urban and rural schools. Teenage learners in all these categories continue to contract STIs, HIV/AIDS and teenage girls continue to fall pregnant irrespective of the curriculum offered to them in schools. These factors enhance dropping out from school without achieving an academic qualification. It is along that background that the DoE, nationally, deemed it fit that in its curriculum it considers including compulsory subjects which will among other things address the question of health issues, societal issues, life skills, HIV/AIDS, STIs and teenage pregnancy. It was unanimously agreed by conference delegates at a National Conference on HIV/AIDS and the Education Sector that Education Department must lie at the centre of the national response to HIV/AIDS because it is principally through education that we can hope to achieve an AIDS free South Africa (Department of Education, 2003). The DoE then structured it such that in the Foundation Phase i.e. Grade R – Grade 3, a phase within the General Education and Training band (GET), amongst the three learning areas taught must be one called Life Skills.

The program on Life Skills and HIV/AIDS is part of Life Orientation, a compulsory subject countrywide. Schlechter, (2001) in his notes when defining life skills quotes (WHO,1993) to say, "Life skills training and education focus on the development of abilities for adaptive and positive behavior that enables individuals to deal effectively with the demands and challenges of everyday life." A review by UNICEF found that approaches relying on life skills have been effective in educating youth about health related issues amongst which is pregnancy prevention, HIV/AIDS prevention and prevention of STIs. The subject LO is planned such that it provides information which will enable the youth to make informed decisions. The contents of the subject get intensified according to the grades. LO was then introduced to effect changes in knowledge, attitudes, beliefs and behaviors at the individual level, at the group as well as at societal level. Coombe , (2000), supports this initiative taken by the DoE by stating that the educational institutions will ensure that learners acquire age appropriate knowledge and skills to enable them to behave in ways that will protect them from infection. The incorporation of the subject in the National Curriculum Statement (NCS) is a means to add to the vigorous outreach programs on HIV carried out by the Government and NGOs. The DoE through its curriculum aimed at increasing the awareness levels to

the general population and society. UNICEF, (2002) states clearly that education is one of the key defenses against the spread and impact of HIV/AIDS. The organization supports its statement by giving an evidence that in countries with severe epidemics, young people with higher levels of education are more likely to use condoms and less likely to engage in casual sex than their peers with less education. Hersh, Lane and Feijoo, (1998), in their study on adolescent sexual and reproductive health in Sub Saharan Africa, concur with the above by saying that the median age at first intercourse for women with no education is three (3) years earlier than women with at least a secondary school education.

Bridges and Alford, (2010) claim that when teens are armed with accurate information and skills, they can eliminate or minimize other factors that threaten their success in schools. Health education in particular, including comprehensive sex education provides adolescents with the information and skills they need to avoid many health risks including unintended or unwanted pregnancy as well as most sexually transmitted infections (STIs) including HIV. These writers further go on to say that giving birth during high school often has a negative impact on the ability of young teenage girls to complete high school and to pursue a college education and a rewarding career. Teen pregnancy takes a particular toll and is a disruption in a teenager's life which makes it difficult to remain engaged in school community leading to lower grades and high dropout rates. Teen pregnancy contributes enormously and is part of the poverty cycle as young mothers stay poor, their children also experience teen pregnancy, poverty and lower academic outcomes. There is time lost and performance becomes poor as the pregnant teens have to attend clinics and consult doctors thus missing out on lessons.

The subject LO offered in all South African Schools is aiming at helping youth to delay onset of sexual intercourse, reduce the frequency of sexual partners and increase condom usage and contraceptive use, says UNICEF, (2000) as cited by Moya (2002). By offering this subject, the DoE is trying to enforce health responsibility in students so that they attain their academic goals thus fostering academic achievement. Becoming pregnant, experiencing STIs and HIV/AIDS hinders academic success.

Melles, (2009), states that research demonstrates that possessing life skills may be critical to young people's ability to positively adapt to and deal with demands and challenges of life. She further says that what is significant about life skills approach is the fact that it is an interactive, educational methodology which does not only focus on knowledge transmission but also looks into shaping attitudes thus developing interpersonal skills.

Despite high levels of awareness towards the modes of HIV transmission and prevention among teenage

learners, the majority of teenagers do not think that they are personally at risk. In a research by Moyo, (2010), it was discovered that sixty two percent (62%) of youth who tested positive thought that they were not at risk. Teenagers have a tendency of thinking that they are too young to contract the disease. The researcher has noticed that it is common for schools in Mthatha District to submit reports to the district office that a learner gave birth in the toilets during break time. Fellow learners report the incident to teachers who have to become midwives, a profession they were never trained in. The particular learner drops out as she misses out on tuition time and becomes ashamed and embarrassed even to a point of committing suicide. Also, it is common that when Departmental officials visit schools for monitoring and support, they encounter a situation where they are told that a big percentage of teenage girls are absent as they have gone to payment centres to collect their children's support grant offered by the Department of Social Development. This causes instability at school as pregnant teenage girls go in and out of school when delivery time approaches. The teenage mortality rate as a result of the pandemic increases on a daily basis thus traumatizing the very fellow class and school mates. The Department of Education loses big numbers of learners thus decreasing learner enrollment, an important variable on which the DoE's planning is based. Even the allocation of physical, material as well as human resources is dependent on the learner numbers. These experiences prove beyond doubt that teenage learners do not implement the skills and knowledge acquired from LO. One gets amazed to realize that the schools are full of teenage mothers and fathers hence the question emerges as to why it is still happening despite the curriculum offered.

1.2 THE RESEARCH TOPIC/ QUESTION

Why despite the curriculum (Lifeskills/Orientation offered by the Department of Education in schools , teenagers in Mthatha District of the Eastern Cape continue to contract and die from HIV/AIDS, continue to be vulnerable to STIs and teenage girls continue to fall pregnant?

1.3 AIM OF THE STUDY

To investigate factors leading to teenagers becoming infected with STIs, HIV/AIDS, and teenage girls falling pregnant in the Mthatha District despite the curriculum offered to them in school and to also come up with strategies to improve curriculum (life skills/orientation) delivery for all teenagers.

1.4. OBJECTIVES OF THE STUDY

1. To analyze the contents of the curriculum with regard to HIV/AIDS, STIs and teenage pregnancy.
2. To identify learners' knowledge, attitudes and perceptions on HIV/AIDS, STIs and teenage pregnancy.
3. To identify the reasons for teenagers not to implement knowledge gained from the subject Life Skills/Orientation.
4. To provide guidelines and adjust Life Skills/ Orientation.

1.5 SIGNIFICANCE OF THE STUDY

Teenage learners are at a high risk of contracting HIV/AIDS, STIs and teenage girls fall pregnant at an alarming rate. It is hoped that the findings of the study will allow opportunity of getting reasons which accelerate this crisis and consequently provide data, strategies and guidelines so that the Department of Education adapts various methods of training and teaching of Life Skills/Orientation. This could make a contribution towards decreasing the mortality rates due to HIV/AIDS related illnesses, STIs and unwanted pregnancies. The drop out and absenteeism rates from school will also be reduced. High academic qualifications will be achieved by most teenagers thus reducing chronic poverty. Teenage learners will be able to make informed decisions and be able to face life challenges. All stakeholders will have their roles defined.

1.6. SUMMARY

Chapter one (1) was looking at the outline, aims and objectives of the study, "Why despite the curriculum offered teenage learners in Mthatha District are still vulnerable to HIV/AIDS and STIs and girls continue to fall pregnant.

The following Chapter will focus on literature review.

CHAPTER TWO: LITERATURE REVIEW

2.1 . INTRODUCTION

This chapter will deal with what other writers have already written regarding the research topic. Sexually Transmitted Infections (STIs), including Human Immuno deficiency Virus (HIV) mainly affect sexually active young people, Macnamus & Dhar (2008). They go on to say that causes of increased rates of STIs /HIV in young people in India, (where they conducted their study), are complex, however, the main reasons include biological factors, risky sexual patterns (early initiation of sex, premarital sex, bisexual orientation and multi sexual partners, transmission dynamics and treatment seeking behavior). But, notably is that HIV is spreading in an alarming manner. HIV/AIDS prevalence rates are highest among young people, especially teenage girls, (Coombe,2000). This writer cites Kelly, (2000) when saying that it is probable that 50 – 60 percent of South African 15 year olds will die of HIV/AIDS related illnesses within the next thirty years. UNAIDS, (2000) cited by Coombe,(2000) adds that South Africa has the fastest growing HIV/AIDS epidemic in the world, with more people infected than in any country. Craig and Richter-Strydom, Flusher et al, Buga et al cited in Smart, (1999) are cited by Coombe (2000) as concurring with her when they argue that many adolescents are sexually active at twelve (12) years, but few practise safe sex because of pressure to engage in unprotected intercourse, to have a child, or because they lack access to user friendly health services and are uninformed about condoms and risks. She argues that the pandemic affects not only the health of individuals but is attacking the education system itself. Potenza, Mashinini, Slater and Wybourn (2006) argue that life surely is complicated, even more so when you are a teenager. It is against this context of catastrophe that the Department of Education felt obliged that it introduces subjects like Life Skills/ Orientation in an effort to intervene.

2.2 EDUCATION , TEENAGERS AND HIV/AIDS

Providing young people with basic AIDS education enables them to protect themselves from becoming infected. AIDS education should begin as early as possible. It is believed that

acquiring knowledge and skills encourages young people to avoid or reduce behaviors that carry a risk of HIV infection. Even for young people who are not yet engaging in risky behaviors, AIDS education is important for ensuring that they are prepared for situations that will put them at risk as they grow older. Therefore schools play a vital role in providing AIDS education for young people. Not only do schools have the capacity to reach a large number of young people, but school students are particularly receptive to learning new information. The Inter – Agency Task Team (2002) concurs with the above by saying that education and HIV/AIDS are inextricably linked. Therefore global commitments to strategies, policies and programs that reduce the vulnerability of children and young people to HIV/AIDS will not be met without the full contribution of the education sector. The team further claims that preventing and mitigating the impact of the AIDS epidemic through the education sector is critical and early mainstreaming is suggested. Kelly, (2001), quoted by the Department of Education (2003) alludes that, “ Children and youth are a window of hope for the future – even though some may have already be HIV infected, the overwhelming majority are not. This is where the hope for the future lies. The challenge of formal and non formal education provision faces is to work with these disease free children to enable them to remain so and education can be the world ‘s single most powerful weapon against HIV transmission.”

Young people who are in school also benefit from receiving further information about HIV/AIDS from other sources, adding to and reinforcing what they learn in school, Winkler & Bodenstein (2005). That is the reason why schools are regarded as key settings and pivotal for educating children about HIV/AIDS and for halting the further spread of the HIV infection . Education about condom use and what role they play in protection of HIV infection can be introduced as early as age nine (9). Many countries have tried various forms of AIDS education which are of interest to the teenagers, things like advertisements, films or announcements, programs like Love Life and Soul City in South Africa, Shuga, a TV drama in Kenya. Amongst the topics dealt with are issues related to HIV stigma and discrimination, and the care of people living with AIDS.

2.3 SOUTH AFRICAN CURRICULUM, HIV/AIDS AND TEENAGE PREGNANCY

In South Africa, the Department of Education, nationally deemed it fit that in its curriculum it includes subjects which will among other things address the question of health issues, social issues, as well as HIV/AIDS. These subjects or learning areas would be compulsory from Grade R to Grade 12. It was unanimously agreed by the conference delegates at a national conference on HIV/AIDS and the education sector that education must lie at the centre of the national response to HIV/AIDS because it is principally through education that we can hope to achieve an AIDS free South Africa (Department of Education, 2003). In a paper presented at the TEP conference Bialobrzeska (2007) quotes Minister Asmal (DoE : 2001) saying, “ We must deal urgently and purposefully with the HIV/AIDS emergency in and through the education and training system. This is the priority that underlies all priorities, for unless we succeed, we face a future full of suffering and loss, with untold consequences for our communities and the education institutions that serve them.” It was along this agreement that in the Foundation Phase, (Grade R - Grade 3), amongst the three learning areas taught, the one called “Life Skills” was introduced.

There is a strong belief that the school is the best place to educate the nation about life skills/orientation, HIV/AIDS, and STIs in particular. There is a belief that schools can make a difference in the lives of the children hence the introduction of the learning areas, Life Skills/Orientation in the curriculum under the banner of Outcomes Based Education (OBE) offered in the entire South Africa. The then Minister of Education, Professor Kader Asmal declared the response to the HIV epidemic a national priority, Department of Education, (2003). This is one reason for the issuing of the National Policy on HIV/AIDS by the National Department of Education in 2001 as well as guidelines for educators, urging schools to help prevent the spread of HIV thus emphasizing that we do not have a choice but to educate our children about HIV/AIDS. The World Health Organisation (WHO, 2004) claims that youths are at the epicenter of preventing the progression of the HIV/AIDS pandemic. This organization estimates that youths ages 15 – 24 comprise 50 percent of all new HIV infections and consequently must be targeted for education in decreasing transmission and reducing the stigmatization of an HIV diagnosis. The WHO therefore believes that in order for youths to help

slow this pandemic, they need to first be educated and have knowledge about HIV/AIDS. Teachers of these subjects were then trained and relevant material developed. The question is:- To what extent were these teachers trained and given sufficient skills for them to deal and handle sensitive issues? WHO (1993) as quoted by Schlechter, (2001) in his notes defines life skills thus, "Life skills training and education focuses on the development of abilities for adaptive and positive behavior that enables individuals to deal effectively with the demands and challenges of everyday life."

A review by UNICEF concurs with the above in its findings which claim that approaches relying on life skills have been effective in educating youth about health related issues amongst which is HIV/AIDS prevention, pregnancy prevention and prevention of Sexually Transmitted Infections (STIs). Melles, (2009) supports WHO (1993) as cited by Schlechter, (2001) by saying that research demonstrates that possessing life skills may be critical to young people's ability to positively adapt to and deal with demands and challenges of life. She goes on to say that what is significant about life skills approach is the fact that it is an interactive, educational methodology which does not only focus on knowledge transmission but also looks into shaping attitudes thus developing interpersonal skills. Friedman, Ryan, Vergnani and Wegner (2005), also regard life skills/orientation as the most important subject that learners will do at school because it is designed to help them achieve their full potential so that they can live life to the full. They further say that as people move well to the 21st century, so the challenges facing them seem to increase every day, to name a few, HIV/AIDS, substance abuse, crime, unemployment and pollution. Heerden, (2005) in his definition of Life Skills/Orientation says is an interactive, educational methodology that not only focuses on transmitting knowledge but also aims at shaping attitudes and developing personal skills. He adds on to say that the main goal of life skills/orientation approach is to enhance young people's ability to take responsibility for making healthier choices, resisting negative pressures, and avoiding risk behaviors.

Potenza et al (2006) suggest that one has to find a way to balance what one has learnt in the Lifeskills/ Orientation class about gender issues, religion and democracy with what one's family and friends believe and before they know it their own values are being dissed. They further say,

“ Then there is the sex thing and the threat of HIV/AIDS. You need all the information you can get to help you make responsible decisions.” From Grade 4 up to Grade 12 (Intermediate phase, Senior phase and Further Education and Training (FET)), the contents of the curriculum gradually get intensified in accordance to the age and cognitive development of learners. The learning area now is given a new name, Life Orientation which is often introduced to effect changes in knowledge, attitudes beliefs and behaviors at the individual level, at a group as well as at societal level. Many topics on STIs, HIV/AIDS and pregnancy are dealt with deeply according to the level of the learner. Coombe, (2000) agrees with this departmental initiative by stating that educational institutions will ensure that learners acquire age and context appropriate knowledge and skills to enable them to behave in ways that will protect them from infection. The incorporation of the subject Life Skills /Orientation in the National Curriculum Statement (NCS) is a means to add to the vigorous outreach programs on HIV carried out by the Government and NGOs.

The Department of Education through its curriculum aimed at increasing the awareness levels to the general population and society. UNICEF, (2002) puts it clearly that education is one of the key defenses against the spread and impact of HIV/AIDS, hence these learning areas are not optional but compulsory across the country. UNICEF supports her statement by giving an evidence that in countries with severe epidemics, young people with higher levels of education are more likely to use condoms and less likely to engage in casual sex than their peers with less education. Hersh, Lane and Feijoo, (1998) in their study on adolescent sexual and reproductive health in Sub Saharan Africa, concur with the above by claiming that the median age at first intercourse for women with no education is three years earlier than women with at least secondary school education. Bridges and Alford, (2010) argue that when teens are armed with accurate information and skills, this can eliminate or minimize other factors that threaten their success in schools. Health education, in particular, including comprehensive sex education provides adolescents with the information and skills they need to avoid many health risks, including unintended or unwanted pregnancies as well as most sexually transmitted infections (STIs) including HIV. These writers further state that giving birth during high school often has a

negative impact on the ability of young teenage girls to complete high school and to pursue a college education and a rewarding career. Teen pregnancy takes a particular toll and is a disruption in a teen's life which makes it difficult to remain engaged in school community leading to lower grades and higher dropout rates. They regard teen pregnancy as part of the poverty cycle as young mothers stay poor, their children also experience teen pregnancy, poverty and lower academic outcomes. There is time lost and performance becomes poor as the pregnant teens have to attend clinics and doctors. The subject Life skills/orientation offered in schools seeks to help youth delay onset of sexual intercourse, reduce the frequency of sexual partners and increase condom usage and contraceptives use believes UNICEF (2000) as cited by (Moya 2002). By offering this subject schools are trying to enforce health responsibility in students so that they attain their academic goals thus fostering academic achievement . Becoming pregnant, experiencing STIs and HIV hinders academic success. Bridges et al, (2010) in support of all the above claim that schools have a vested interest in keeping students healthy, by doing so, they help students get higher grades and attain their academic goals. Students who are involved in pregnancy or experience STIs or HIV face obstacles to academic success, but schools have the opportunity to help students avoid barriers to success.

Comprehensive sex education helps students protect their sexual health and avoid these negative outcomes. By providing comprehensive sex education programs, schools support student health and foster their academic achievement. Bridges et al, (2010) allude that teen pregnancy takes a toll on school connectedness and it is a major disruption in a teen's life which makes it difficult to remain engaged in school and active in the school community thus leading to lower grades and higher dropout rates. Giving birth during high school often has a negative impact on the ability of young women to complete high school and to pursue a college education and a rewarding career. This suggests that mainstreaming HIV prevention and HIV/AIDS mitigation activities within education sector plans should be a priority in each country and this ensures that addressing HIV/AIDS is not an add on or separate activity, but becomes an integral part of education sector policies, strategies and actions (IATT, 2002). UNICEF (2003) adds on by saying that, only by managing the impact of HIV/AIDS on children, young people

and the education system itself can education realize its potential to decrease vulnerability to HIV/AIDS and reduce the risk of further infections. Despite high levels of awareness towards the modes of HIV transmission and prevention among teenage learners, the majority of teenagers do not think they are personally at risk. In a research by Moyo, (2010) it was discovered that 62% of youth who tested positive thought that they were not at risk.

2. 4 CONTENTS IN LIFESKILLS/ ORIENTATION LEARNERS BOOKS WITH REGARD TO HEALTH ISSUES

As early as Grade R to Grade 12 quality education in HIV/AIDS is taught to learners according to their cognitive development. Topics like :- What is HIV/AIDS, Difference between HIV and AIDS, Modes of contracting HIV/AIDS, Living with HIV/AIDS, HIV/AIDS and stigmatization, HIV/AIDS Counselling, Prevention of HIV/AIDS, Falling in love, Gender and Power, Teenage pregnancy, Sexual abuse and rape, Dating and intimate relations, Decision makingwhat is right for me ?, Changing my attitudes, Caring for HIV/AIDS positive people, Nutrition, Child headed households, Campaigning for AIDS treatment, Sport, The Treatment Action Campaign/project, Dealing with death, Religion, Managing stress are dealt with widely in almost all the LO textbooks as detailed information is presented for each topic. Participatory and group work is always given by educators. Debates on HIV/AIDS issues are held within the school or with other schools. UNICEF developed a comprehensive list of lessons learned from life skills education programs to prevent the spread of HIV among young people. These lessons are applicable to programs that promote sexual and reproductive health among youth, including pregnancy and STI prevention. This organization suggests five key areas of focus which can assist planners in optimizing programs' quality and outcomes. These are the suggested key areas:- participants, content, processes, the environment and the outcomes. Participants talks to respecting youth abilities, feelings and beliefs, ensuring appropriateness of material according to gender, age culture sexual experience and knowledge, and lastly encouraging peer education. Content refers to awareness of risk factors for teen pregnancy, STIs including HIV. Processes involve co - ordination, involvement of parents and students, continuity of educational programs. The

environment entails provisioning of safe and supportive environment for all youth including teenage parents, children and youth infected and affected by HIV/AIDS. Outcomes involve evaluation of program objectives, processes using relevant realistic indicators, things like increased self esteem, positive and hopeful view of the future, resistance of pressure, delay in sexual intercourse, reduction of sexual partners and decrease in unprotected sex.

2. 5 POSSIBLE FACTORS LEADING TO VULNERABILITY BY TEENAGERS

It is evident based on the literature by various sources that there are factors which might hinder the impact made by the South African Curriculum in teenage learners with respect to teenage pregnancy, STIs & HIV/AIDS as they are still vulnerable to these at the present moment. An inclusive definition of ' vulnerability ' by Children's Institute, Soul City, Save the Children, MIET and others includes children rendered vulnerable by HIV and AIDS or by any other economic factors such as poverty, physical or sexual abuse, alcohol and drug abuse etc.

2. 5. 1 PEER PRESSURE

The Oxford South African School Dictionary (new third edition) defines "peer " as a person who is of the same age or position in a society as you. Peer pressure can influence adolescent sexual activity. Dillard (2002) when asking young men of 13 to 18 years why they had sex for the first time cited that it was due to pressure from their friends or a partner. Bridges et al, (2010) argues that teens in America each year experience almost half of the 20 million STD cases thus leading to worry and emotional distress, sometimes painful symptoms, and trips to a doctor or clinic for treatment all of which could impact school attendance and performance negatively. Children like to share their experiences and secrets with each other. In one study by Dillard (2002) it is said that about 48 percent of 13 to 15 year old male and female respondents said that they talk to their friends about sexuality issues. If you are a virgin, unlike your friends, they will try to convince you "how much you are missing out on." Department of Social Development,(2000). Teenagers are less likely to talk about sexuality issues with parents, they feel comfortable and free to talk about sex based topics with their peers.

2.5.2 CULTURAL BARRIERS

The Global Roundtable Working Group on youth (2004) defines culture in its paper as “ the attitudes and behavior that are characteristic of a particular social group or organization,” and includes “ traditions that reflect norms, care and behavior based on age, life stage, gender, and social class.” The paper goes on to say that religion plays a significant role in culture, as do social and political institutions such as media and communications, systems of education and modes of governance. This working group reveals in its study that in some countries, cultural taboos on sexuality have made it very difficult to create adequate policies and programs to deal with youth Sexual and Reproductive Health and Rights (SRHR). Rights are universal unlike cultures which are different. Dhar et al (2008), concur with the above by saying that sexuality is a difficult topic to deal with between parents and their children. It becomes difficult to address the topics on HIV/AIDS, STIs, pregnancy and contraceptives. These writers cite a simple example of a mother who finds it difficult to talk to the daughter about a simple thing like menstruation. They further argue that open discussions about sexuality are taken as a taboo. For example literature tells that in India, where there is widespread discomfort with sexuality, “ accurate information on sexuality is scarce, and health care of any kind is hard to come by for young people who are seen as sexually healthy and not in need of service. Those who seek reproductive health services often are met by judgmental health providers and are afforded little or no privacy in which to discuss their problems. Literature reveals that in both developed and developing countries, taboos on sexuality impede open communication and access to information about sexual and reproductive health and rights” (SRSH), Dhar et al, (2008).

2.5.3 GENDER INEQUALITIES

Youth’s sexual activity is not always consensual (Salgado & Cheetham , 2003). Teenage girls often engage in unprotected sex for fear of rejection by male partners. When a woman depends solely on a man for her survival, it leaves her with little control of her own life. Fearing that the man who supports her will stop doing so if she tells him to use a condom, she gives in

to his demands even when she realizes the risk of getting infected with HIV. Women who have a low self esteem do not believe in their own abilities and value as a human being (Department of Social Development, (2000). Girls and young women are particularly at risk because of sex with older men, social pressure and abuse and it is easier for the virus to pass from a man to a woman during sexual intercourse, (Department of Social Development, 2000). It has become socially acceptable for older men to turn to younger girls for sex, sometimes falsely thinking that they may be free of HIV/AIDS. These older men have more power than younger girls and often resist to use condoms. There is growing trend for younger girls to have older 'sugardaddies ' who buy them 'nice' things in exchange for sex, Department of Education , (2003).

According to some customary laws in South Africa, a married woman is obliged to have sex with her husband as it is considered her wifely duty, even if he is HIV positive and or is known to have other sexual partners. If she insists on the use of the condom or refuses to have sex with him she may be beaten or forced to move out of the house, (Department of Social Development, (2000). The societal double standard gives men license to be sexually adventurous without taking responsibility for their actions, while controlling female sexuality, and blaming women for the spread of sexual transmitted diseases (STDs), Joint Monitoring Report (2001).

2. 5. 4 RAPE , SEXUAL AND DRUG ABUSE

Rape and drug abuse complement each other. Friedman et al (2005) define sexual abuse as any sexual contact that is unwanted. It is often done by someone you know, for instance, a family friend, an uncle, a stepfather, a father, a boyfriend, a brother, a teacher, etc. These writers further define rape as an extreme form of sexual abuse. It happens when a person is forced to have sex without their permission. Often this force is violent and most victims of rape are women and teenage girls. When one is under the influence of drugs, he/she loses control of himself and finds himself doing things he would never have done. Alcohol abuse combined with existing gender imbalances lead to marital rape and abusive relationships, putting women at

risk not just of physical, sexual, and emotional distress but increased risk of contracting HIV (since condoms are rarely used during sexual assaults, adds Melles, (2009).

2. 5. 5 GOVERNMENT POLICIES AND GRANTS

Some Government policies might be seen as supporting those who are hard hit but on the other hand might be perpetuating dependency, early initiation of sexual intercourse, regular pregnancy amongst the youth as they regard the grants provided to them as a source of income. The child support group, given to children under the age of fourteen (14) can be another factor leading to teenage pregnancy. Soul City and Jacana, (2004) list four types of government grants :- (1) The Child Support Grant , (2) The Care Dependency Grant, (3) The Foster Grant and (4) The Disability Grant. The child support grant is given to any person who takes care of a child under the age of nine years. The care dependency grant is paid to people who care for children who have severe disabilities and need special care. The foster care grant is given to the caregiver of a child who is not the caregiver's own child by birth. This person is called a foster parent. This grant is given to children who are under eighteen years of age. It can be extended to twenty one years if the child is still schooling. The disability grant is given to people who are very sick with AIDS, Soul City & Jacana, (2004).

2.5.6 POSSIBLE GAPS BETWEEN NATIONAL HIV/AIDS POLICY FOR LEARNERS AND EDUCATORS ITS IMPLICATIONS

A National Policy on HIV/AIDS was published by the then Minister of Education, Professor Kader Asmal, National Education Policy Act (No .27 of 1996). Its intention was to prevent the spread of HIV infection, to demystify HIV/AIDS, to allay fears, to reduce stigma and to instill non-discriminatory attitudes. The policy provides a framework for development of school policies and establishment of Health Advisory Committees (HAC). The policy lists some possible gaps which read as (1) Insufficient training for educators with regards to HIV/AIDS, (2) Insufficient resources available in institutions, (3) Insufficient funding to purchase the necessary resources

needed to address the issues of HIV and AIDS. The Tirisano plan notes that given the scale of the challenges faced in the context of HIV and AIDS, the reality of resource limitations, the urgency of need and the infrastructure that exists in South Africa, it is necessary to think beyond the immediate and obvious functions of schools and to explore their roles and that schools are well placed to fulfill in terms of identifying and supporting vulnerable children. It is argued that schools in particular are ideally placed to function as nodes of care and support for children, according to Bialobrzaska, (2007). (4) Inadequate co-ordination of inter and intra-departmental initiatives concerning HIV and AIDS, (5) Updating of policy at regular intervals to accommodate the progress made in the prevention and treatment of HIV and AIDS.

2 . 5 . 7 ATTITUDES TOWARDS DISCUSSING SEX , DRUG USE AND HIV/AIDS

According to Schenker and Nyirenda, (2002) teaching HIV prevention and anti discrimination presents challenges for educators. A primary challenge involves the ability to openly discuss controversial issues with students in the classroom. But, on the other hand they say that, educators who feel comfortable with their sexuality, who adhere to human rights values and who respect their students are more successful when discussing important controversial issues relating to HIV/AIDS, such as the disclosure of HIV status, premarital sex, homosexuality and drug abuse. They further go on to say that openly discussing sex, drug abuse, and HIV/AIDS in class does not mean being vulgar or diminishing ones' social beliefs and values. They support their statement by saying that recent studies have shown that sex education programs do not lead to earlier or increased sexual activity among young people instead school based interventions are an effective way to reduce risk behaviors associated with HIV/AIDS and STI among children and adolescents.

3. SUMMARY

Finally, according to Ntombela, (2009) within the education sector, school going children are seriously affected in the era of HIV/AIDS. As a result of this, boys at their secondary school

going age drop out or resort to drugs and crime. Girls are also victims and there is a growing trend that they are abused by elderly men and sometimes seriously involved in prostitution for an income. This obviously increases the prevalence of HIV/AIDS and pregnancy in the population of teenagers.

CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

This study seeks to investigate and find out why despite the curriculum offered in the South African Schools, Mthatha District in particular, teenage learners continue to die from HIV/AIDS, continue to be vulnerable to STIs, and teenage girls continue to fall pregnant. A questionnaire was designed trying to establish how much knowledge the learners had in store with regards to HIV/AIDS, STIs and prevention of teenage pregnancy, and whether the curriculum is effective in terms of HIV/AIDS contraction, HIV/AIDS prevention, pregnancy prevention and other youth challenges and if not what recommendations can be brought to the fore. This chapter will deal with sampling, data collection, and ethics considerations.

3.2 : TARGET POPULATION AND SAMPLING TECHNIQUE

Mthatha Education District has a total number of three hundred and sixty (360) schools, but Senior Secondary schools are only sixty (60) and that was the population the researcher aimed at getting her sample in conducting her study. It was obvious that she could not use all the schools and therefore had no option except for sampling six (6) Senior Secondary Schools in the Mthatha District according to their geographical location to represent the demographics and whole population of teenage learners in the District. Two (2) schools were drawn from the urban area, another two (2) were taken from a semi urban area whilst the last two (2) were drawn from the rural area. The researcher sought permission to administer her instrument from the principals of the six (6) schools. See Appendix 1. From each school the researcher sampled thirty (30) learners, both genders included and ages varied. The sample was drawn from learners doing grades ten (10) and eleven (11). The researcher had wished to include learners from grade twelve (12) but it appeared that this group of learners could not be easy to access as teachers were busy with them, revising and preparing for the trial examinations which counted towards their Continuous Assessment moderation (CASS), a prerequisite mark contributing towards their final examinations. All learners in grades ten (10) and eleven (11) classes were assigned with numbers e.g. Learner 1, Learner 2, Learner 3 etc. Each learner wrote his/her allocated number. The papers were folded into small pieces and were put in a box. One learner per class was asked to draw thirty (30) pieces of folded papers from the box. This method allowed each and every one equal opportunity to be drawn. This method led to the researcher having her sample of one hundred and eighty (180) learners. This is the simplest random sampling technique as suggested by Bless & Higson-

Smith (1995), cited by Ntombela (2009). This method provided equal opportunity of selection for each learner in the population of Grades ten (10) and eleven(11).

3.3 : RESEARCH METHODOLOGIES

The researcher used two methods :- the qualitative and quantitative approaches in her study. A questionnaire with twenty one(21) open ended questions and nine (9) closed ended questions was designed by the researcher. The total number of questions was thirty (30).

3.4 : THE RESEARCH INSTRUMENT

A questionnaire comprising of thirty (30) structured questions was developed and administered in each school by the researcher, see Appendix 2. Of the thirty (30) questions twenty one (21) were closed ended and structured questions, where the answer would either be (true , untrue , unsure), (agree, unsure ,disagree), (yes, unsure, no)e.g. “ There is no harm in a person who is already HIV positive having a sexual relationship with another HIV infected partner without a condom” Choose the correct answer r from those in brackets, (true , unsure untrue). The last nine (9) questions were open ended where the participant would open up, discussing and arguing to support his/her point.e.g. “ Why do you think the school is the best place to deal with sexual education? “ “ Why would you not allow pressure from friends and partner for engaging in unwanted /unprotected sex?” These were thought provoking questions . The research questions sought to measure how much knowledge teenage learners had with regard to HIV/AIDS, particularly, mode of transmission, perceptions and attitudes, prevention, stereotypes and myths about HIV/AIDS, STIs and teenage pregnancy and prevention, difference between HIV and AIDS, HIV/AIDS and stigmatization, living with HIV/AIDS, the role of and impact of the subject LO in changing sexual behaviors, the role of the subject LO in changing risk behaviors, knowledge covered according to LO Work Schedules. The questionnaire was set in English because the researcher had anticipated that at the level of grade(10)ten and eleven (11)schooling no one would not be in a position of not understanding the questions as English in Mthatha District is a Language Of Learning and Teaching (LOLT).

The questionnaire was given one (1) hour in each school. Both genders were represented in the study.

The researcher sought assistance from educators of the particular school to ensure authenticity of responses. A total number of (180) teenage learners comprised the sample. The researcher, initially had thought that she would utilize learners including grade 12 but it was evident that grade 12 learners were difficult to access as they were busy preparing for the trial examinations which counts towards their final examinations. So, the researcher had no option but to make use of Grade 10 and 11 learners . Two boxes were organized per school, one for grade ten and the other for grade eleven. All learners in each grade were allocated numbers e.g. 1, 2, 3, etc. A number representing each learner was thinly folded in a paper and put in the box. One learner in each grade was asked to come and draw thirty (30) folded papers. This process led to the researcher having her sample. This is the simplest random sampling technique as suggested by Bless & Higson – Smith(1995), cited by Ntombela (2009). This method provided equal opportunity of selection for each learner in the population of Grades 10 and 11.

In each school the researcher sought assistance from educators in the affected schools when she administered the questionnaire. The questionnaire was administered in a classroom situation to ensure that all questionnaires would be answered simultaneously and returned to the custody of the researcher. If the subjects were given opportunity of going home with the questionnaire chances of them returned could not be guaranteed. . The questions were catergorized into six(6) Sections e.g. Section A , Section B, Section C, etc. A quantitative and qualitative research approaches were used. S schools were given codes e.g.School A , School B, School C for purposes of confidentiality. Results and findings were analyzed as shown in Chapter Four (4). Graphical representations were used to illustrate the results and findings. Graphical representations were presented in the form of Figures, per Question and per Section. Results and findings will be dealt with in Chapter 4.

3.5 : ETHICAL CONSIDERATIONS

Permission to utilize learners was sought from the school managers of the affected schools. See Appendix 1. Confidentiality and anonymity were maintained therefore no names were revealed. According to Neuman (1997) quoted by Ntombela (2009) confidentiality and anonymity of information must be guaranteed to the subjects. The researcher first outlined the purpose of the study to the participants. It was clearly explained how important their honest responses would be. There were no learners who were under age where permission to participate would be sought from their parents. No learner was forced to participate if he /she did not want to. All those who were sampled were willing to participate in the study. All participants were requested to answer all the

questions. Unauthorized persons would not have access to the data collected. Participants were assured that their data would be used anonymously and that the aim of the study was to understand better how much knowledge the teenage learners had about HIV/AIDS and its prevention, STIs and prevention of teenage pregnancy and how the subject or learning area Life skills/Orientation could be better taught to yield best results in schools. The participants were reassured that no one will be judgmental regarding their responses.

3.6 : SUMMARY

In this chapter the researcher was trying to elicit information from the teenage learners in six (6) FET schools, two from urban schools, two from semi urban schools and two from rural schools, a sample which represented the demographics of learners in the district. The schools were given codes e.g. School A, School B, School C, etc. for purposes of confidentiality. All learners in these grades stood the opportunity of being selected. Thirty learners were randomly drawn from each school. Each learner was represented with a number e.g. Learner 1, Learner 2, Learner 3 etc. The sample consisted of both genders. A questionnaire was used to collect data. The questionnaire consisted of thirty questions. These were closed and open ended questions. Open ended questions allowed a learner opportunity to discuss and support his or her response so as to display the extent of knowledge about HIV/AIDS and how the subject LO related to HIV/AIDS. The closed ended questions expected participants to choose the correct answer from those provided. It would be on the basis of the findings from the responses that the researcher could come up with recommendations and conclusions. The researcher intends sharing the findings with a Provincial Directorate which specifically deals with HIV/AIDS, STIs and LO at large so as to assist in the planning of the subject for better results.

CHAPTER 4 : RESULTS AND FINDINGS

4.1 : INTRODUCTION

This chapter sought to outline the results and findings obtained from responses regarding the questionnaire which was administered to one hundred and eighty (180) teenage learners in Mthatha District. In this chapter the findings will be analyzed and illustrated graphically. The participants were drawn from six (6) High Schools. Two were from an urban area, another two was from a semi- urban area whilst the last two was from a rural area. Thirty learners (30) were sampled from each school thus making a total number of one hundred and eighty (180). The questionnaire was divided into six (6) Sections. The sections sought to measure the extent of teenage knowledge on HIV/AIDS, STIs and teenage pregnancy issues and if there is any impact made by the curriculum (LO) in relation to these aspects. The questionnaire covered:- (A) Modes of HIV/AIDS transmission, (B) Difference between HIV and AIDS,(C)Teenage pregnancy, (D) HIV/AIDS and Stigmatization, (E) Myths about HIV/AIDS and (F) HIV/AIDS, STIs, Teenage Pregnancy and Curriculum. Sections A – E consisted of close ended questions while Section F of the questionnaire was comprised of open ended questions. In this chapter a finding will be illustrated by a graphical representation except for open ended questions where opinions of respondents were probed.

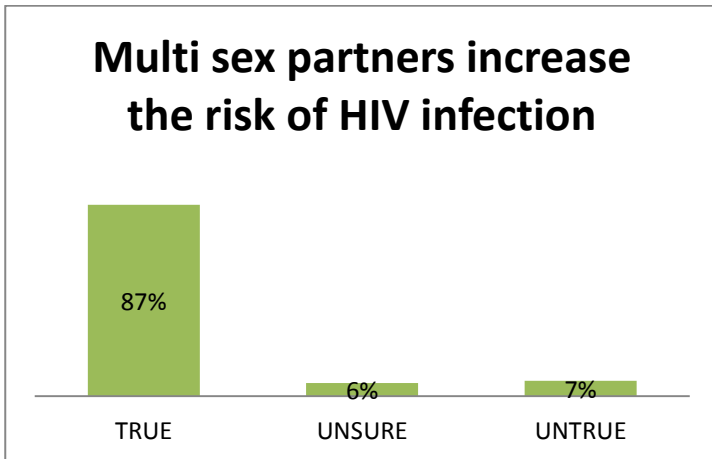
4.2 : DATA ANALYSIS INSTRUMENT

Graphs were used to illustrate results and findings. The results and findings of each and every question was discussed and represented graphically. Also the results and findings of each and every section was analyzed and represented graphically. Graphs were presented in the form of figures. The study ended up with thirty nine(39) graphs/figures.

4.2.1 : SECTION A: (MODES OF HIV/AIDS TRANSMISSION)

Section A of the questionnaire was eliciting learners' knowledge on HIV/AIDS modes of transmission. The section consisted of eleven closed ended questions. The participants had to choose the correct answer from those provided, e.g. In question one (1) the question was:-Multi-sex partners increase the risk of HIV infection (true, unsure, untrue). Eighty seven percent (87%) of the sample said this was true and got the answer correct, six percent (6%) was unsure and seven percent (7%) said this was untrue and had the answer wrong. Figure 1 below illustrates this finding.

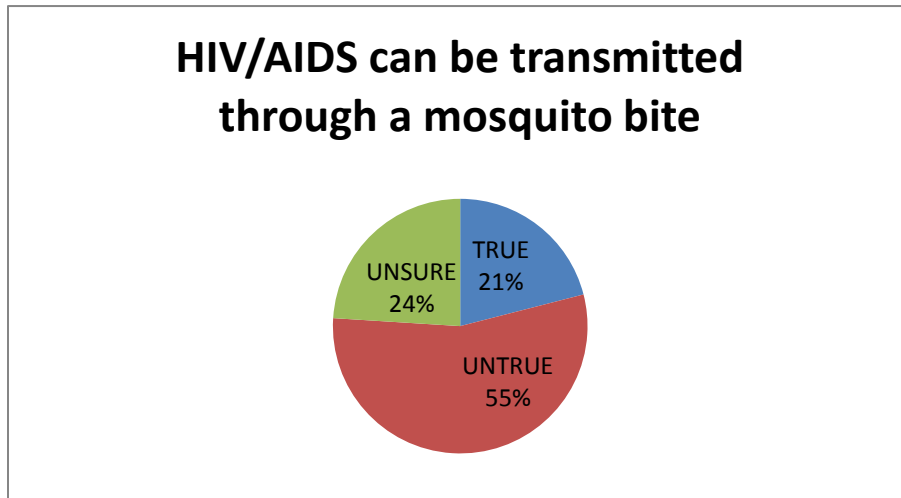
FIGURE 1



It is evident that although a larger percent of teenage learners know the risk involved in having multi-sex partners there are still those who are unsure and those who are not aware of any dangers incurred. This therefore suggests that there are teenagers who are still vulnerable to STIs and HIV/AIDS infection.

Question two (2) of Section A wanted to know if HIV/AIDS can be transmitted through a mosquito bite. Fifty five (55%) of the participants said this is untrue. They got the answer right. Twenty four percent (24%) was unsure. Twenty one percent (21%) still believed that a mosquito bite causes HIV/AIDS infection despite the LO / Life Skills Learning area which was introduced to them from Grade R. Figure 2 illustrates the findings for the question.

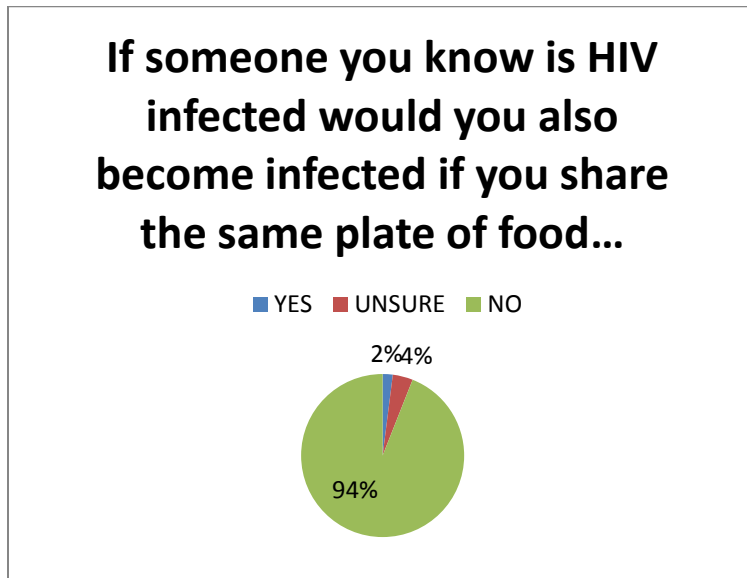
FIGURE 2



Many LO books state it clearly that HIV/AIDS cannot be transmitted through a mosquito bite. It then leaves a question as to why at the level of grade ten (10) and eleven (11) there are still learners who are unsure and who find it true for HIV/AIDS transmitted through a mosquito bite.

Question three (3) wanted to know if one can contract HIV because one shared a plate of food with an infected person. Ninety four percent (94%) of participants disagreed with the statement and got the answer correct, four percent (4%) was unsure and two percent (2%) said it was true that one can get HIV infection by sharing a plate of food. The finding for this question is illustrated by figure 3 below.

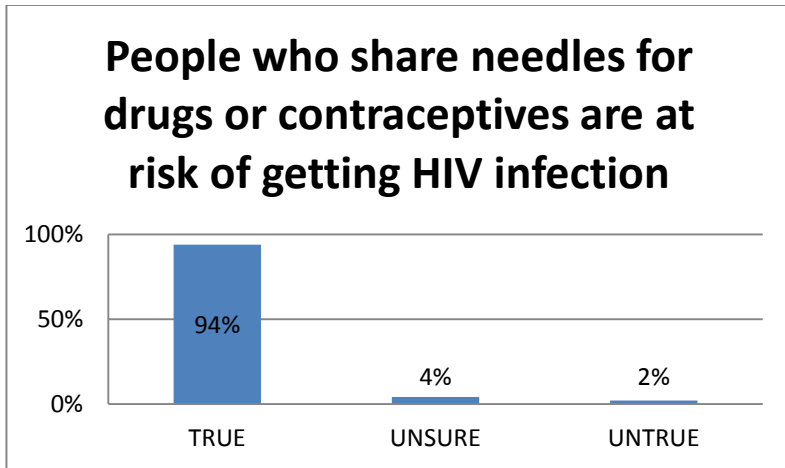
FIGURE 3



At this level and time of the year the researcher had expected that one hundred percent (100%) of learners are aware that HIV cannot be transmitted by sharing the same plate of food.

Question four(4) of Section A wanted to know if the teenage learners were aware that intravenous drugs can infect HIV/AIDS. The question was structured as follows:-People who share needles for injection either for drugs or contraceptives are at risk of getting HIV/AIDS. (true, unsure, untrue). Ninety four percent (94%) said this was true, four percent (4%) was unsure whilst two percent (2%) said this was untrue. These findings suggested that there is still a lot to be done because learners who are exposed to LO must have been through a stage of doubting regarding this question. Figure 4 below illustrates the finding.

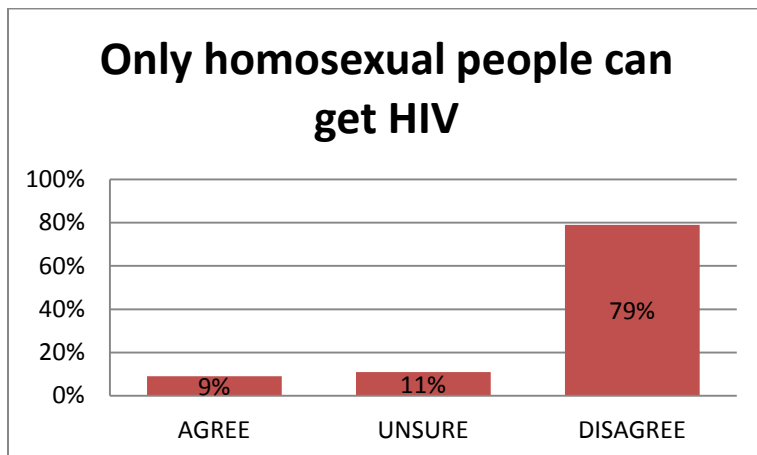
FIGURE 4



That there are still teenage learners who say it is untrue or unsure that intravenous drugs infect HIV/AIDS indicates that teenagers are at risk of getting HIV/AIDS through this mode.

The fifth question wanted to know if teenagers think that it is only homosexuals who can be infected with HIV/AIDS. The responses to a question which was structured this way:- Only homosexual people can get HIV (agree, disagree, unsure) were as follows:- Nine percent (9%) agreed to the statement, eighty percent (80%) disagreed to the statement and they got the question correct, eleven percent (11%) was unsure. The responses suggested that there were still teenage learners who thought that it was only homosexual people who were at a risk of getting HIV, and this could lead them to becoming careless regarding HIV infection. The following diagram represents the findings.

FIGURE 5

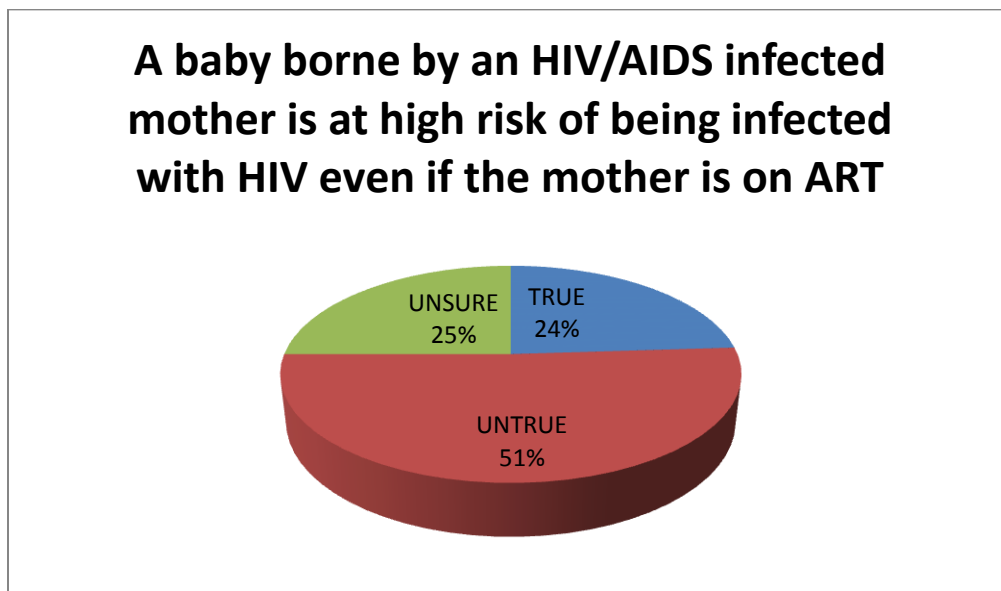


Question six (6) of the questionnaire wanted to know whether teenage learners were aware that a baby borne by an infected mother who is on ART is or not at high risk of being infected with HIV. The question

sought to encourage those who are HIV positive and have fallen pregnant to take ART in order to reduce death rate of both the teenage mother and the baby. The question was structured as follows:- A baby borne of an HIV /AIDS infected mother is at high risk of being infected with HIV even if the mother is on ART (true, unsure, untrue)

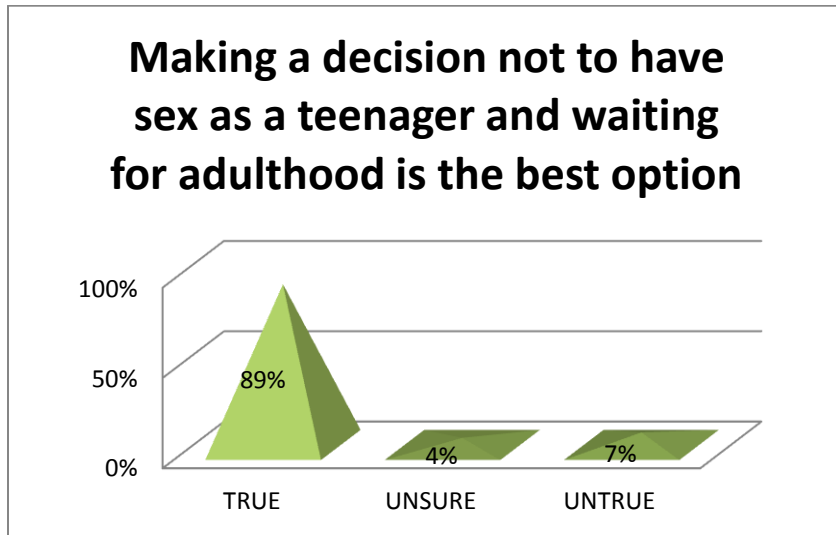
Fifty one percent (51%) said this was untrue and got the response correct whilst twenty five percent (25%) believed that a baby borne by an infected mother is at high risk of being infected with HIV even if the mother is on ART. Twenty four percent (24%) of the participants was unsure. The diagram below represents the findings obtained in question six (6).

FIGURE 6



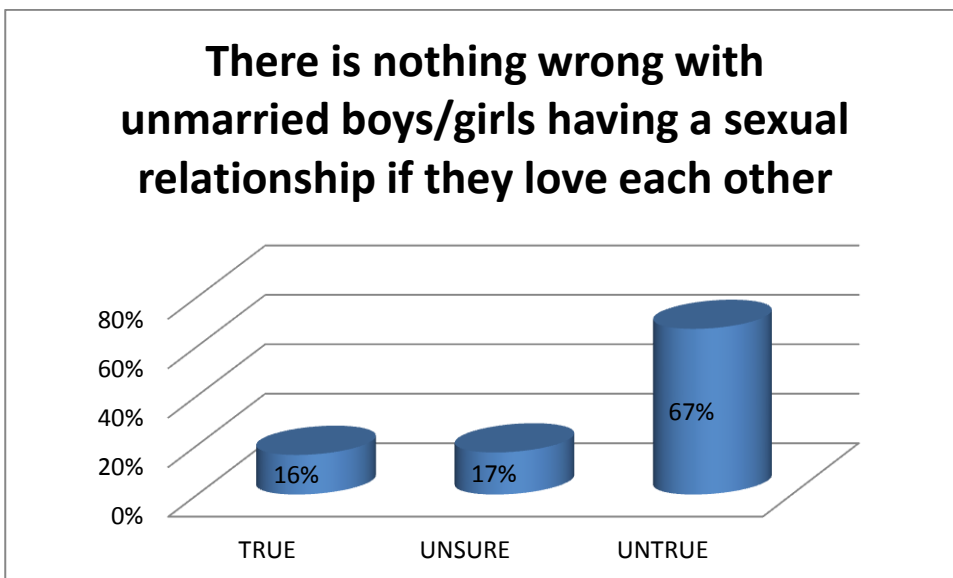
Question seven (7) of Section A wanted to test if teenage learners were able to be decisive about when to initiate sexual activity. The question was structured thus:- Making a decision not to have sex as a teenager and waiting for adulthood is the best option (true, unsure, untrue). Results obtained were as follows:- Eighty nine percent (89%) concurred with the statement meaning that they are aware that teenagers have to wait until they get married. It is interesting to note that despite all the efforts taken by the Curriculum of the day seven percent (7%) of the teenage learners said that was untrue and four percent of them was unsure. For Grade ten (10) and eleven (11) one would assume that all learners would have no doubt but concur with the statement. The graph below illustrates the finding.

FIGURE 7



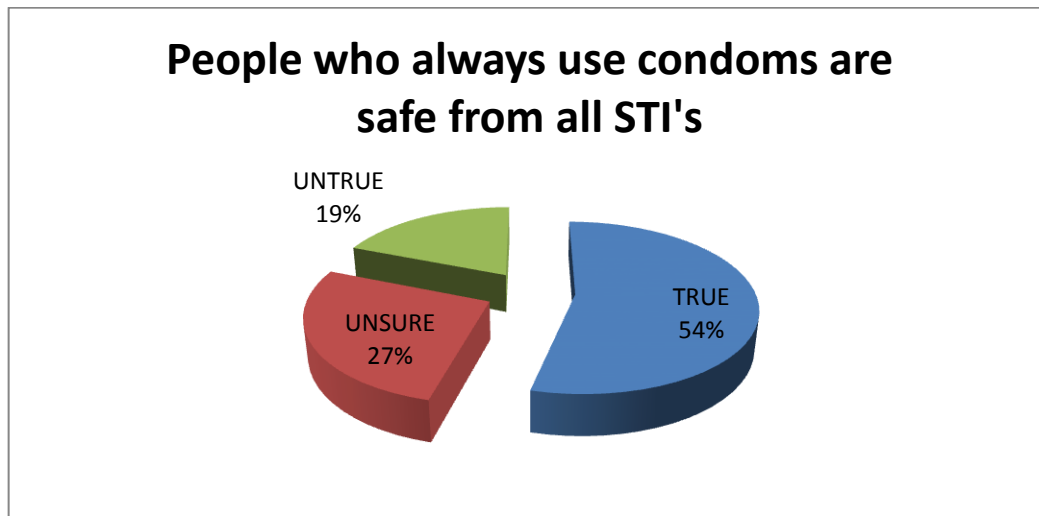
Question eight (8) was not that different from the above question as it wanted to find out whether teenagers knew that no matter how loving they might be they need to wait for marriage in order to engage in sex. The question read as follows:-There is nothing wrong with unmarried boys and girls having a sexual relationship if they love each other (true, unsure, untrue). Sixty eight percent (68%) said this was untrue and they had the answer correct. Seventeen percent (17%) was not sure whether to wait until marriage if a boy was in love with a girl. Fifteen percent (15%) believed that there is nothing wrong with the unmarried girls and boys having a sexual relationship if they love each other. A graph follows to represent the above.

FIGURE 8



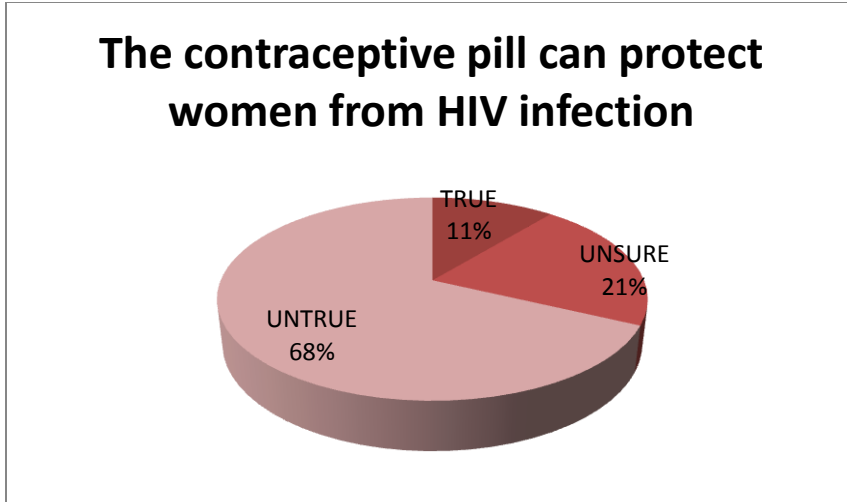
Question nine (9) read thus:-People who always use condoms are safe from all STIs (true, unsure, untrue). The correct response to this statement is true and only fifty four percent (54%) of the population got this response correct. Twenty seven percent (27%) was not sure whilst nineteen percent (19%) believed that condom use does not make any difference. These findings suggest that there is still a lot of education and capacity building to be done to teenage learners regarding HIV and condom use. Figure nine below illustrates the finding.

FIGURE 9



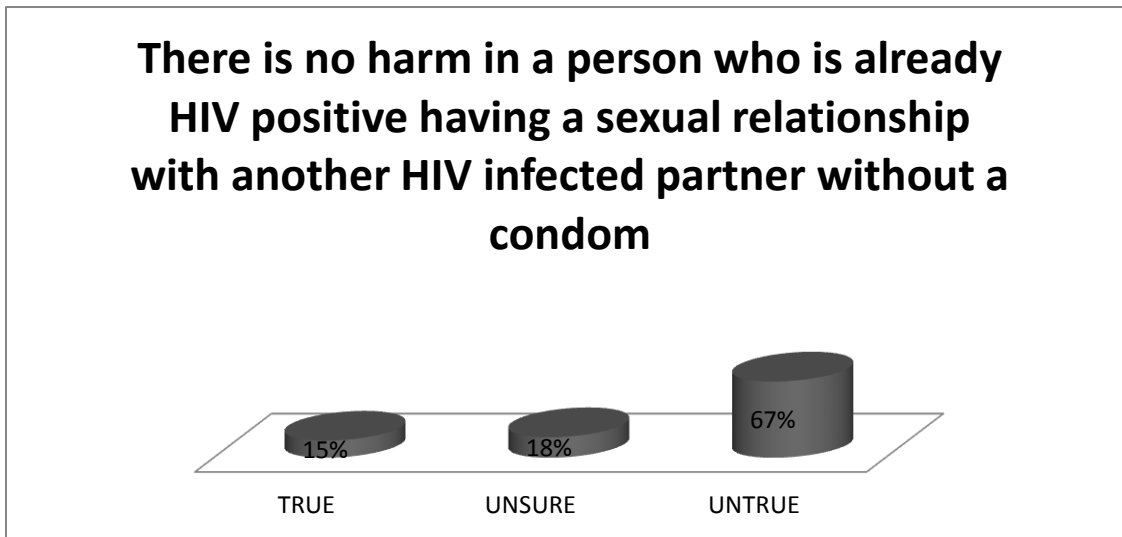
Question ten (10) wanted to find out whether teenage learners were aware that a contraceptive pill does not work like a condom. The question was structured in this way:-The contraceptive pill can protect women from HIV infection (true, unsure, untrue). Sixty eight percent (68%) knew that a contraceptive pill cannot protect infection as it does not do the same role as the condom. Twenty one percent (21%) was unsure whether a contraceptive pill can prevent HIV infection. Eleven percent (11%) believed that a contraceptive pill can protect a woman from HIV infection. The above finding is illustrated by a diagram below:-

FIGURE 10



Question eleven (11) was structured as:-There is no harm in a person who is already HIV positive having a sexual relationship with another HIV infected partner without a condom (true, unsure, untrue). Only sixty seven percent (67%) got the answer correct by saying that this was untrue. Eighteen percent (18%) was unsure and fifteen percent (15%) believed that when both partners are HIV positive there is no harm even if they do not use a condom. Below is a graphical representation of this finding.

FIGURE 11

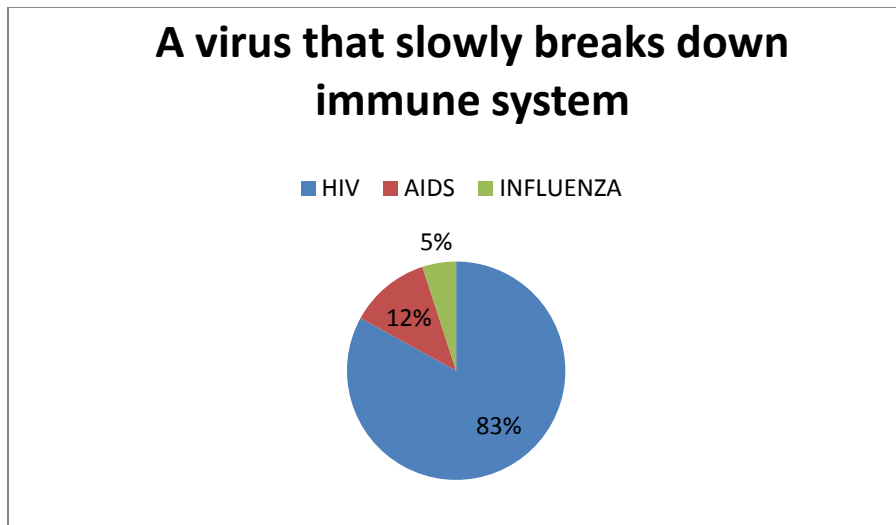


4.2.2 : SECTION B (DIFFERENTIATION BETWEEN HIV AND AIDS)

Section B had four (4) questions which sought to find out from the participants whether they could differentiate between HIV and AIDS.

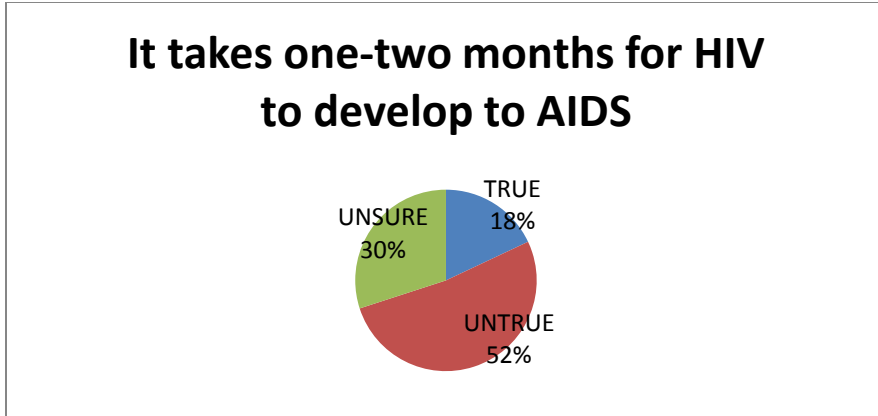
The first question read thus:- A virus that slowly breaks down our immune system is called (AIDS, HIV, influenza). Eighty three percent (83%) got the answer correct when they said it is HIV. Twelve (12%) percent believed that it is AIDS which slowly breaks our immune system. Five percent (5%) believed that it is influenza which slowly breaks our immune system. It was alarming to note that at this point in time there were still teenage learners who could not differentiate between HIV and AIDS. The diagram below illustrates this finding.

FIGURE 12



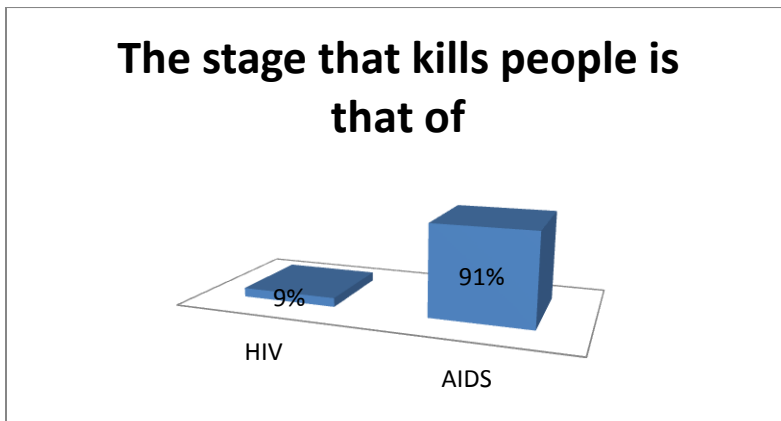
The second question in this section wanted to know whether teenagers knew that it takes long before HIV develops into AIDS. The question was phrased like this:-It takes one to two months for HIV to develop into AIDS. The responses were as follows:-Eighteen percent (18%) believed that this was true whilst thirty percent (30%) was not sure. Fifty two percent (52%) of the population got the response correct. It amazes to realize that forty eight percent (48%) of the population was still at this level of knowledge for learners in these grades. This finding is illustrated by the figure below.

FIGURE 13



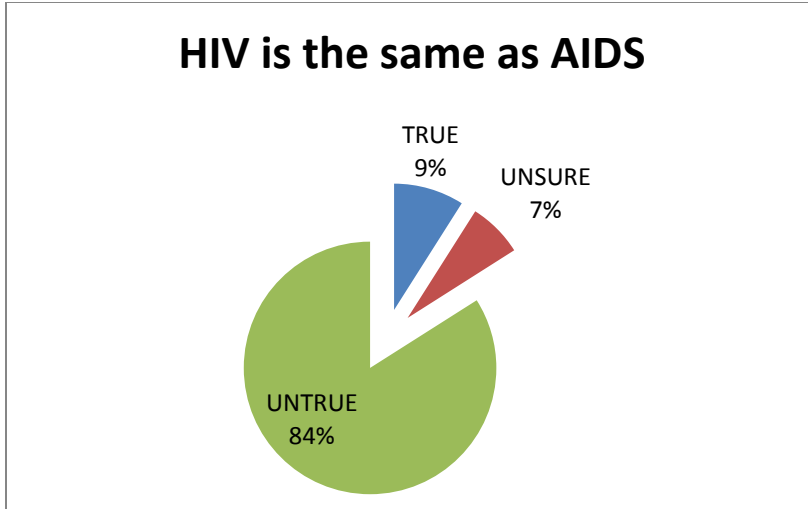
Another question in this section wanted to know whether teenagers were aware of the actual stage which kills. The question was put this way:-The stage that kills is that of (HIV, AIDS). Ninety one (91%) percent knew that the stage which kills is that of AIDS. Only nine percent (9%) of the population said that the stage which kills is that of HIV.

FIGURE 14



The last question in this section was structured as follows:-HIV is the same as AIDS (true, unsure, untrue). Nine percent (9%) found the statement true, seven (7%) percent of the population was unsure whilst eighty four (84%) percent knew that these were two different stages. This finding is graphically shown below.

FIGURE 15

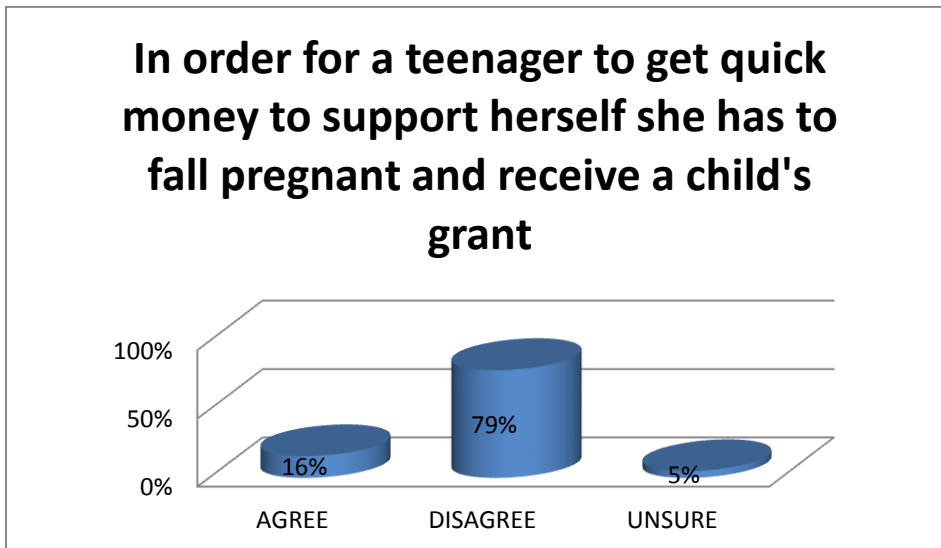


4.2.3 : SECTION C (TEENAGE PREGNANCY)

Section C of the questionnaire revolved around teenage pregnancy. Five questions were asked.

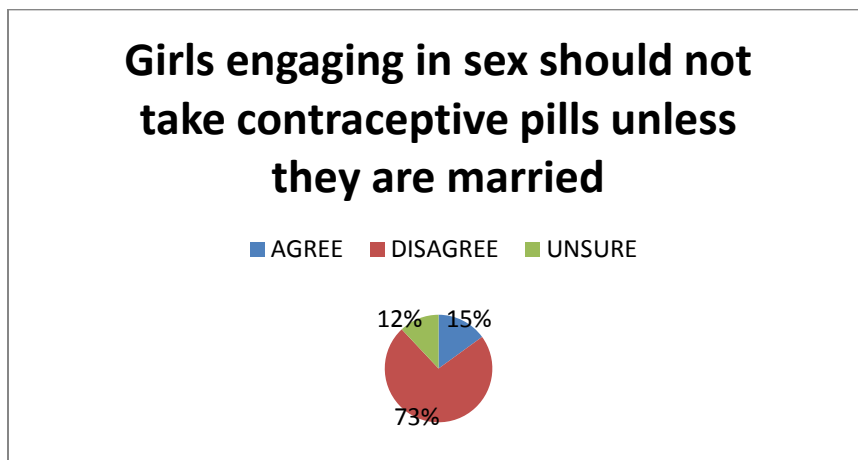
The first question tried to find out whether the reason for teenagers to fall pregnant was because they wanted to get quick money. The question read thus:- In order for a teenager to get quick money to support herself she has to fall pregnant and receive a child's grant (agree, unsure, disagree). Seventy nine percent (79%) disagreed with the statement, sixteen percent (16%) concurred with the statement whilst five percent (5%) was unsure. The following graph illustrates the finding.

FIGURE 16



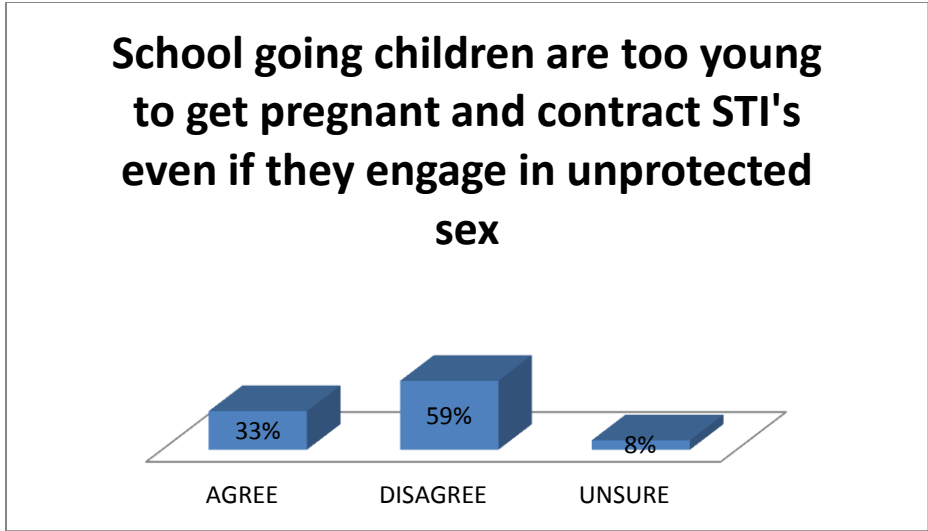
A second question wanted to find out if girls who are already engaging in sex can take contraceptives or not if they are not married. It is interesting to note that seventy three percent (73%) of the population disagreed that teenage girls who are sexually active must not take a contraceptive pill unless they are married whilst only fifteen percent (15%) disagreed that girls engaging in sex must take a contraceptive pill. Twelve percent (12%) was unsure whether girls who are sexually active should take contraceptive pills unless they are married. This confusion is an indication that teenagers are vulnerable to teenage pregnancy. The diagram below illustrates the finding.

FIGURE 17



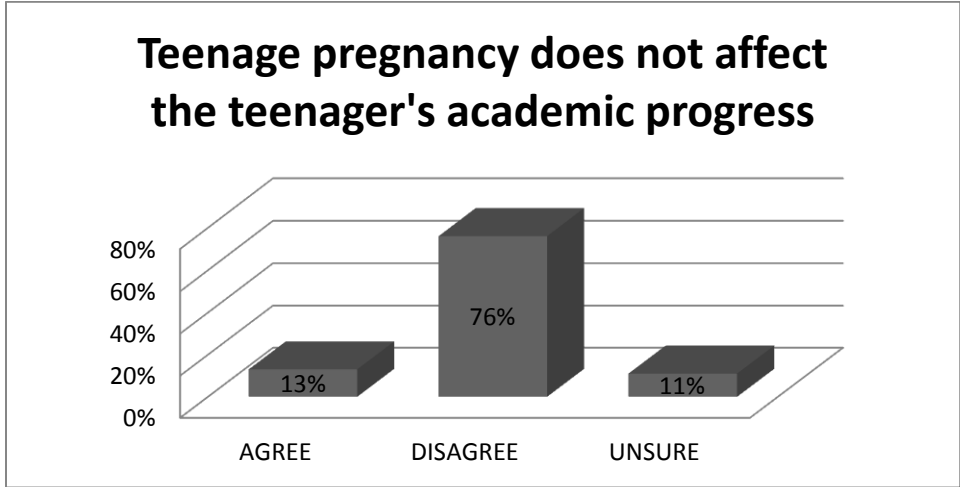
The third question was phrased like this:-School going children are too young to get pregnant and contract STIs even if they engage in unprotected sex (agree, unsure, disagree). Thirty three percent (33%) agreed with the statement, fifty nine percent (59%) disagreed and only eight percent (8%) was not sure. This finding is graphically represented below:-

FIGURE 18



Another question in this section wanted to know whether the participants agreed, disagreed or were unsure of the following statement:-Teenage pregnancy does not affect the teenager’s academic progress. Seventy six (76%) percent disagreed with the statement and they got the answer correct, because they believe it does affect the teenager’s academic progress, thirteen percent (13%) of the population agreed that teenage pregnancy does not affect the teenager’s academic progress, eleven percent (11%) was unsure. The graph below illustrates the above finding.

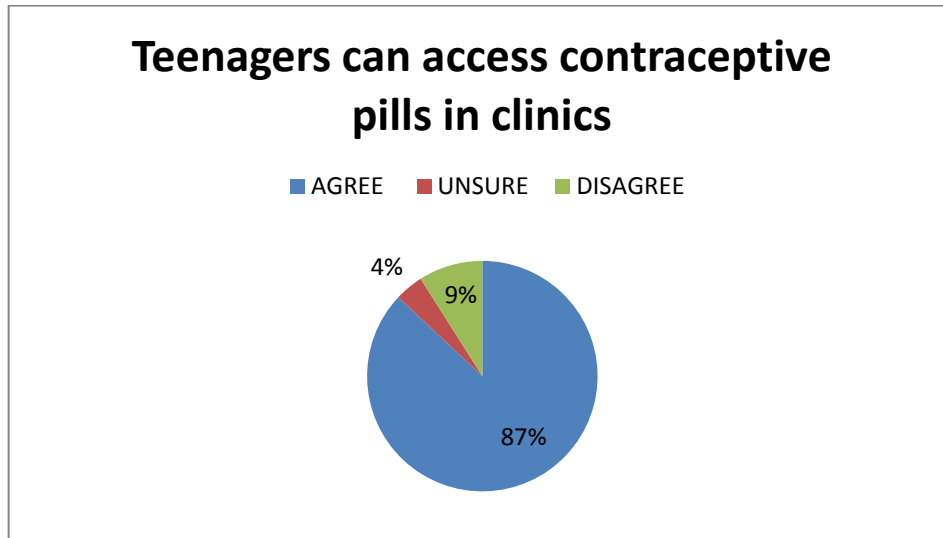
FIGURE 19



The last question in this section wanted to know if teenage learners were aware that they can access contraceptive pills in the clinic. Eighty seven percent (87%) agreed with the statement which said teenagers can access contraceptive pills in clinics. This positive response was an indication that there

will be a time when teenagers will reduce the high birth rate obtaining in teenagers currently. Only four percent (4%) of the population disagreed and nine percent (9%) was unsure whether teenagers can access contraceptive pills in clinics or not. A graphical representation supporting the above finding is found below

FIGURE 20



4.2.4 : SECTION D (HIV/AIDS AND STIGMATIZATION)

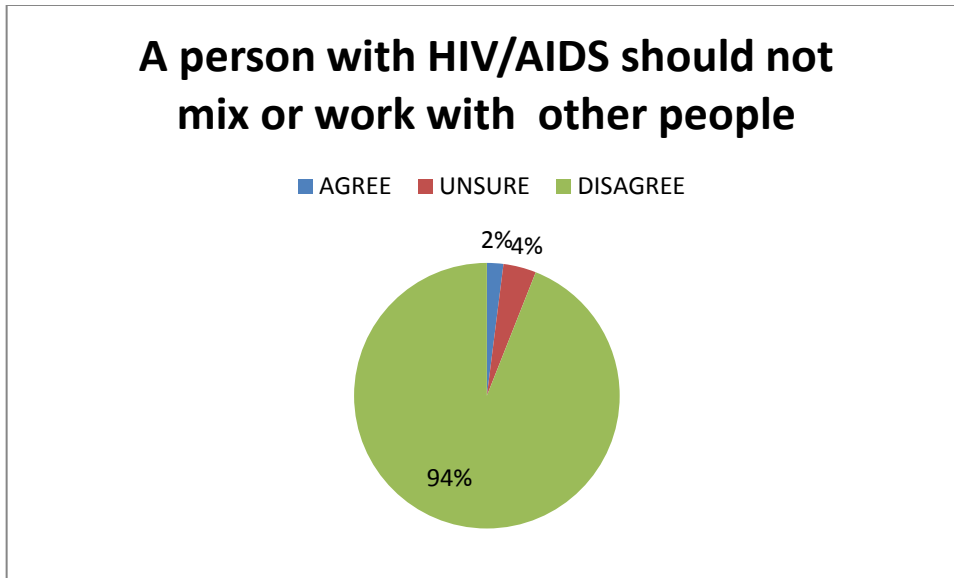
4.2.4.1: Introduction

Section D had six (6) questions which revolved around HIV/AIDS and stigmatization. The researcher had felt that questions of this nature be included in the questionnaire as it could be due to stigmatization that infected teenagers do not disclose for fear of rejection and stigmatization thus intensifying the illness irrespective of the curriculum offered in schools.

4.2.4.2 : ANALYSIS OF FINDINGS (1-6 QUESTIONS)

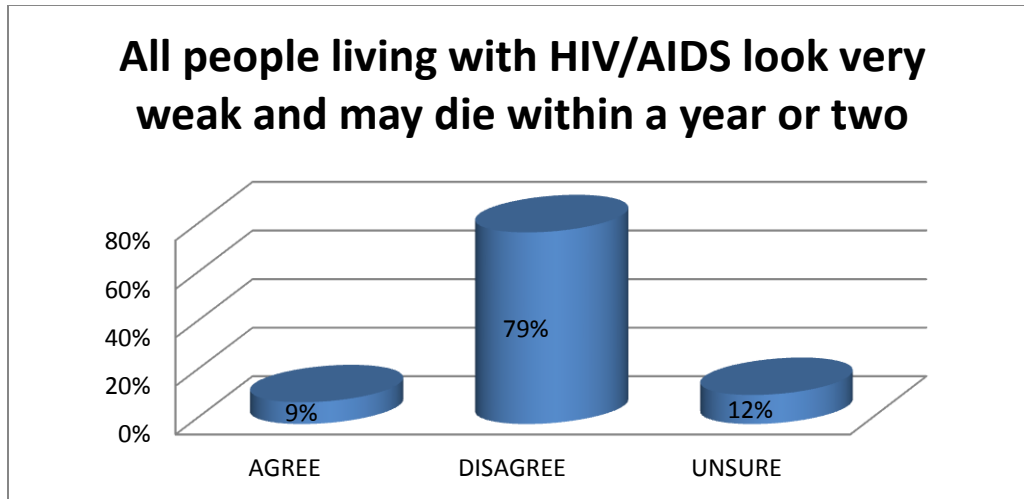
The first question was:- A person with HIV/AIDS should not mix or work with other people (agree, unsure, disagree). Responses from the population were indicating that they are aware that people living with AIDS do not have to be discriminated. Ninety four percent (94%) disagreed with the statement. However, it was surprising to realize that there were still teenagers who felt that PLWAs have to be discriminated against. (2%) were agreeable with the statement. Four percent (4%) of the population was unsure.

FIGURE 21



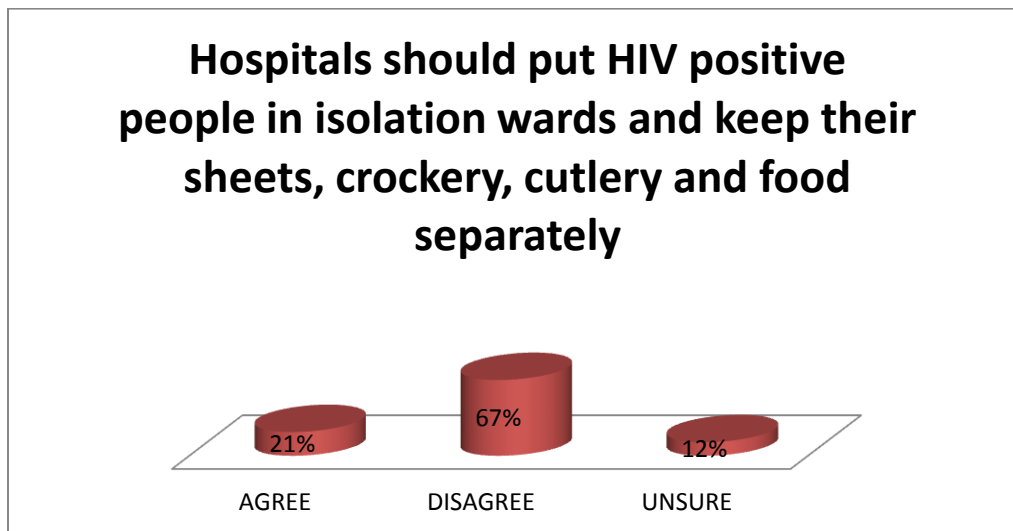
Another question was put in this way:- All people living with HIV/AIDS look very weak and may die within a year or two (agree, unsure, disagree). Seventy nine percent (79%) of the population disagreed with the statement and they were correct. Nine percent (9%) agreed that all people living with HIV/AIDS look very weak and may die within a year or two. Twelve percent (12%) of the population was unsure. Not all people living with HIV/AIDS look weak because these days people are aware of ART and they get balanced diets. This does not seem clear to some teenagers. Below is a graphical representation

FIGURE 22



A third question was:- Hospitals should put HIV positive patients in isolation wards and keep their sheets, crockery, cutlery and food separately (agree, unsure, disagree) . Sixty seven (67%) of the population disagreed with this statement as it is discriminatory and full of stigma thus causing infected people not to disclose their statuses. Twenty one percent (21%) of the participants agreed that the infected patients be discriminated against whilst twelve percent (12%) was unsure. The responses above made it evident that stigmatization is still rife. The figure below illustrates the finding.

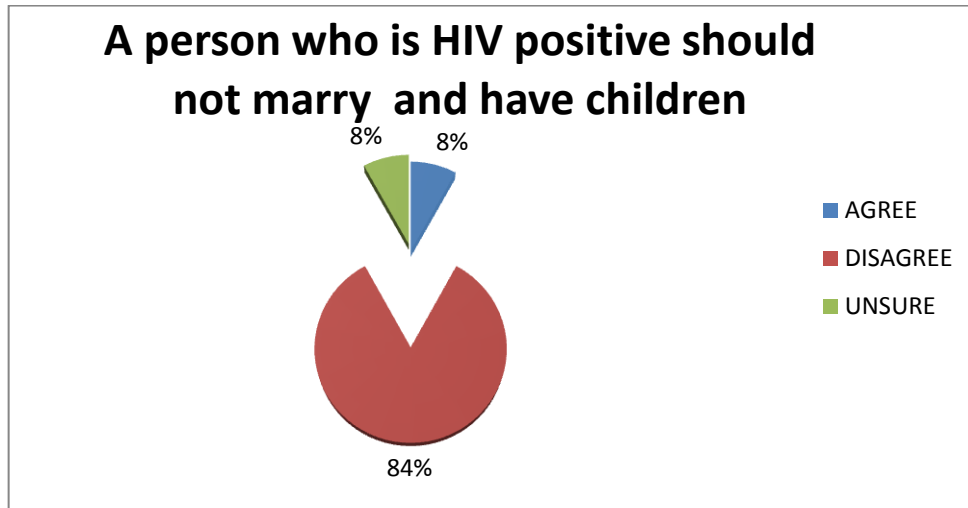
FIGURE 23



Another question read thus:- A person who is HIV positive should not marry and have children. (agree, unsure, disagree). Eighty four percent (84%) were not agreeable to this statement. Eight percent (8%) agreed that a person who is HIV positive should not marry and have children. Eight percent (8%) again

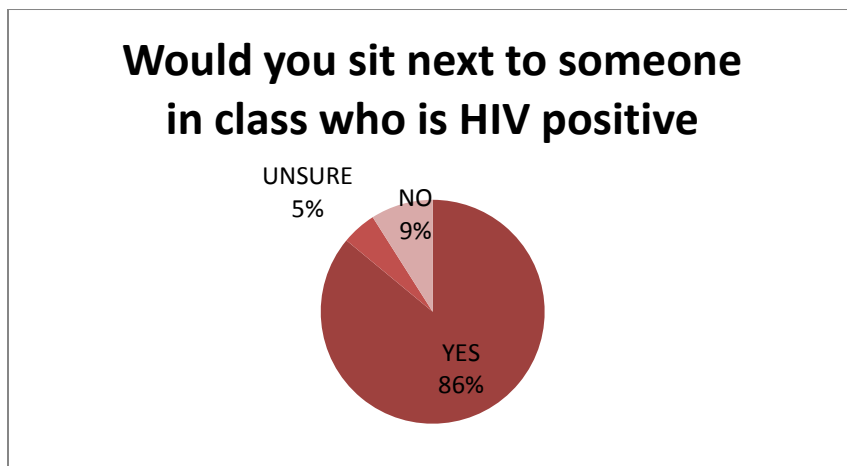
was unsure. As the questionnaire was administered in the six schools during the second semester it is amazing to find out that stigmatization still exists because all the LO books state it clearly that infected people do not have to be stigmatized for various reasons. Below is a graphical representation of the finding.

FIGURE 24



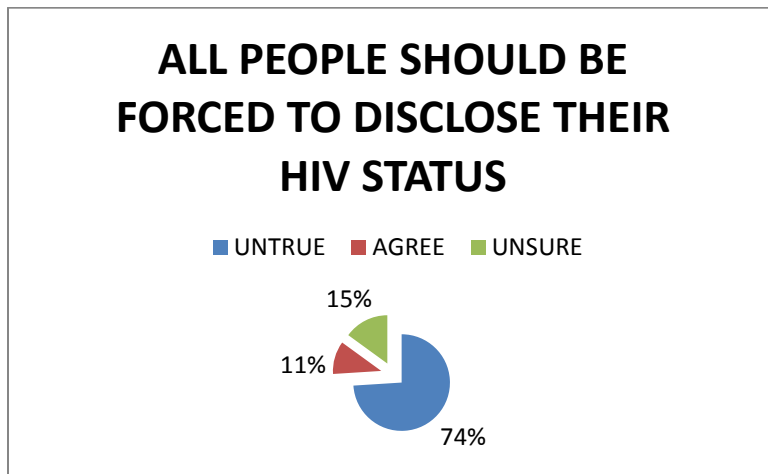
A question which the researcher regarded as simple and straight forward was:- Would you sit next to someone in class who is HIV positive (yes , no, unsure). Nine percent (9%) said no they would not sit next to someone in class who is HIV positive. This response was shocking taking into account that the schools and other institutions have been making people aware of HIV modes of transmission. Eighty six percent (86%) disagreed with this statement and five percent (5%) was unsure. Below is a diagram illustrating this finding.

FIGURE 25



The last question in this section was put thus:- All people should be forced to disclose their HIV status. (agree, unsure, untrue). Seventy four percent (74%) said this was untrue, eleven percent (11%) agreed with the statement whilst fifteen percent (15%) was unsure. When one adds 11% to 15% that gives twenty six percent (26%) of the population who were still discriminatory and not sure despite the curriculum offered. The figure below illustrates the finding:-

FIGURE 26

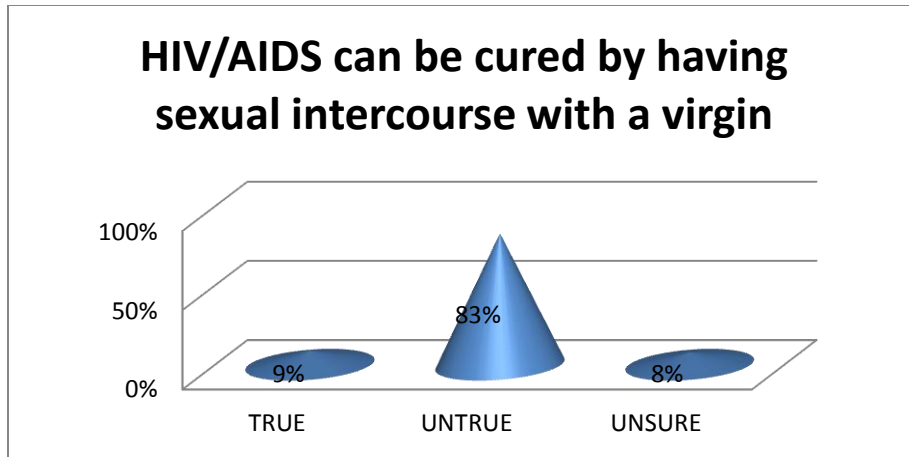


4.2.5: SECTION E (ANALYSIS OF RESULTS REGARDING MYTHS AND STEREOTYPES)

Section E was the last section which had close ended questions. Five questions were asked in this section. The questions sought to test the knowledge of the learners with regard to myths about HIV/AIDS so that they in turn root out these in their communities, schools included. It was evident that there were some teenagers who believed in the myths about HIV/AIDS.

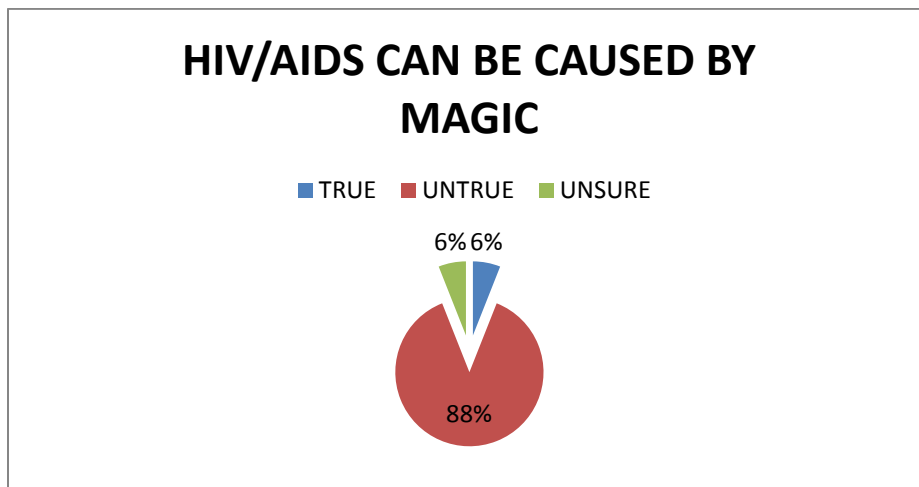
The first question was:- HIV/AIDS can be cured by having sexual intercourse with a virgin (true , unsure, untrue). Eighty three percent (83%) found the statement untrue, nine percent (9%) found the statement true and eight percent (8%) was unsure.

FIGURE 27



The second question was phrased thus:- HIV can be caused by magic (true, unsure, untrue). Although a high percent got a correct response to this question by saying that this statement is untrue as it is a myth that HIV can be cured. It becomes worse when it is said it can be cured by magic. Eighty eight (88%) got the response correct, six (6%) believed in the myth that HIV can be cured by magic, again six (6%) was unsure whether HIV can be cured by magic or not. This is an indication that some people including teenagers are still in the dark, but it surprises that teenagers at this level of education still have this confusion. Below is a graphical representation of the finding.

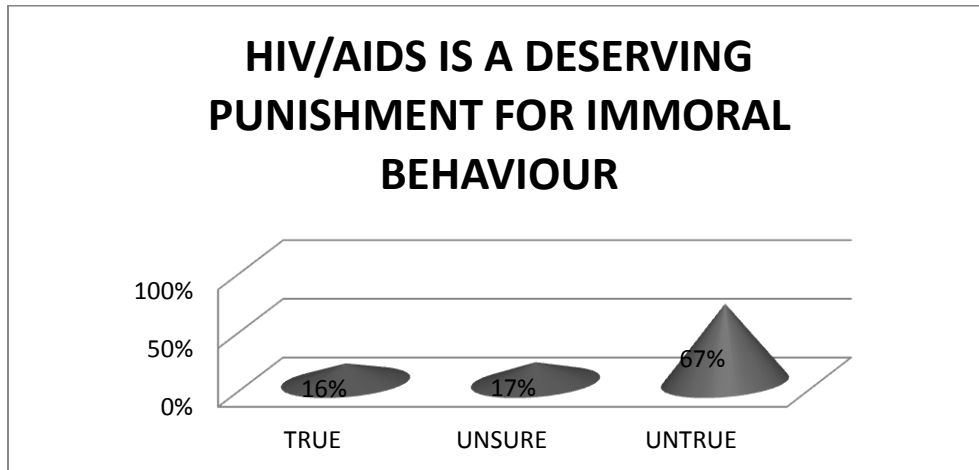
FIGURE 28



The third question was: HIV/AIDS is a deserving punishment for immoral behavior. Sixteen percent (16%) of the respondents said this was true and they were wrong. Seventeen percent (17%) said they

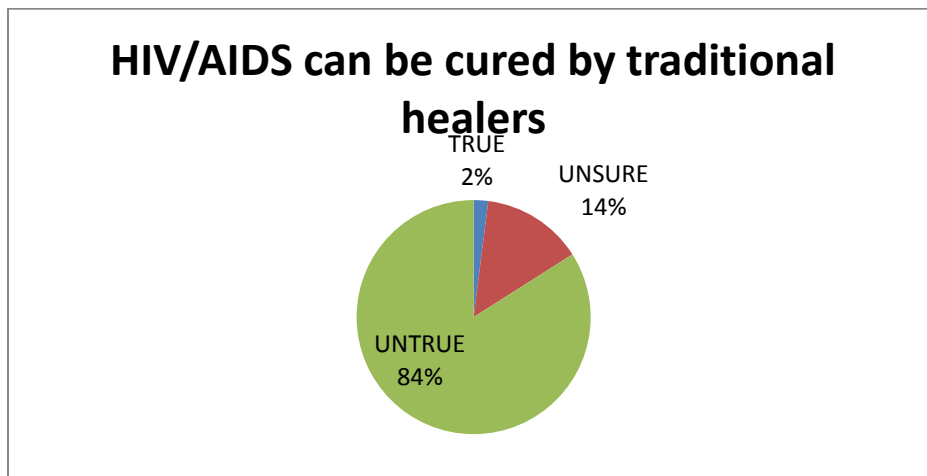
were unsure. Only sixty seven percent (67%) disagreed with the statement and they got the answer correct. At this point and time all learners were expected to be eloquent in knowing that HIV/AIDS is not a punishment for an immoral behavior. They have been exposed to this information for about ten to eleven years during the Life Skills /Life Orientation subject.

FIGURE 29



The fourth question was: HIV/AIDS can be cured by traditional healers. Eighty four percent (84%) of respondents said the statement was untrue and they got the answer correct. Fourteen percent (14%) was unsure whether HIV/AIDS can be cured by traditional healers or not whilst two percent (2%) said that it was true that HIV/AIDS can be cured by traditional healers. This is illustrated by the figure below.

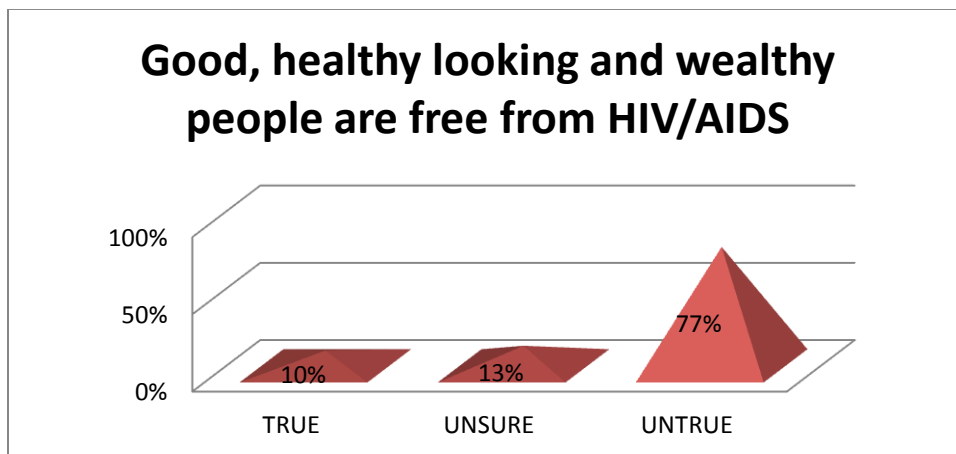
FIGURE 30



The fifth question was: Good, healthy looking people are free from HIV/AIDS. This question wanted to find out whether participants linked the HIV/AIDS with the physical appearance of a person. Ten percent

(10%) of participants believed that the physical appearance of a person can be a determining factor regarding HIV infection. A person can look healthy if he/she is on ART and if he/she gets a balanced diet. This is an indication that teenagers are still vulnerable to HIV/AIDS and STI contraction. Thirteen percent (13%) was unsure. This category is also vulnerable to HIV/AIDS and STI contraction if at this level of schooling they are still unsure. Seventy seven percent (77%) disagreed with the statement and they got the response correct. Twenty three percent (23%), a vulnerable figure practically represents a big number of the population. It worries therefore to realize that learners who have the opportunity of being exposed to sexual education and HIV/AIDS information, we get such a number as it has to be learners who educate their family members and the community about these issues.

FIGURE 31



4.2.6 SECTION F:-(ANALYSIS OF FINDINGS TO THOUGHT PROVOKING QUESTIONS)

Section F was composed of nine (9) open ended questions. These were thought provoking questions where the respondents were expected to present their understanding of issues. Respondents were expected to support their responses to questions.

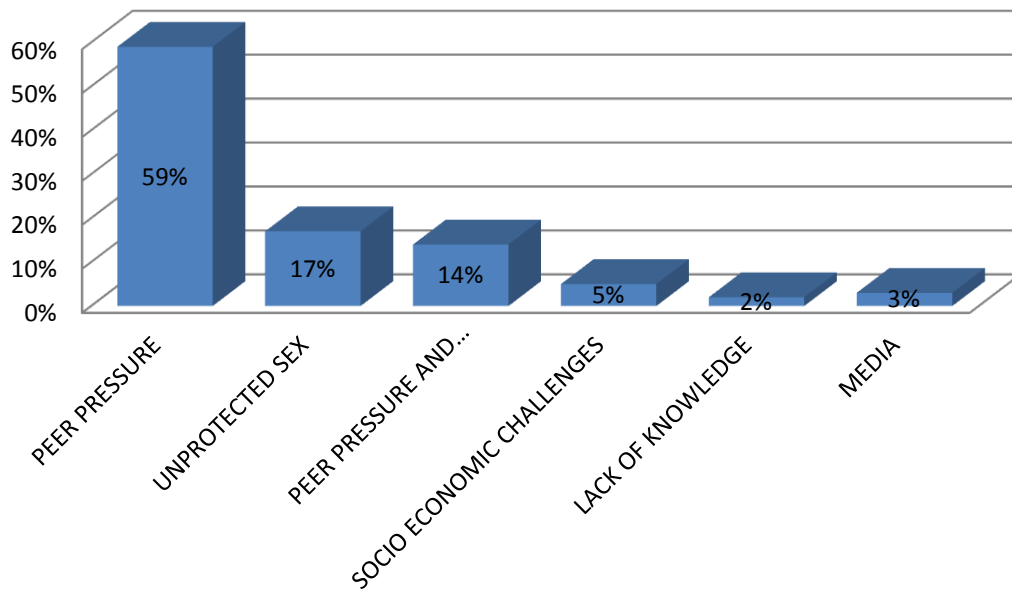
The first question wanted to find out how the teenage learners feel during the Life Orientation period when sexual issues are discussed. Responses to this question were interesting. Eighty eight percent (88%) of the participants said they feel happy during this period. Reasons given included the following:-

learning a lot as a result can make wise decisions, feeling grateful as teachers open up their minds, acquire information on safety precautions, felt a little bit embarrassed at first but now very comfortable because of valuable knowledge gained, consider self fortunate to have such an opportunity, appreciate to be exposed to dos and don'ts though it is embarrassing to disclose own views, many teenagers did not get this opportunity hence finding themselves suffering consequences of ignorance, lessons stimulate deep thinking, become excited because unanswered questions about sexual issues get addressed, a feeling of relaxation as this addresses everyday and pragmatic life occurrences, get to differentiate between right and wrong, much equipped during this period as parents distance themselves from such topics, a feeling that the period shapes and prepares learners for the corporate world, had been confusing issues but now clear of safe behaviors.

The second question was:-Why do you think causes teenagers to continue becoming vulnerable to STIs, HIV/AIDS and teenage pregnancy despite the lessons from Life Orientation? Responses given by the participants were various and therefore categorized into (1) Peer pressure, (2) Unprotected sex, (3) Both peer pressure and unprotected sex, (4) Socio-economic challenges, (5) Lack of knowledge and (6) The Media. The participants who believed that this was due to peer pressure formed fifty nine percent (59%) of the population, unprotected sex formed seventeen percent (17%) of the population, those who believed it was due to both peer pressure and unprotected sex formed fourteen percent (14%) of the population, socio-economic challenges claimed five percent (5%) of the population, lack of knowledge formed two percent (2%) of the population and those who attributed this to the media formed three percent (3%) of the population. The figure below illustrates responses from the participants.

FIGURE 32

WHY DO YOU THINK CAUSES TEENAGERS TO CONTINUE BECOMING VULNERABLE TO STI's, HIV/AIDS AND TEENAGE PREGNANCY DESPITE THE LESSONS FROM LO



The participants who attributed teenage pregnancy and the vulnerability to STIs and HIV/AIDS to peer pressure argued that teenagers engage in sex for fear of being rejected by the partner, wanting to satisfy the partner, wanting to experience what the friends and peers are talking about so as not to be a misfit in the group. Those who cited unprotected sex claimed that teenagers are bold to say they do not want to eat a sweet covered with a paper and that HIV/AIDS was not meant for dogs. Also the question of satisfying the partner surfaced in the responses because partners threaten to abandon their partners for other girlfriends. The male partners are alleged to be bullying their female partners as they force them into unprotected sex. Some claimed that it is difficult for them to access condoms as they are scared to collect them from the clinics saying that nurses there are judgmental. Those who cited socio-economic challenges as another contributing factor substantiated their response by saying that teenage girls are in need of money. They involve themselves in relationships with older men in order to get cash. They find themselves submissive to these daddies and are unable to express their feelings about the risk involved in unprotected sex. They find it difficult to say “NO” possibly because of the age gap and for fear of not getting cash. Other teenage girls regard prostitution as a source of income for survival. Also

on this category teenage girls find themselves tempted by the social grant offered to children under the age of fourteen. This implies that the more children one has the larger the amount of the social grant received. The social grant plays many roles in poor families, the grant pays for school fees, the entire family depends on it for survival. This therefore suggests that poor parents are not firm in condemning teenage pregnancy.

Those who fall under category 'lack of knowledge' argued that myths and stereotypes about HIV/AIDS could be a contributing factor. Parents distance themselves from such topics due to their cultural and religious beliefs to the detriment of their children. However, what is amazing is that, at school that knowledge gap is filled by the curriculum but teenagers fail to implement knowledge acquired at school. The belief that HIV/AIDS can be cured by traditional healers and magic still exists despite the subject LO which tries to root out the myths. Rapes are far from ending if people still believe in false information.

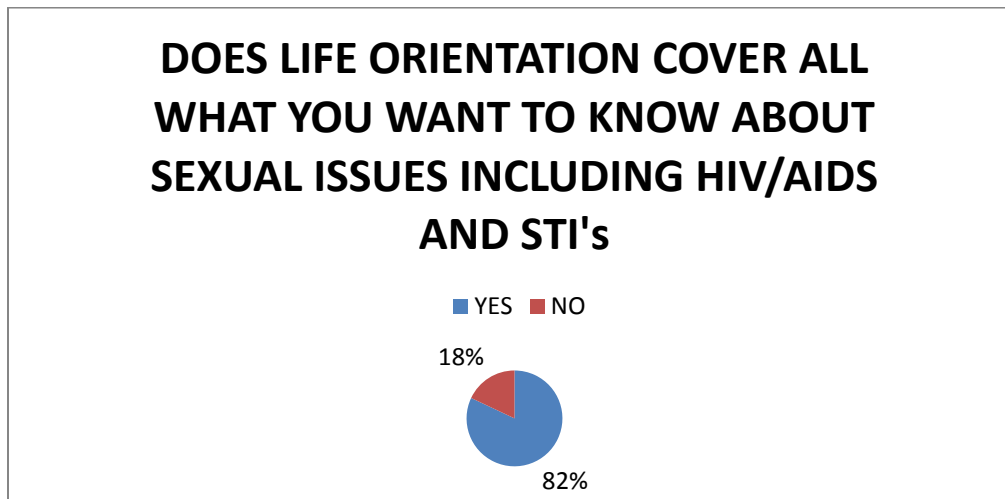
For those who cited 'media' as a contributing factor make mention of the TV programs, child pornography and some magazines which they claim to be enhancing sexual desire. Parents at home fail to take control and monitor their children regarding sensitive TV programs. Teenagers are at liberty to watch whatever program they wish to watch. Also the respondents made mention of cell phones as another contributing factor as teenagers are exposed to programs like twitter, mixit, and facebook where they are able to establish relations with people from far away places. They go to an extent of arranging to meet these sex partners and it becomes difficult for the female partners to come up with terms and conditions hence finding themselves exploited.

Question three (3) of Section F wanted to know whether the learning area LO covers all what they need to know or not. The question was written thus:-Does Life Orientation cover all what you want to know about sexual issues including HIV/AIDS, and STIs? Support your response. Eighty two percent (82%) of the population said, "Yes" They went on to support themselves by saying that they learn a lot in LO as early as from the Foundation Phase, they get more information about life and teachers are open, they allow them to ask question for clarity, they are exposed to information on sexual behaviors and their consequences, they know about STIs and how to avoid them, there is freedom of expression in the classroom, acquire knowledge which the parents do not share. Summarily, learners say if it were not for LO their level of knowledge about life and sexual issues would not be at the level it is today. However, eighteen percent (18%) of the population said that what they get from the learning area LO is not enough. They argued that some teachers feel ashamed and shy to discuss sexual issues deeply and openly with learners so it looks like they do it for the sake of covering the syllabus. Teenagers claim that

LO does not go deep with the information on sexual issues, all what it does is warning them about the consequences of unprotected sex, teenage pregnancy and STIs, at times learners are left with questions which cannot be answered, questions like what is it that causes the virus and condoms must be distributed during the LO period. Winkler & Bodenstein, (2005), support them when stating that when planning AIDS education for teenagers talk to them and allow them to ask questions and encouraging their input will enable them to express what they want from their AIDS education. These writers further say that speaking to class allows opportunity to the teacher to elicit current knowledge so that AIDS education is targeted towards areas of information need.

Teenagers go on to suggest that at times they need to be taken to hospitals to eyewitness the seriousness of the disease just as it is done with other subjects where they are taken out to excursions to experience the topic physically. Below is a graphical representation of the learners' responses.

FIGURE 33



Question four (4) of Section F wanted to know what else would the participants want the learning area LO to include in relation to teenage pregnancy, HIV/AIDS, and STIs? A variety of responses were obtained e.g. there has to be a focus on the boy child because in most cases focus is directed towards a girl child, LO has to state a minimum age to initiate sex, LO has to enforce peer education to all schools, the learning area needs to specify the role to be played by churches, LO needs to inform learners on how to deal with sex addiction, LO must put more emphasis on abstinence, LO must come up with tips on how to disclose an HIV status, inclusion of dealing with peer pressure, how to overcome juvenile delinquency, come up with good dress code which will not attract rapists, how to be open and engage parents in sexual related topics, arranging personal and private sessions with learners, how to deal with

rape, how to deal with forced marriages, how to support each other in teenage pregnancy, inclusion of pioneers such as Love Life, Soul City and Soul Buddies, how to support PLWAs.

Question five (5) wanted to know what information do teenagers acquire from LO regarding drugs, teenage pregnancy, STIs and HIV/AIDS. A wide range of responses were obtained from the participants. The responses included :- risk behaviors that ruin life, the importance of healthy life irrespective of gender, learning about opportunistic diseases, the importance of condom use and where to get them, decisiveness, saying “NO” to sex, the option “abstinence “ being the best, STIs and fertility, consequences of dropping out from school, drug abuse and its consequences, contraceptives pills and where to get them, self control, attitudes to HIV/AIDS, myths and stereotypes, preventing HIV transmission is better than cure, self respect and dignity, having and fulfilling a vision etc. When looking at the participants’ responses one discovered that teenage learners are knowledgeable about HIV/AIDS and other sexual issues but wondered as to why teenagers do not implement what they have acquired.

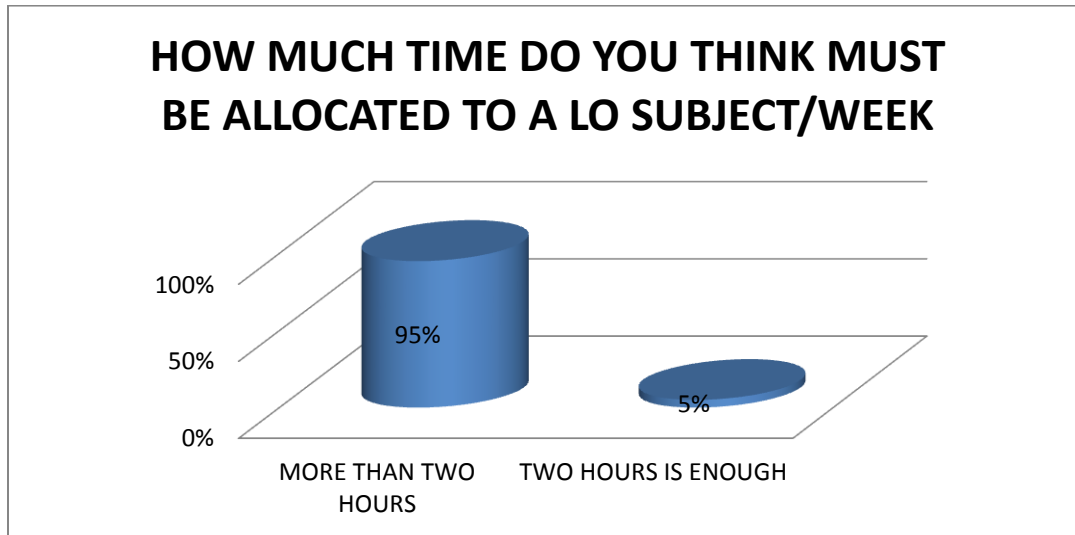
Question six (6) wanted to know why participants would not allow pressure from friends and partner for engaging in unwanted sex. There was a wide variety of responses to this question. These included the following :- unwanted pregnancies, contraction of STIs and consequences, contraction of HIV/AIDS without even knowing the source of infection, a gloomy future, suffering the consequences as an individual, becoming a father /mother while still schooling, dropping out from school. Participants’ inputs suggested that they were aware of all the dynamics involved but the question remains if the teenagers are so knowledgeable why do they not put it into practice.

Question seven (7) wanted to find out what does LO advise with regard to having multi sex partners. Responses included the following :-lack of faithfulness to one partner, pregnancy without even knowing the father, senselessness in making many girls pregnant simultaneously, contraction of HIV/AIDS without even knowing the source, contraction of STIs and consequences, loss of self respect, loss of self esteem, loss of confidence, loss of focus in life, vision and dignity loss, valuelessness. Participants’ responses indicated that teenagers are aware of the risks involved in multi sex relationships.

Question (8) wanted to know if participants were happy with the time allocated to LO per week according to NCS. The question was structured thus:-How much time do you think must be allocated to LO per week? Responses varied from three (3) hours to ten (10) hours per week. The ones who suggested something far more than the status quo (two hours per week according to NCS) argued that because of its effect LO need not be taught for the sake of completing the syllabus. Sessions even after school for LO need to be organized. Private and personal sessions with teenage learners must be considered. Those who advocated that this learning area be given more time than at present formed

ninety five percent (95%) of the population. Only five percent (5%) of the population said that they have no problem with the time allocated to the learning area currently. From the responses of the participants it was evident that the time allocated to the subject is not enough. Below is a graphical representation of this finding:-

FIGURE 34



Question nine (9) asked why do participants think the school is the best place to deal with sexual education. It was interesting to note that one hundred percent (100%) of participants were agreeable to this notion. A wide range of interesting responses were given by the participants. These included the following:- At school it is where most teenagers are kept almost every day, there is freedom of expression because you deal with classmates, friends and peers, parents do not engage their children in sex related discussions, some parents are restricted by their cultural as well as religious beliefs, others regard talking about sex to children as a taboo, community people out there are judgmental, at school they open up without fear of being judged, teachers are specialists whilst some parents are not that knowledgeable about the topics around sexual education. These responses were an indication that a lot is still to be done by various institutions, service providers and NGOs to address the question of sex and sexual education.

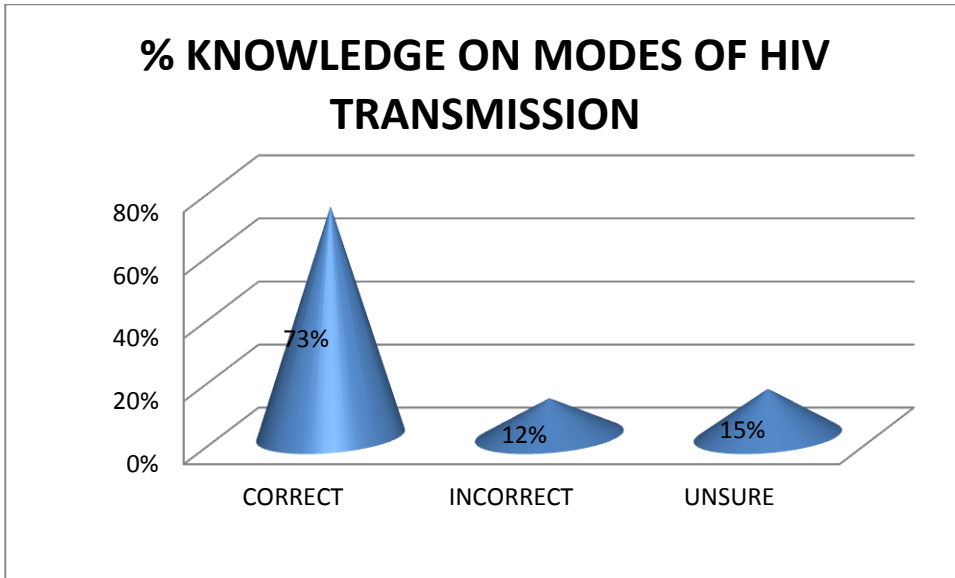
4.3 : SUMMARY OF PERFORMANCE ACCORDING TO SECTIONS

SECTION A:(SUMMARY OF FINDINGS REGARDING MODES OF HIVTRANSMISSION)

This section had eleven (11) questions which sought to test how much knowledge the respondents had regarding modes of HIV transmission. Responses were categorized into correct, unsure and incorrect.

Seventy three percent (73%) of respondents was correct which therefore displayed knowledge of how HIV is transmitted. Twelve percent (12%) of respondents got the answer incorrect and lastly fifteen percent (15%) fell under category unsure. When adding twelve percent (12%) to fifteen percent (15%) this gives twenty seven percent (27%) a figure big for learners at this level not to be in a position of being eloquent on how HIV is transmitted. This summary is graphically represented below:-

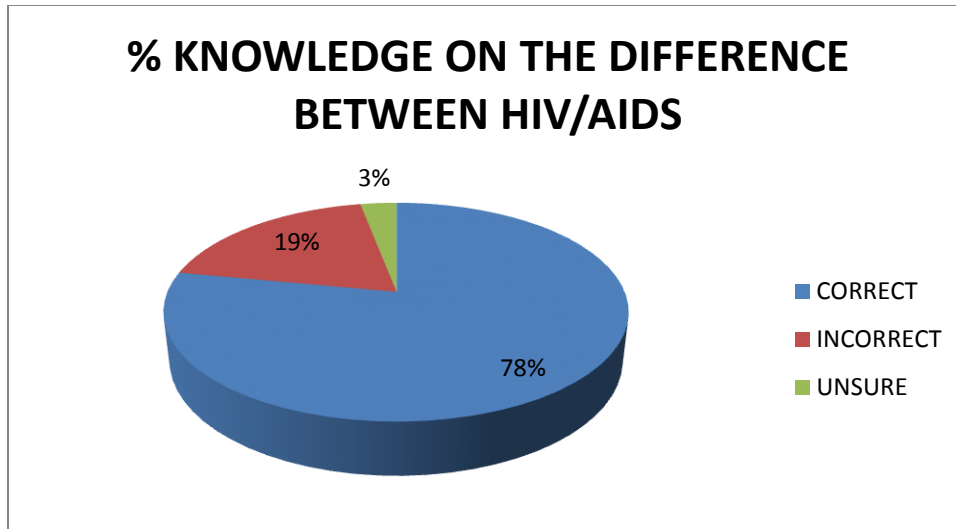
FIGURE 35



SECTIONB: SUMMARY OF FINDINGS IN DIFFERENTIATING BETWEEN HIV AND AIDS

This section consisted of four (4) close ended questions which sought to measure whether teenagers could differentiate between HIV and AIDS. Correct responses formed seventy eight percent (78%), nineteen percent (19%) had incorrect responses and lastly three percent (3%) of the population was unsure. Taking into consideration that the population was drawn from learners who have been more than ten years exposed to Life Skills/Orientation it was amazing to obtain such findings. Below is a graphical representation of the finding:-

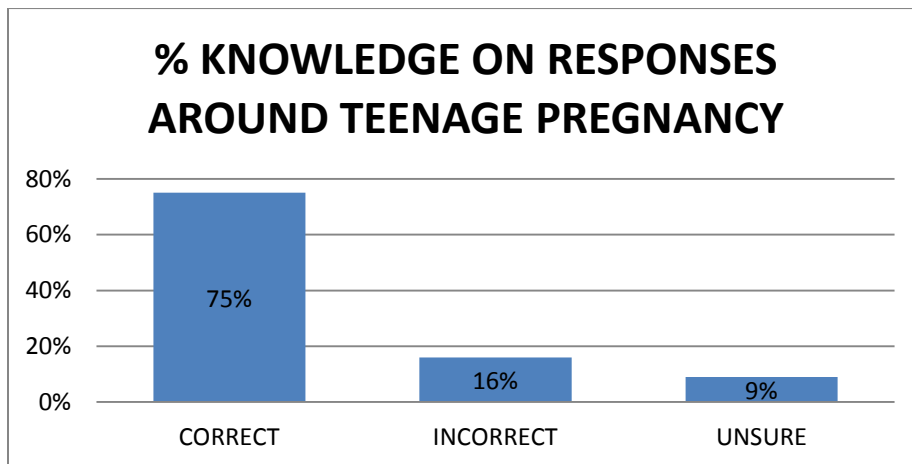
FIGURE 36



SECTION C : (SUMMARY OF FINDINGS REGARDING TEENAGE PREGNANCY)

The questions in this section focused on teenage pregnancy. Correct responses formed seventy five percent (75%), sixteen percent (16%) got incorrect responses whilst nine percent (9%) of the population was unsure. The findings left questions which still need answers. This summary is graphically represented below:-

FIGURE 37

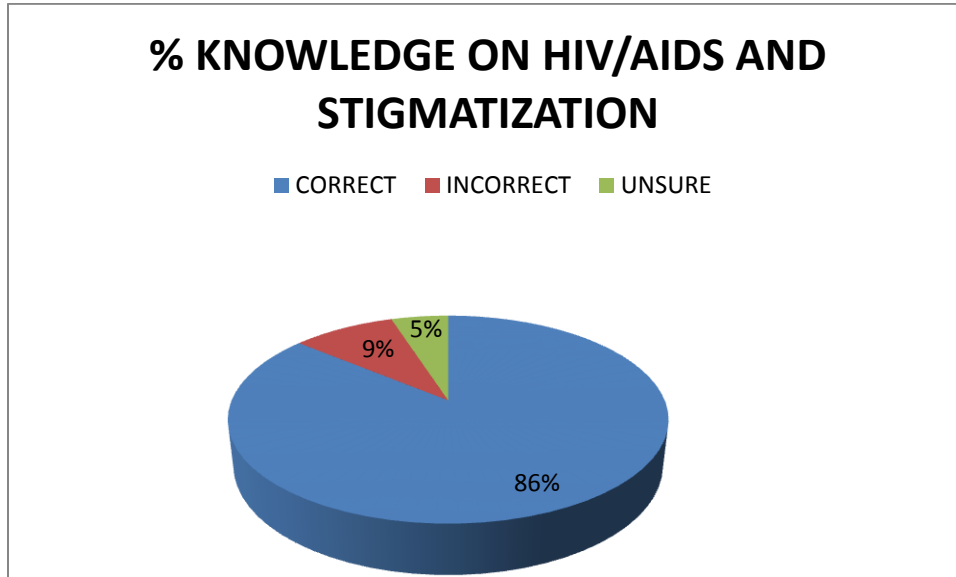


SECTION D: (SUMMARY OF FINDINGS REGARDING HIV/AIDS AND STIGMATIZATION)

There were six (6) close ended questions in this section and were revolving around HIV/AIDS and stigmatization. Eighty six (86%) percent got correct responses in questions revolving around HIV/AIDS and stigmatization. Nine percent (9%) had incorrect responses. Their responses indicated that there are

still people who attach stigma to PLWAs. It was shocking to realize that stigmatization was still evident among the respondents. Five (5%) percent of respondents was unsure. This suggested that they are not implementing what they acquire from LO. Below is a graphical representation of the finding:-

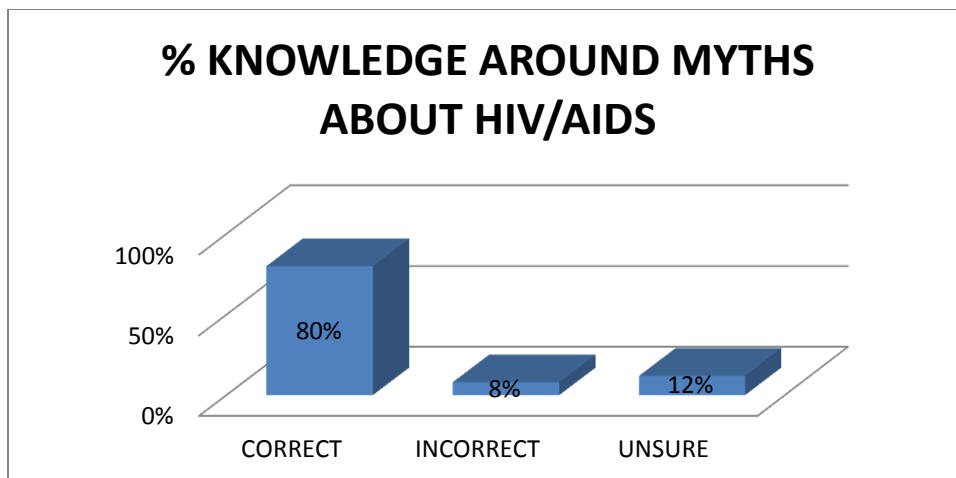
FIGURE 38



SECTION E: (SUMMARY OF FINDINGS REGARDING STEREOTYPES AND MYTHS)

Section E dealt with stereotypes and myths about HIV/AIDS. Five (5) close ended questions were asked. Eighty percent (80%) of respondents got the responses correct, eight percent (8%) got the responses wrong whilst twelve percent (12%) was unsure. These findings were alarming considering the amount of information imparted to teenage learners at school. This finding is illustrated below:-

FIGURE 39



SUMMARY :

From the findings above it is evident that despite the curriculum (LO) offered in schools teenage learners continue to be vulnerable to HIV/AIDS, STIs and girls continue to become pregnant. Peer pressure, gender imbalance, drug abuse, forced marriages, socio economic status, media including T.V. and cell phones, cultural and religious barriers, rape and sexual abuse, stereotypes and myths about HIV/AIDS and Government policies are the main factors contributing to these sensitive and fatal consequences. The following chapter will come up with recommendations and conclusion.

CHAPTER 5 : RECOMMENDATIONS AND CONCLUSION

5.1 INTRODUCTION

The research study sought to find out why despite the curriculum (LO) offered in schools teenage learners continue to be vulnerable to STIs, HIV/AIDS and girls continue to become pregnant. It is hoped that findings obtained in this study will assist in the future planning of the Learning Area Life Skills/Orientation so that it yields positive results which are realized by the community and the country at large. Also, the study will advise how various stakeholders contribute so as to make a remarkable impact.

5.2 RECOMMENDATIONS

5.2.1 THE ROLE OF COMMUNITY AND PARENTS

Parents as primary educators of their children must be compelled to provide basic education and engage their children in sex education drug abuse and gender equality. Before children get

to school parents must have taught them about their bodies and health relationships. The school is there to support and augment the knowledge provided by parents. This warrants that parents be taken to sessions and road shows so that they are trained on how to deal with sex education and drug abuse so that this is not only handled at school, the homes and the schools have to sing the same tune. For parents to distance themselves implies that they compromise their offspring. The education and information given to parents about HIV/AIDS, STIs and teenage pregnancy should be given in an accurate and scientific manner and in a language and terms that are understandable to them. Parents have to be friends with their children so that children are free to ask for the correct information otherwise wrong information will be acquired through the peers. Communities, parents and local leaders in any campaign can be convened through School Governing Bodies (SGBs). Parents should also monitor the TV programs watched by their children. Some TV programs can be detrimental to the teenagers, so it is of vital importance that parents supervise their children in terms of which programs to watch. Parents need to be vigilant when it comes to cell phones. The how part needs to be discussed in meeting situations so that they own up the recommendations.

It is of utmost importance that parents talk to their children about gender equality. It is important that parents and communities instill a sense that both genders are equal at a very tender age so that teenagers do not give a male figure an upper hand which makes teenage girls vulnerable to their male partners. Teenage girls must be made to participate in surveillant and vigilant programs like “ inkciyo “ in the Eastern Cape and “unomkhubulwana “ in Kwazulu Natal. These programs teach young girls on how to maintain virginity until marriage. Traditional programs like Virgin Testing by old community mothers must be re-instated. These programs can make a difference and save the nation. Also, service providers like nurses must not be judgmental in their rendering of services. Lastly, confidentiality about one’s status and any kind of an illness must be maintained. Nurses need to treat teenagers with a positive attitude when they come to the clinics for whatever assistance.

5.2.2 THE ROLE OF CHURCHES AND NGOs

Churches must not take it as vulgar to talk about sexual education, teenage pregnancy and HIV/AIDS. Talking about these topics does not mean encouraging the teenagers to engage in sexual relations but assists in making informed decisions. This must be a collective effort. Churches need to have sessions on sex and sexual education. Sermons on particular Sundays can be tailored to address the question of HIV/AIDS, drug abuse, sexuality and sex education. Churches can do this by inviting knowledgeable people from various institutions like hospices, departmental personnel and NGOs to address the congregation, teenagers included. Churches need not be ashamed of distributing flyers on HIV/AIDS, STIs and teenage pregnancy. On fund raising days in churches dramas and poems on sex education and drug abuse can be staged. Quizzes must be done in churches to measure the extent of knowledge in the possession of parents. For correct responses presents, no matter how little, must be issued out as a token of motivation. People living with AIDS can also be invited to share information. Churches must be able to cultivate enabling environment and a culture of non discrimination towards people living with AIDS. The contribution of NGOs, faith based organizations, unions and communities to fight against HIV/AIDS, STIs and teenage pregnancy is more than fundamental. World AIDS days need to be commemorated and candle lighting ceremonies done.

5.2.3 THE ROLE OF EDUCATION/CURRICULUM

A continuing Life Skills/Orientation and HIV/AIDS education programs must be implemented in all schools and institutions for all learners, students, educators and other staff members. Emphasis must be put on the role of drugs, sexual abuse, violence, STIs and the transmission of STIs and gender balance. Emphasis must also be put on prevention measures and avoidance including abstinence from sexual intercourse and immorality, the use of condoms, faithfulness to ones partner and obtaining prompt medication, treatment for STIs and TB, avoiding contact with blood. Each and every stakeholder in the Department of Education (offices and schools) to collectively and untiringly dedicate themselves to manage this crisis. Debates, dramas and essays on these topics should be given to learners. Learning programs need not leave out any life aspects. Learning programs must be specific of the learning outcomes expected. LO

teachers need to give projects which will enforce parents' participation. Information on HIV/AIDS, STIs and drug abuse need to be integrated to all Learning Areas. Time allocated to the Learning Area Life Skills/Orientation must be revisited. Given the importance of the learning area, more time than the two hours per week dedicated to this learning area must be considered. Life Orientation must be assessed nationally just like any other subject. It is important that this Learning Area be given the status it deserves like Mathematics and Languages. Teachers of LO need to be taken to an intensive training so that they are fit to deal with sensitive and controversial issues. The Teacher Liason Officer (TLO) in each school must work hand in hand with the LO educators. This is a teacher who works closely with learners, whom they share their affairs with. If a particular topic is too sensitive for a particular gender the topic must be handled by a male educator for male teenage learners and a female educator for female teenagers. Some topics must allow room for excursion. A random search for drugs needs to be appropriately done as a mechanism to monitor drug use. Schools must be allowed to distribute condoms, they must not be rigid. The Department of Education is still stiff regarding the distribution of condoms at school. There are teenage learners who already engage in sexual activity. These need to be advised to engage in safe sex and avoid multi-sex partners. When schools distribute condoms it does not necessarily imply that the school is encouraging sexual relationships but it makes it easier for teenagers affected to access condoms. These can be placed in learners' toilets for accessibility by all in need.

An additional performance standard which will look specifically into sex education, teenage pregnancy, HIV/AIDS and drug abuse needs to be incorporated in the Integrated Quality Management System (IQMS) instrument. The instrument seeks to measure the extent to which all educators have dealt with particular aspects. IQMS presently does not come clear and explicit about the engagement of the above topics.

5.2.4 PEER EDUCATION

Peer education is a process by which a group is trained and or educated and given information by someone who is a member of the same group or community, and who has undergone

training in the subject. It is believed that teenagers are easily influenced by a person of their age. Peers have the power to influence and help maintain positive behavior. Peer education affords learners the opportunity to talk, discuss, debate, ask questions, and learn about avoiding teenage pregnancy, HIV/AIDS related topics and sexually related matters freely without any fear of being judged. This is supported by Schenker and Nyirenda (2002) when they say when students work with their peers in appropriate settings, they can often guide one another towards healthier, more positive behaviors such as abstaining from or delaying sexual intercourse, using condoms and saying “NO” to alcohol and drugs. Each school must be compelled to have peer educators who will augment the information acquired from the curriculum. Peers need not be perceived negatively because when they are trained as peer educators their role becomes very significant. The programs conducted by peer educators need to be monitored and evaluated timeously. Teenagers are to be exposed to AIDS education and human reproduction as early as age five (5) so that they are aware of the risks involved. All schools must have Health Advisory Committees (HAC) and the authors need to state explicitly what the role of the committees are and how to evaluate their impact. HAC involves SGBs, representatives from parents of learners from the school, representatives of learners, representatives from medical or health care professions.

5.2.5 THE TEACHER LEARNER SUPPORT MATERIAL (LTSM)

Active learning approaches such as involvement of quizzes, games, drama can be very effective for young people. The LTSM authors need to include refusal skills in their books. These skills will protect teenage girls from unwanted sex which results to unwanted pregnancies and HIV infection. Also, in the LTSM there has to be a chapter which accommodates compulsory visits or sessions to hospices and hospitals. Teaching methods need to be youth centered, gender sensitive, interactive and participatory. LTSM must allow working in groups, brainstorming, role playing, storytelling, debating and group discussions. The LO books need to put emphasis on gender equality as the upper hand given to males make them bullies who are not prepared to listen to females for the rest of their lives.

5.2.6 GOVERNMENT POLICIES AND GRANTS

All Government Departments must have a role to play, this need not remain with only the Departments of Health, Education and Social Development. As long as the Government of South Africa issues out child support grant, the impact of the Learning Area, Life Orientation cannot yield the results it is supposed to come up with. Teenagers regard this kind of a social grant as a source of income which therefore enhances the rate of teenage pregnancy among them. The more the number of young children in a household the bigger the amount received. The Government must consider stopping this offer if she intends limiting the rate of teenage pregnancy, STIs and HIV/AIDS infection. It can be the other way round, like offering bursaries to teenagers who had never fallen pregnant. The law must do something about old men having sexual affairs with teenagers. Rapists have to be given unbearable verdicts. The Government acknowledges that females including teenagers and children are abused in various ways hence observing countrywide a specific annual period called “Sixteen Days of Activism”. This has to be observed for the whole year as our teenagers become vulnerable to rape, unwanted and unprotected sex. This important program will be meaningful if observed throughout the year.

5.3 : CONCLUSION

The study was looking into why despite the curriculum offered teenage learners continue to be vulnerable to STIs, HIV/AIDS infection and teenage girls becoming pregnant. The research was conducted in six senior (6) secondary schools from Mthatha District. Grade ten and eleven learners formed the sample. Two schools were drawn from the urban schools, another two were drawn from semi urban schools whilst the last two were taken from the rural areas. Questionnaires were administered in the six (6) schools. The questionnaire was written in English. The assumption was that each respondent would be able to understand the questions as English is the Language of Learning and Teaching (LOLT) in Mthatha FET band schools. What

was noted in the study was the fact that there are still learners who are not hundred percent knowledgeable about HIV/AIDS issues thus rendering them vulnerable to infection.

Another finding was that parents do not engage their children in sexual education due to their cultural and religious beliefs. Teenagers explore the knowledge they were supposed to have acquired from parents from the streets, peers and friends. They then experiment what they have gained. With the introduction of the subject Life Orientation an informed quality information is then acquired. Social challenges like poverty which leads to teenage girls becoming exploited by old men is another contributing factor. Gender inequalities attribute to this vulnerability. Indications of stigmatization, myths and stereotypes about HIV/AIDS are still surfacing within the teenagers. The researcher intends taking her work to the Provincial Department of Education in the Eastern Cape so that a discussion is held in relation to the teaching of the Subject or Learning area (LO).

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APPENDIX 1 :- A SAMPLE OF A LETTER REQUESTING PERMISSION TO CONDUCT A RESEARCH STUDY IN SCHOOLS

Zimbane Administrative Area

Capital Radio

Mthatha

5099

14th – 09 – 20 11

The Principal

XXX Senior Secondary School

MTHATHA

Dear Sir

RE: REQUEST TO CONDUCT A RESEARCH STUDY IN YOUR SCHOOL

I am humbly requesting your permission to administer a questionnaire to 30 learners doing Grades 10 and 11 in your school. I am currently registered with the University of Stellenbosch for the Degree Master of Philosophy in HIV/AIDS Management. In order for me to complete the study I have to administer a questionnaire as part of Chapter 3 of the thesis.

The study seeks to find out as to why despite the curriculum offered in South African (Mthatha) Schools , teenage learners continue to be vulnerable to HIV/AIDS and STIs, and girls continue to fall pregnant.

The name of the school will be kept confidential as codes will be assigned to a particular school e.g.

School A , School B , etc.

Learners ' names will not be used . Confidentiality and anonymity will be maintained . The recommendations will assist in better planning of the Subject :- LIFE ORIENTATION or LIFE SKILLS so that its impact is positively realized in teenage learners and the community at large .

Thanking you in advance

Mcutshenge N.N.P.

APPENDIX 2 : THE QUESTIONNAIRE

PLEASE ANSWER ALL THE QUESTIONS . FROM SECTION A TO SECTION E CHOOSE ONLY THE CORRECT ANSWER . THEN , ANSWER SECTION F IN SENTENCES .

SECTION A :- MODES OF HIV / AIDS TRANSMISSION

- 1.Multi sex partners increase the risk of HIV infection (true , unsure , untrue)
- 2.HIV/AIDS can be transmitted through a mosquito bite . (true , unsure , untrue)
- 3.If a member of your family or someone close to you is HIV infected would you also become infected if you share the same plate of food with him or her ? (yes . no , unsure)
- 4.People who share needles for injection either for drugs or contraceptives are at risk of getting HIV infection (true , unsure , untrue)
- 5.Only homosexual people can get HIV . (agree , disagree , unsure)
- 6.A baby borne by an HIV/AIDS infected mother is at high risk of being infected with HIV even if the mother is on ART . (true , unsure , untrue)
- 7.Making a decision not to have sex as a teenager and waiting for adulthood is the best option (true, unsure , untrue)
- 8.There is nothing wrong with unmarried boys and girls having a sexual relationship if they love each other (true , unsure , untrue) .
- 9.People who always use condoms are safe from all STIs (true , unsure , untrue)
- 10.The contraceptive pill can protect women from HIV infection (true , unsure , untrue)
- 11.There is no harm in a person who is already HIV positive having a sexual relationship with another HIV infected partner without a condom . (true , unsure , untrue)

SECTION B :- DIFFERENCE BETWEEN HIV AND AIDS

1. A virus that slowly breaks down our immune system is called (AIDS , HIV , Influenza)
2. It takes one to two months for HIV to develop into AIDS (True , untrue , unsure)
3. The stage that kills people is that of (HIV , AIDS) choose the correct answer.
4. HIV is the same as AIDS (True , unsure , untrue)

SECTION C :- TEENAGE PREGNANCY

1. In order for a teenager to get quick money to support herself she has to fall pregnant and receive a child's grant (agree , disagree , unsure)
2. Girls engaging in sex should not take contraceptive pills unless they are married (agree , unsure , disagree)
3. School going children are too young to get pregnant and contract STIs even if they engage in unprotected sex (agree , disagree , unsure)
4. Teenage pregnancy does not affect the teenager's academic progress (agree , unsure , disagree) .
5. Teenagers can access contraceptive pills in clinics (agree , unsure , disagree)

SECTION D :- HIV/AIDS AND STIGMATIZATION

1. A person with HIV /AIDS should not mix or work with other people (agree , unsure , disagree)
2. All people living with HIV/AIDS look very weak and may die within a year or two (agree , unsure , disagree)
3. Hospitals should put HIV positive people in isolation wards and keep their sheets , crockery , cutlery and food separately. (agree , unsure , disagree)
4. A person who is HIV positive should not marry and have children . (agree , unsure , disagree)
5. Would you sit next to someone in class who is HIV positive (yes , unsure , no)

6. All people should be forced to disclose their status (agree, unsure , untrue)

SECTION E :- MYTHS ABOUT HIV/AIDS

1. HIV/AIDS can be cured by having sexual intercourse with a virgin (true , unsure , untrue)
2. HIV/AIDS can be caused by magic . (true , unsure , untrue)
3. HIV/AIDS is a deserving punishment for immoral behaviour . (true , unsure , untrue)
4. HIV/AIDS can be cured by traditional healers . (true , unsure , untrue)
5. Good , healthy looking and wealthy people are free from HIV/AIDS . (true , untrue , unsure)

6. SECTION F :- HIV/AIDS , STIs TEENAGE PREGNANCY AND CURRICULUM

Use the answer sheet provided for your answers .

1. How do you feel during the life orientation period when sexual issues are discussed ?
2. What do you think causes teenagers to continue becoming vulnerable to STIs , HIV/AIDS and teenage pregnancy despite the lessons from life orientation ?
3. Does life orientation cover all what you want to know about sexual issues including HIV/AIDS and STIs ? Support your response .
4. What else would you want the subject to include in relation to teenage pregnancy , HIV/AIDS and STIs ?
5. What information do you acquire from life orientation regarding drugs , teenage pregnancy ,STIs and HIV/AIDS ?
6. Why would you not allow pressure from friends and partner for engaging in unwanted sex ?
7. What does life orientation advise with regard to having multi sex partners ?
8. How much time do you think must be allocated to a life orientation subject per week ?
9. Why do you think the school is the best place to deal with sexual education ?

THANK YOU FOR YOUR TIME THANK YOU

