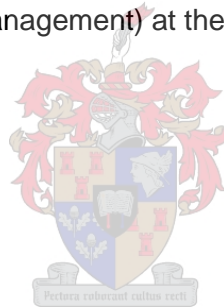


**IMPLEMENTATION OF THE LIFE SKILLS HIV AND AIDS PROGRAM IN MANYELETI
CIRCUIT SCHOOLS**

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Assignment presented in partial fulfilment of the requirements for the Degree of Master of
Philosophy (HIV/AIDS Management) at the University of Stellenbosch



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March 2012

DECLARATION

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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January 2012

SUMMARY

The study focuses on the implementation of the Life Skills HIV and AIDS program in schools at Manyeleti circuit. Documents and literature indicated that the global UNAIDS declared HIV and AIDS the most globalized epidemic in history. The pandemic was seen destroying families and communities; hence the department of education sees a need for an intervention program in schools. The life skills HIV and AIDS program was introduced as an intervention strategy to fight against the epidemic in schools. Documents and literature of other countries who have implemented the program successfully were perused.

This research will use a qualitative research method to collect data. This is a pilot study which will assist to gain insight into the manner in which educators are implementing the life skills HIV and AIDS program at Manyeleti circuit schools and bring into light the challenges they face on the implementation of the program.

I made use of the following instruments to collect data, i.e. document analysis and an interview guide that is used by the auditors to evaluate the Life Skills HIV and AIDS program in schools. The interview guide concentrated on the following themes, management and administration of the program, advocacy, training and development, peer education program, care and support, learning and teaching material (LTSM), achievements, challenges and general comments and opinion about the program.

The purposive sampling method gave me enough room and flexibility to choose participants who had information that was rich and informative. The study focused on educator's trained in life skills HIV and AIDS program or trained as master trainers in the program. The population of 25 schools, 39 educators and 25 principals from schools at Manyeleti circuit.

The findings of the study are that Life skills HIV and AIDS program is not implemented uniformly in schools at Manyeleti circuit. Teachers still need training in a form of in-service training. The teachers are willing to implement the program but they experience the following challenges: lack of support from the SMT. insufficient support and monitoring from the department. They are burdened by a workload and shortage of LTSM

The following recommendations were made: appoint of the life skills educator in each school. Training of SMT, SGB and principals. Merging of Life Orientation and Life Skills. SNOC to train educators not SGB. Life skills to be time tabled. Regular monitoring and support by the department.

OPSOMMING

Die studie fokus op die Lewensvaardigheid MIV en VIGS program in skole in die Manyeleti kring. Dokumente en literatuur dui daarop dat die globale UNAIDS MIV en VIGS as die mees geglobaliseerde epidemie in die geskiedenis verklaar is. Hierdie pandemie verwoes families en gemeenskappe, daarom het die Department van Onderwys die noodigheid daarin gesien om intervensieprogramme in skole in plek te stel. Die Lewensvaardigheid MIV en VIGS program was in skole voorgestel as 'n intervensiestrategie om die epidemie te beveg. Dokumentasie en literatuur van ander lande waar die program sukses behaal het, was bestudeer.

Hierdie navorsing het van 'n kwalitatiewe navorsingsmetode gebruik gemaak om data in te vorder. Hierdie is 'n kernstudie wat sal poog om die onderwyser insig te gee oor die manier waarop hierdie program geïmplementeer word asook die uitdagings wat hulle sal ervaar met die implementing daarvan.

Die navorser het van die volgende instrumente gebruik gemaak om die data in te samel: dokument analiese en 'n onderhoudsgids wat deur ouditeure gebruik word om die Lewensvaardigheid MIV en VIGS in skole te evalueer. Die onderhoudsgids het op die volgende temas gekonsetreer: die bestuur-administrasie van die program, aktiewe ondersteuning, opleiding en ontwikkeling, kollega-onderwysprogram, welsyn en ondersteuning, onderrig en opleidingsmateriaal, prestasies, uitdagings en algemene uitlatings aangaande die program.

Die doelgerigte steekproefmetode het genoeg beweegruimte toegelaat sodat die navorser kandidate kon kies wat genoegsame en belangrike inligting kon gee. Die studie was gemik op die onderwysers wat reeds opleiding in die program omtrent Lewensvaardig MIV en VIGS ontvang het of op meesteropleiers in die program. Die populasie bestaan uit 25 skole, 39 onderwysers en 25 skoolhoofde in die Manyeleti kring.

Die volgende bevindinge is verkry: Die Lewensvaardigheid MIV en VIGS program word nie op dieselfde wyse deur die skole in Manyeleti geïmplementeer nie; Leerkragte het nog indiensopleiding nodig; Leerkragte is bereid om die program aan te bied maar hulle ervaar die volgende uitdagings: Hulle ontvang nie die nodige ondersteuning van hulle afsonderlike beheerliggame nie; Onvoldoende ondersteuning en besoek van die Department van Onderwys; Hulle word belas met die werkslading en tekort aan onderwys- en opleidingsmateriaal.

Die volgende aanbevelings word gemaak: Een spesifieke onderwyser word vir die Lewensvaardigheid MIV en VIGS program aangestel; Die opleiding van die Beheerligaam en die skoolhoofde; Die samesmelting van Lewensorientering en Lewensvaardighede; Lewensvaardighede moet ingesluit wees in die skool se rooster; Gereelde besoek en ondersteuning van die Department van Onderwys.

AKNOWLEDGEMENTS

I want to pass my sincere gratitude for the following pillars of my study, without them I would not have completed:

Professor Elza Thomson for her tireless academic support, encouragement, coaching and motivation throughout this research study. I respect her work ethics and professional conduct

My husband; Stanley for allowing me to further my studies. His support through the course of this study.

My children; Ntiyiso, Ndzalo, Ntshovelo and my grandson Muhluri for being my technicians and motivators.

My brothers and sisters for their words of encouragement

Bohlabela district manager, Mr Lushaba for giving me the permission to do research at the schools. The circuit manager of Manyeleti circuit, Mr.Mgiba for encouraging schools to participate in the research study. All the principals and educators who participated in the study.

The friendly and dedicated staff at Mafemani Library for your help.

God the most high for giving me wisdom and strength to complete the study.

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CHAPTER 1

INTRODUCTION

1.1 INTRODUCTION

An outline is provided of the background of the project which will form the basis for the understanding the emphasis of the study. The life skills program will be placed in context and the geographical set up of Manyeleti circuit in which schools to be interviewed are located. The aim and objectives will establish the framework for solving the problem that has been identified. The research question will be outlined to serve as guideline for the method of research chosen.

1.2 PROBLEM STATEMENT

Learners at Manyeleti circuit are rated number two circuit in the entire four district of Mpumalanga Education Department with regard to learner pregnancy. According to the latest statistics from the transformation section, the second highest school experiencing the condition is at Manyeleti circuit. This is an indication that learners at Manyeleti circuit are still engaged in risky sexual behaviour and exposing them to a possibility of contracting HIV. This study will look at the manner in which the educators are implementing the Life Skills program and the challenges they face while implementing the program in order to give recommendations on implementing an effective Life Skills program.

1.3 BACKGROUND AND RATIONALE OF THE STUDY

Manyeleti circuit is at the road to Manyeleti game reserve which is part of the Kruger national park. The road also leads to the Mozambique boarder post via Kruger national park. Most people residing in the area are from Mozambique; is in the most rural part of Bohlabela district. The area is surrounded by lodges attracting up market tourist. Most parents are working at these game reserves and the Kruger national park and most of the children stay Alone at home without supervision from their parents. The Bohlabela district is classified as being one of the economic poorest areas.

The circuit has twenty primary and sixteen secondary schools scattered amongst the villages. At Manyeleti circuit schools there are many social problems including child abuse, drug and alcohol abuse by learners even during school hours. Recently the transformation section in

the Department of Education Bohlabela district has reported a 30% rate of learner pregnancy at the circuit between January and March 2011. A primary school learner was reported to have a grade six learner who gave birth to two children on consecutive years. This is an indication that learners are exposed and engaged in risky behaviour. The epidemic is spreading throughout the country and this has become a concern not only for the community but to a greater extent the Department of Education and Department of Health.

The Mpumalanga Department of Education has identified the implementation of Life Skills, HIV and AIDS program as a priority to realizing its outcome 1(improved Quality of Basic Education) of the service delivery agreement between 2011 and 2014.(Government gazette). The key focus areas are being care and support for orphaned and vulnerable children. The program is being implemented as a prevention strategy, care and support, management of HIV and AIDS, peer education program. Primary schools is referred to the soul 'budyz' and in secondary schools the RADS (Radically Different Species), advocacy open discussion, calendar events and relevant stake holders.

Life skills can be described as the ability for adaptive and positive behaviour that enables individuals to deal effectively with the demands and challenges of everyday life (World Health Organisation, 1997). In the context of HIV and AIDS epidemic the aim of life skills training is to develop young people's knowledge and the skills needed for healthy relationships, effective communication and responsible decision making that will protect them and others from HIV infection and optimize their health (World Health Organisation, 1992).

As part of the new curriculum, learners are being taught about many aspects that may influence their lives. The Life Skills HIV and AIDS program at schools is one of the compulsory parts of the learning area of Life Orientation being implemented in schools at Manyeleti circuit schools. It will assist learners to acquire knowledge, develop skills and expose values and attitudes that will assist them in making responsible choices and to lead healthy lifestyles.

. The Department of Education is playing a vital role in combating the epidemic as part of the school curriculum, through the Life Skills HIV and AIDS program; will be implemented from Grade R-12. Furthermore teachers are trained to manage the program and to provide training for learners.

The implementation of such programs has taken various forms over the years. Before 1994 pilot programs for educator training in sexuality education were undertaken by non-governmental organizations. In 1996/97 the Department of Education in partnership with the Department of Health trained educators in secondary schools. Master trainers were trained by FAMSA and PPASA in some provinces. The master trainers were commissioned to train secondary school educators. Since 2001 the focus of training was focused on primary schools educators. The emphasis has been placed on life skills and the methodology for imparting this knowledge to learners in a scientific and age appropriate manner (Department of Education: 2002). Despite these departmental training educators began enrolling at universities and colleges for further education in the field of sexuality education.

The Life Skills program contains sexuality education, which is one of the most challenging issues that have to be addressed in education. It lies at the heart of transformation as it aims to safeguard the best interest of children, protecting their right to innocence, at a time when society is experiencing exploitation, violence and sexual abuse, vulnerability and high rate of learner pregnancy. The programme also accommodates different peer educator's programs, where learners are trained to educate other learners. NGO's like Tirisano, Khomanani, Love Life, Reach a Generation, Youth for Christ and Soul City are also given a chance to implement their programs in schools by the Department of Education in the fight against HIV and AIDS and its impact encountered by learners.

The learners' behaviour at the Manyeleti circuit schools places individuals in a situation where they become aware there is a knowledge gap of the manner in which educators are implementing the life skills program and their challenges in realizing the program. Despite the effort of training educators and learners and securing a conditional grant for the program to run smoothly with all the relevant resources, the transformation section in the Department of Education Bohlabela district reported a 30% pregnancy rate amongst learners at Manyeleti circuit schools.

1.3 AIM OF THE STUDY

Based on the background and the social problems the aim of the study is to assess the manner in which the Life Skills HIV and AIDS program is being implemented in schools at Manyeleti circuit and identify the challenges the educators encounter during the implementation of the program in order to give guidelines to the Department of Education.

1.4 OBJECTIVES

The objectives of the study are:

- To assess the manner in which the Life Skills HIV and AIDS program is being implemented in schools.
- To identify the challenges and obstacles which educators encounter in the implementation of the programs.
- To provide guidelines to the Department of Education on improving the implementation of the programs.

1.6 RESEARCH QUESTION

How are life skills educators at Manyeleti circuit schools implementing the Life Skills HIV and AIDS program and what challenges do they encounter?

1.7 METHOD OF RESEARCH

This research will use a qualitative research method to collect data. The approach in the project is deemed to be a pilot study which will assist to gain insight into the manner in which educators are implementing the Life Skills HIV and AIDS program at Manyeleti circuit schools and highlight the challenges they face in the implementation of the program. This and other qualitative research done on the subject will establish the facts to gather new data to determine whether there are interesting patterns in the data (Mouton, 1996). The sample utilized in this project consists of 25 schools in Manyeleti circuit. The selection of these schools was influenced by practical considerations to assist in collecting data for manipulation and provide guidelines. Life Skills educators and the principals of these schools participated in a structured interview. The interview schedule used by the auditors to evaluate the Life Skills HIV and AIDS program was used.

1.8 LIMITATION OF THE STUDY

The following limitations of the study were encountered: there was a vast difference between the educators and the principals in the understanding of the Life Skills HIV and AIDS program and this makes the attitude of the principals very negative towards the program. The exclusion of learners' perception in the study made a gap. The distance between schools and the time of the interviews made me to be way behind schedule. The delay of the granting of permission to access schools.

1.9 THE STRUCTURE OF THE STUDY

Chapter 1- an introduction served to outline the background of the study which formed the basis for understanding the aims and objectives directed at solving the identified problem. The description of the geographical set up at Manyeleti circuit indicated environment. The social problems affecting the community and the schools were highlighted to establish the context; scope of the study is explained.

Chapter 2- the literature review drew on related documents which show the process of implementation of the life skills HIV and AIDS over the years. In some other countries they call it AIDS Education.

Chapter 3- research methodology was placed in context. The data collection pathways of the study were presented utilising structured interviews, document review and observation. Data analysis was done by percentages and presented in histograms.

Chapter 4- findings of the study according to the views and perceptions of the interviewees were presented. This section prepared the study for the next stage of the investigation where it was established whether or not the findings provide answers to the research question.

Chapter 5 - conclusions were made based on the findings of the investigation. Recommendations coming out of the study were made and finally guidelines for further study were given.

1.10 CONCLUSION

A sound introduction to any study paves the way for the rest of a project. The problem statement suggests the intensity of the investigation and in this situation a social and national problem is addressed. Problematic factors are discussed through extensive documents analysis and review the intensity of HIV/AIDS is highlighted.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The global UNAIDS, the joint United Nations programme on HIV and AIDS declared HIV the most globalised epidemic in history; Nelson Mandela calls it one of the greatest threats humankind has faced (Squire:2007). The AIDS epidemic is one of the most destructive health crises of modern times, ravaging families and communities throughout the world. The sub-Saharan Africa has been hardest hit but other regions also face a serious AIDS epidemic. The pandemic continues to spread worldwide despite prevention efforts and successes in a few countries.

2.2 DEMOGRAPHIC AND HEALTH EFFECTS OF HIV AIDS WITH THE DISEASE

A question can be posed how has HIV/AIDS affect populations? A review of various countries places the disease in context of incidence, impact and treatment. AIDS has taken a devastating toll in societies with far reaching negative influences on its inhabitants. In a few countries such as Botswana, Lesotho and South Africa population growth has slowed dramatically or stopped due to AIDS, but overall growth of infections in the region surpasses that of other world areas. Countries that have been hard hit by the AIDS epidemic have seen a mortality surge and life expectancy drop in the last decade. People living with HIV and AIDS are prone to developing other illnesses and infections, because of the suppressed immune systems. AIDS related deaths are altering the age structure of populations in severely affected countries. In developing countries with low levels of HIV and AIDS, most deaths occur among the very young and corresponding old individuals. AIDS primarily strikes adults in their prime working ages and where they are able to make a contribution towards the economic development of various industries. According to the UNAIDS (2006) report people who were infected as adolescents or young adults are shifting the usual pattern of deaths and distorting the age structure in some countries; AIDS deaths are concentrated in the 25 to 45 age group. Communities with high rates of HIV infections lose disproportionate numbers of parents and experienced workers thus create gaps that are difficult for society to fill with no replacement energy. As women are more vulnerable than men, their deaths deprive families of the primary care givers.

2.2.1 IMPACT ON SOCIETIES AND ECONOMIES

In countries where the intensity of the AIDS epidemic is intensive, the tragic and untimely loss of parents and productive citizens has not only affected families but also sectors such as

farms and other workplaces, schools, health systems and governments. The presence of the epidemic has far reaching consequences for almost every facet of life.

Households with their families experience the immediate impact of HIV/AIDS. During the long period of illness caused by AIDS, the loss of income and cost of caring for a dying family member can impoverish households. When a parent dies the household may dissolve and the children are sent to live with relatives or left to fend for them (Africa World Bank: 1982).

2.2.2 HIV and AIDS IN DEVELOPED AND DEVELOPING WORLDS.

In the developed world, HIV often seems like an illness of other, poorer people. In the developing world too, it is sometimes marginalised as an illness of other countries or by the middle classes as the disease of the poor. Migration and other exchanges and interdependencies within and between nations, mean that HIV is increasingly part of life in all developed and developing world countries. People in the developed world also think of HIV as the fate of those socially excluded within their own societies such as, drug addicts, sex workers, gay men, refugees and poor people of colour (UNAIDS:2009).

2.3 HIV AND AIDS IN SOUTH AFRICA

It is estimated that 33 million people were living with HIV globally in 2007, with 67% of this total from sub-Saharan Africa. Within sub-Saharan Africa, South Africa now faces a hyper-endemic HIV epidemic with more than 15% of the population between the ages of 15 and 49 living with HIV(UNAIDS 2008). The 2008 South African National HIV survey found a HIV prevalence rate of 10.6 within the general population, equating to approximately 5.2 million South Africans who are HIV positive(Shisana,et al 2008).

The HSRC surveys conducted focussing on gender and age in 2008 indicates that females continue to have a higher HIV prevalence than males. Age group representing in-school youth most likely to be sexually active (15-19 years of age), girls and young women have almost three times the prevalence of boys and young men (Shisano, et al:2008). This might suggest that the prevention programs are failing to provide sustainable resilience needed by young women to cope with sexual decision-making during and after they leave school.

Globally over 40% of all new infections in 2007 occurred among young people between 15 and 24 years of age, with 65% of these infections occurring in Africa (Operario, et al.2008).

Young people are particularly vulnerable to HIV infection and the impact of HIV and AIDS. Epidemiological studies have shown that the highest rate of new infections occurs in young people aged between 15 and 24 years.

The questions what are the drivers of HIV among youth have been posed with the view of providing guidance and assistance for prevention and guidance? Sexual behavioural is the main driver of the South African HIV epidemic and increased vulnerability to the infection amongst youth. Sexual behaviour is shaped by personal, interpersonal, environmental, cultural and structural forces. The personal factors influencing sexual risk behaviour include feelings and cognitions related to sexuality, HIV/ and self. Factors related to interpersonal relationships, such as negotiating condom use, coercive male-dominated sexual partnerships and peer pressure to be sexually active are also important. Cultural factors, such as traditions, shared beliefs and the norms of the larger society are also contributing factors (Karim, et al.2008). The sexual behavioural drivers include multiple sexual partners, intergenerational sex, transactional, unprotected sex, early age sexual debut and drug abuse(UNAIDS: 2008):

- Multiple sexual partners: Having a number of sexual partners and concurrent sexual partners are all risk factors for HIV infection. The HSRC survey found that male youth (15-24 years) were significantly more likely to be engaged in multiple partnerships. The percentage of males engaging in multiple sexual partnership increased from 23% in 2002 to 30,8% in 2008. In contrast, the proportion of females involved in multiple in multiple sexual partnerships decreased in recent years from 8,8% in 2002 to 6% in 2008 (Pettifor, 2004). It appears that multiple sexual partnership remain a challenge to be addressed, particularly amongst young males.
- Transactional sex: The issue of unemployment lead some women to commercial sex work. This serves to disempowered women through reducing their ability to negotiate safer sex practices particularly condom use. Studies have shown the greater the value of the gift, service or money exchanged for sex, the less likely it is the couple will engage in safe sexual practice (Human sciences research council, 2009).
- Inter-generational sex: Young people and particularly girls under the age of 20, having older partners have a significant risk factor for HIV infection for the older participant. Checking on The reason of having older sexual partners have been determined to be related to the issue of money and material gifts.

- Sexual debut: There is a significant association between early sexual activity and increased risk of HIV infection. Most young individuals engage in sexual activities as early as 13 years in girls and 15 in boys.

2.4 THE IMPACT OF HIV AND AIDS IN THE EDUCATION SECTOR

HIV/AIDS in the education sector is determined by the number of orphans amongst learners. Research shows that although the number of orphans and children with increasingly sick family members has increased, this appears not to have impacted on their attendance at school. The reason for masking the true circumstances might be the national nutrition program and the introduction of no-fee schools. The presence of HIV/AIDS among educators has an impact on the manner in which schools are able to function and quality of education. Educators have been found to have a HIV prevalence of 12.7% with the highest incidence found amongst male and female educators in the 25-34 age groups (Education Labour Relations Council.2005). The key drivers of the epidemic within the educator population are believed to be lack of condom use, multiple partnerships, alcohol use and intergenerational sex

HIV/AIDS presence in Mpumalanga Province represents the second highest in South Africa, after Kwazulu Natal. According to the 2008 National Antenatal sentinels HIV and Syphilis, prevalence survey Mpumalanga is the only province that has shown an increase in the overall prevalence rate of these diseases in the preceding three years, from 32.1% in 2006 and 34% in 2007 to 35.5% in 2008. According to the survey, the later percentage is the highest Mpumalanga has reached since the start of the epidemic.

Ehlanzeni district, where Manyeleti circuit is located is at the mature phase of the HIV epidemic, meaning that it is experiencing increasing numbers of AIDS deaths, orphans and related illness such as TB. Care issues have become a priority for the affected through palliative care, support groups, orphan care, home based care and access to treatment. Issues related to prevention are also a priority to reduce new infections.

Ehlanzeni has a high prevalence which decreased minimally from 36% during 2007 to 34% in 2008 and to 33.8 % (2009) in the HIV survey results. There are over 52 000 people living with HIV and receiving ARV's currently. Ehlanzeni has a large number of orphaned children; each school reports to have +/-150 orphans & vulnerable children. Many of these children do not access state grants and support. One out of every three deaths is AIDS

related; TB has become a serious health problem in the District. TB patients are represented by 75% are co- infected with HIV; only half of these individuals know their HIV status. Ehlanzeni had at the end of 2010 established there were 12 459 TB patients (Ehlanzeni Municipality News. November 2011).

2.4.1 SCHOOLING IS KEY TO NATIONAL SUCCESS ON HIV AND AIDS

Given the challenge HIV is posing in the schools in South Africa they are often placed in a position where they may be required to provide more than HIV prevention education to their learners.

The UNAIDS in their strategic approach: HIV and AIDS and Education (2009) stresses the centrality of education in combating the impact of HIV and AIDS. “We now have evidence of the important role that education plays in offering protection against HIV. School- going children and young people are less likely to become infected than those who do not attend school, even if HIV and AIDS are not included in the curriculum. Education reduces the vulnerability of girls, and each year of schooling offers greater protective benefits. Where offered, well planned and well implemented education on life skills or sex and HIV has increased knowledge, developed skills, generated positive attitudes and reduced or modified sexual behaviour. The first line of the response should therefore be to provide more and better schooling. A second and complementary line of response can then be to introduce specifications tailored to the epidemic, such as providing HIV and Sexuality education. In highly-affected settings, educating parents and learners about HIV treatment, care and support should be prioritised.”

Education may provide a cost-effective means of HIV prevention in the school environment. The scope of school safety must be expanded beyond infrastructure such as in addition fencing and gates could represent psychological and emotional safety

It is widely recognised that education systems have several comparative advantages over other services when it comes to the care and support of children.

The HIV and AIDS epidemic is spreading throughout the country, a well co-ordinated and integrated response from all sectors of society is imperative. In this regard the Department of Education is playing a vital role in combating the epidemic as part of the school curriculum through the Life Skills HIV and AIDS programme, hence the theme of Life Skills is “I am responsible, you are responsible and the government is taking responsibility”. Furthermore

teachers are trained to manage the programmes and to provide training for learners. The Department's programme is driven by the need to provide a system of education that builds on values such as democracy, Human Dignity, equality and social justice (Department of Education, 2009).

2.4.2 GROUND OF THE LIFE SKILLS HIV AND AIDS PROGRAMME

In 2000 professor Kader Asmal the previous Minister of Education, prioritised HIV and AIDS as a critical challenge that the education system would need to effectively address in the coming years. The Department of Education attempted to prevent the spread of HIV within South Africa's schooling system through the introduction of the HIV/AIDS Life Skills Education programme. It was informed by the 1999 National Policy on HIV and AIDS for learners and educators in public schools and students and educators in further educators in this sector and training institutions and the 2000 National Integrated Plan (NIP) for Children and Youth infected and affected with HIV/AIDS (prof Asmal address, 2002).

The programme was introduced as an intervention strategy with the purpose of identifying Grade 4 to 9 learners as the primary group to start the preventative life skills HIV/AIDS sexuality education in the general education and training band (Reddy et al. 2005). During 2005 there were an extension to the foundation phase (Grade R-3) and the FET band (schools and colleges, Grade 10-12).

The programme focuses on the following (Visser, 2005):

- Increasing the levels of information and knowledge (advocacy) on HIV/AIDS
- Developing positive attitudes for healthy sexuality and prevention of HIV/AIDS
- Promotion of positive attitudes and responsible behaviour among learners
- Providing care and support related to positive living in and towards people living with HIV/AIDS
- Developing procuring and distributing age-appropriate Learning and Teaching Support Materials (LTSM) to all primary and secondary schools

The life skills HIV/AIDS programme aims to assist learners in making informed decisions, wise choices throughout their lives and improve learner's knowledge, attitude, values and skills associated with related prevention. The life orientation learning area has remained the primary vehicle for teaching the Life skills programme to learners.

The main objective of the life skills education programme is to integrate HIV/AIDS and (using sexuality as a basis into the school curriculum as a strategy preventing and mitigating the spread of the disease. The programme assists youth to acquire knowledge, develop skills and establish values to make informed choices, responsible decisions and to live healthy and balanced lifestyles. The programme also focuses on school based activities linked to the curriculum. These include a focus on, among others, peer pressure, non-discrimination, alcohol, drug and substance use and abuse. The implementation is coordinated by a national coordinator within the Department of Basic Education. It is implemented by provincial and district coordinators and administrators in each province (Bhana, et al, 2005).

The Life Orientation Learning Area (is found in all phases – foundation, intermediate, senior and FET). This has remained the primary vehicle for teaching the Life Skills Programme to learners. In the foundation, intermediate and senior phases, the learning outcomes are health promotion, personal, social, physical development and world of work (senior phase only). In the FET the learning outcomes are personal well being, citizenship, recreation, physical well being and careers (Bhana, 2005).

A Life Skills programme is a teacher learner support program that helps to enrich the curriculum. It cuts across all learning areas even though its home is in life orientation; it is not learning area bound. A life skill is a unit/section in the curriculum enrichment sub directorate.

2.4.3 POLICIES AND GUIDELINES

Specific Acts and Laws are available in the country that protects learners and educators who are infected with HIV/AIDS. If they are familiar with these laws, they will have the legal ammunition to fight any injustices that take place in relation to the infection in the school and in the community (Education Labour Relations Council, 2005):

- The constitution of the Republic of South Africa, Act 108 of 1996 guarantees Access to Basic Education for all. The constitution recognises the human rights for each and every South African citizen and protects them against any form of discrimination.
- The National Education Act (no 27 of 1996)(includes HIV and AIDS Policy)

- White paper 6-establishing a framework for the delivery of Care and Support(school based support team)
- The South African Schools Act-‘No fee schools’
- The South Africa National Strategic plan on HIV and AIDS:(SANAC)
- The Grant frame work and practice notes (Funding of the programme)(ELRC:2006)

2.4.4 THE CONTENT OF THE LIFE SKILLS PROGRAMME

The content of the Life Skills programme must be age appropriate and cover positive self-esteem and self-concept, relationships, sexuality, phases of development and reproduction, HIV and AIDS and sexually transmitted infections, all options for prevention, alcohol and substance abuse, common-sense precautions, care and support, skills, norms, attitude and values and promote the use of health and social services. Skills aspects should include decision-making, resisting peer pressure, assertiveness, communication, conflict resolution and negotiation.

Learners should with regard to norms, attitudes and values be taught about respect for self and others, non-discrimination, loyalty in relationships, self-control, commitment, be capable to love, caring and supportive, being empathetic and understanding responsibility and the right to protect oneself (Shisana, et al, 2008).

2.4.5 IMPLEMENTATION OF LIFE SKILLS PROGRAMME

The Life Skills programme is a multi-faceted programme that consists of several components. It implemented in three fold (Guideline for Mpumalanga Life Skills coordinators, 2006):

- **PREVENTION:** Curriculum training of educators on Sexual Reproductive Health(SRH) and Sexuality Education to provide in depth knowledge to learners on Life Skills HIV and AIDS Education; integration of Life Skills into curriculum; a three day workshop is arranged.
- **CARE AND SUPPORT:** Training educators and support staff on Care and Support for Orphaned and Vulnerable Children (OVC’s); turning Schools into Nodes of Care and Support for Orphans and Vulnerable children; co-ordinated service delivery campaigns Jamborees/Lentimpilo campaigns; functional School Based Support Teams.

- Managing HIV and AIDS in Schools by Education Management and Governance Development (EMGD); action plans activities related to HIV and AIDS, e.g. Calendar Events; policy on HIV and AIDS.

2.4.6 SUPPORT PROGRAMMES

There are programmes available to assist in support the system (Operario, et al, 2008).

2.4.6.1 PEER EDUCATION

- In primary schools they have the Soul Budyz. This is made possible with the collaboration with Soul City. The learners are grouped in groups of 30 and form a club in a school. The aim of the programme is training learners to make informed decision and help identify the needy in the schools and learn to give support.
- In secondary schools we have the RADICALLY DIFFERENT SPECIES (RADS). This is a peer group programme aimed at teaching learners to make a difference in their schools and community. The learners are taught skills and values to change their own behaviour, before they train other learners in their schools.

2.4.6.2 ADVOCACY: Advocating the programme to all role players

- School governing bodies.
- Learners and parents coming together to talk about life skills issues affecting their children, *inter alia*, drug abuse, sexual abuse, alcohol abuse and learner pregnancy. Parents are engaged in open discussions around issues of sexuality. Dealing with their own sexuality and advised how to help their own children.
- Community based organizations: Traditional Healers; Traditional Leaders; Faith Based Organizations.

2.4.6.3 OBSERVING CALENDER EVENTS: Programmes Addressing HIV and AIDS in the Department of Basic Education:

- February is the Sexual Transmitted Infection month. All schools are encouraged to organise a date in which the Department of health and Department of Basic Education address the learners about the importance of abstinence and issues around STI's.

- March is the Human Rights Month. During this month schools are encouraged to set a date to talk to learners about their rights and responsibilities. The school can collaborate with other Departments to make the day memorable to learners
- May is Candle Light Memorial Month where the learners remember those who have died of AIDS, Those who are living with HIV those who are affected. Every year there is a theme given to the schools by the Department of Basic Education. The Department get the theme as set by the world candle light organizers. The 2011 theme was “Touching Lives”
- September is declared as the Life Skills Month. Schools are encouraged to make an AIDS awareness in the schools

2.4.6.4 INTERGRATION OF LIFE SKILLS INTO THE CURRICULUM

Life Orientation is the primary vehicle in the implementation of Life Skills in schools but the Department has realised that the information is so important that it needs to be emphasised. It was decided that Life Skills be integrated in all the learning areas (guideline for Mpumalanga Life Skills coordinators, 2006):

- In languages - debates about HIV infections, decision making and assertiveness.
- Economic and Management Sciences - Effects of HIV and AIDS on production (budget caring for the sick)
- Social Sciences - Effects of HIV and AIDS on population (orphans and vulnerable Children)
- Mathematics - HIV and AIDS statistics.
- Natural Science - Human reproduction
- Arts and Culture - Cultural issues relating HIV and AIDS.
- Technology - The impact of cell phones on promoting HIV Infections.

2.4.7 REVIEW OF THE LIFE SKILLS HIV AND AIDS PROGRAMME

Several evaluations of the Life Skills programme have been undertaken to examine teachers' and learners' perceptions and opinions of the intervention as well as its influence on the attitudes and behaviour of learners. The Department of Education (2006) have uncovered

the life skills programme, has been identified by learners as a primary source of information about HIV/AIDS. In a study conducted in Gauteng schools it was established that 95% of participating learners used the Life Skill programme as a common source of information about HIV/AIDS. However, learners did appear to be receiving information about HIV/AIDS from sources external the schooling environment. Fewer learners in the sample considered schools to be their most useful source of information (61%) or believed they had learned the most about HIV/AIDS from their school (47%).

The programme is seen to have produced other favourable gains amongst learners that in a heightened levels of risk perception for HIV infections (Department of Education: 2006); an increased understanding of abstinence as a preventative method (Reddy, et al, 2005). Other studies identified gaps in learners knowledge that need to be addressed by the programme where learners in Gauteng showed acceptance of common myths surrounding HIV/AIDS (Bhana, et al, 2005).

In terms of the impact on learners' attitude and behaviour change, evaluations have produced mixed results. A national evaluation review conducted in 2006 reported that Life Skills have made a positive impact on learner's behaviour (DOE, 2006). Reddy et al (2005) found a reduction in a number of sexual partners among grade 9 male learners in Kwazulu- Natal. Visser (2005) found that increases in learner knowledge had failed to reduce learners' engagement in high risk sexual behaviours. In the Gauteng based study, 90% of learners reported that Life Orientation lessons had helped them to protect themselves from HIV infection and to accept people living with the HI Virus, but only 34,4% believed that the classes were responsible for making the greatest impact on their behaviour and attitudes

The researchers found important gender differences with regard to learners' needs and to the outcome of the programme regarding their attitudes towards sex and sexual behaviour. The findings showed the programme had impacted on males and females differently, suggesting that future programmes should show gender sensitivity, taking into account the specific information, skills and learning needs of males and females (Reddy:2005).

Research has indicated the majority of teachers believe in the importance of Life Orientation lessons for learners and the responsibility of schools to educate learners about sexuality education and HIV/AIDS education and prevention knowledge to learners is often undermined by a lack of resources and support (Bhana, 2005).

A lack of teacher training was also cited in the evaluations as a concern (Bhana, et al 2005) found that roughly half the teachers in their study have not received training. A third of primary school and three quarters of high school teachers felt there were insufficient Life Orientation teachers in their schools.

Evaluation findings have shown the implementation of the Life Skills programme in some has not been satisfactory, nor had a positive impact on the development of the HIV/AIDS school policy and support structures for the infected and affected learners (DOE, 2006). The DOE evaluation across 16 high schools and four primary schools in Gauteng found that the implementation is not uniformly. Thirty percent of the schools were not implementing the Life Skills programme within every grade in the school, with higher grades more likely to be exempt or assigned a shorter time period for the exposure to the material.

2.5 STUDIES CONDUCTED IN OTHER COUNTRIES ON THE LIFE SKILLS HIV AND AIDS PROGRAM.

Education ministries and their partners have had to grapple with a series of issues in the light of the diverse and egregious consequences of HIV/AIDS (World Bank: 2002). The key questions which the Departments of Education has to answer: How to ensure that the school-age children; often the largest uninfected group remain uninfected as they grow up? How to minimize prevention efforts for the highest risk groups: girls and adolescents? How to protect quality and quantity of education in the face of teacher mortality and absenteeism? How to address the problem of the burgeoning numbers of orphans who could end up out of school and on the streets? How to find out cost effective ways of doing all of the above, given the rising costs to the sector as a result of the epidemic (World Bank, 2002)?

2.5.1 ZIMBABWE

Zimbabwe has one of the highest AIDS prevalence rates in Africa and young people are particularly at risk from HIV and other unwanted effects of unprotected sex. Adolescent females at 19 years of age (44%) are either pregnant or have given birth; indicating a high rate of unprotected sex. In 1992 the Department initiated a life skills education program in collaboration with UNICEF for both primary and secondary schools. The program aimed to develop pupils' life skills such as problem solving, informed decision making and avoidance of risky behaviour, using the participatory and experiential teaching and learning processes.

More than 2000 educators were trained through an in-service and cascade model. Supporting textbooks and teaching materials have been developed and the program has the full support of Government and other influential groups such as churches. Challenges for this program include level of teacher training, skills, experience and confidence. Many individuals found discussing sex as a sensitive topics and HIV embarrassing and difficult to teach. Helping the students devise and practice realistic strategies and skills for avoiding risky behaviour (Caceres et al, 1994).

2.5.2 LIMA PERU

Lima Peru Skills based education program on sexuality and HIV/AIDS in secondary schools prevention was designed taking into account social learning theory and constructs of machismo and openness towards sexuality. The program was implemented in 14 schools selected randomly as controls and intervention. The intervention schools implemented seven weekly two hour sessions which included discussions, verbal exercises role playing, and familiarization with condoms, contraceptives and lectures. Trained educators from the schools facilitated the program. When compared with the control group, the intervention group showed significant changes in knowledge on sexuality and AIDS, openness towards sexuality, acceptance of contraception, tolerance of people with AIDS, and prevention oriented behaviours (Caceres et al, 1994).

2.5.3 VIETNAM

Vietnam has introduced a skills based HIV/AIDS prevention project. The primary goal of this project was to equip young people with the information and skills needed to make often difficult decisions that would allow them to lead healthy lives, especially in relation to HIV/AIDS/STD risk. A pilot life skill teaching approach was implemented in schools with teachers being trained and supported in skills based health education. Evaluation at the completion of the pilot phase of the project showed that students demonstrated increased knowledge of HIV/AIDS and its transmission and increased knowledge of how to avoid infection, improved tolerance and improved decision making skills. A UNAIDS evaluation of the project confirmed that the program was effective for both educators and learners in terms of building confidence, knowledge and abilities (UNAIDS).

2.6 CONCLUSION

A review of relevant literature related to HIV/AIDS highlighted the intensity of the condition affecting all strata of the community. The review of various countries in the world serves as a wake-up call that not only Africa has been affected but the rest of this planet.

The methods chosen to investigate the manner in which the problem can be solved guides the research to ultimately reach a level of practical recommendations.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

The chapter is about the research methodology, wherein the main component are highlighted namely, the research design, the paths of data collection used in this study, data analysis and my experiences or reflections throughout this study. Both negative and positive experiences were discussed to enable other researchers who will be reading this report to anticipate some of them and find alternative routes to minimise the negatives by turning them into opportunities to contribute towards the body of knowledge in the field of research.

3.2 RESEARCH PROBLEM

Learners at Manyeleti circuit are rated number two circuit in the entire four district of Mpumalanga Education Department with regard to learner pregnancy. According to the latest statistics from the transformation section, the second highest school experiencing the condition is at Manyeleti circuit. This is an indication that learners at Manyeleti circuit are still engaged in risky sexual behaviour and exposing them to a possibility of contracting HIV. This study will look at the manner in which the educators are implementing the Life Skills program and the challenges they face while implementing the program in order to give recommendations on implementing an effective Life Skills program.

Manyeleti circuit is experiencing other social problems like; sexual abuse, poverty; drug and alcohol abuse and low grade 12 pass rate.

3.3 ASSUMPTIONS OF THE STUDY

This study has the following assumptions:

- It is assumed the escalating number of social problems at Manyeleti circuit is caused by the ineffective implementation of the Life Skills.
- Another assumption is that the educators might not have been properly trained.
- There is a possibility there is a lack of support from the Department of Education from the district office.
- The escalating number of orphans might be a barrier for the educators.

- The educators may not be able to handle the changing role of educators.

3.4 RESEARCH QUESTION

How are life skills educators at Manyeleti circuit schools implementing the Life Skills HIV and AIDS program and what challenges do they encounter?

3.5 AIM OF THE STUDY

Based on the background and the social problems the aim of the study is to assess the manner in which the Life Skills HIV and AIDS program is being implemented in schools at Manyeleti circuit and identify the challenges the educators encounter during the implementation of the program in order to give guidelines to the Department of Education.

3.6 OBJECTIVES

The objectives of the study are:

- To assess the manner in which the Life Skills HIV and AIDS program is being implemented in schools.
- To identify the challenges and obstacles which educators encounter in the implementation of the programs.
- To provide guidelines to the Department of Education on improving the implementation of the programs.

3.7 RESEARCH DESIGN AND METHODS

Thyer (1993:30) defines a research design as “a blueprint or detailed plan for a research study to be conducted- operationalizing variables so they can be measured, selecting a sample of interest to study, collecting data to be used as a basis for testing hypotheses and analysing the results. This means the design is the overall plan for conducting the whole study.

In research there are two approaches that are frequently used by many researchers, the qualitative and quantitative approaches. Both qualitative and quantitative research studies are conducted in education; qualitative research presents facts in narration of words (White: 2003). A qualitative study enables the researcher to adapt to changes that were not anticipated at the beginning. It allows flexibility; these are supported by Leedy and Omrod (2005) when they mentioned that unstructured interviews are more flexible and are more likely to yield

information the researcher had not planned to ask. Qualitative research gives the researcher an opportunity to be an active participant in the real context. As researchers become part of the selected group in the project it becomes easy for them to build trust between the two parties. Once a friendship is built it becomes easy for the respondents to share their secrets with the researcher and for the researcher to observe in depth from within and to find the truth. It enables the researcher to discover a new body of knowledge and to pave the way for further research.

De Vos, Strydom, Fouche, Poggenpoel and Schurink (1998) in their comparison of qualitative and quantitative research made it clear the aforementioned was the most suitable approach for this study.

Accordingly qualitative research (De Vos et al. 1998):

- Uses an inductive form of reasoning: develops concepts, insights and understanding from patterns in the data.
- Uses an emic perspective of inquiry: derives meaning from the subject's perspective.
- Is idiographic: thus aims to understand the meaning that people attach to everyday life.
- Regards reality as subjective.
- Captures and discovers meaning once the researcher becomes immersed in the data.
- Concepts are in the form of themes, motifs and categories.
- Seeks to understand phenomena.
- Observations are determined by information richness of settings and types of observations used are modified to enrich understanding.
- Data are presented in the form of words, quotes from documents and transcripts.
- The research design is flexible and unique and evolves throughout the research process. There are no fixed steps that should be followed and cannot be exactly replicated.
- Data are analysed by extracting themes.
- The unit of analysis is holistic, concentrating on the relationships between elements, contexts, etc. The whole is always more than the sum.

Qualitative research is exploratory in most cases this researcher strive for discovery rather than verification; is likely to give new leads and avenues of research and the outcomes may be used as a basis for further research (De Vos et al. 1998).

Based on the arguments it was decided to undertake a qualitative research, to understand and offer suggestions as to the manner in which educators at Manyeleti circuit implement the Life Skills HIV and AIDS program. The study is intended to investigate whether the Life Skills HIV and AIDS program is implemented in a way it will produce positive results so that it is effective to the intended target and whether educators are experiencing any challenges; further establish possible solutions to contribute towards solving these envisaged problems at schools.

The research was conducted in twenty five primary and high schools at Manyeleti circuit. A total of thirty nine educators were interviewed; there were up to four educators in some schools involved in the Life Skills HIV and AIDS program and these educators were interviewed in a group. The 25 principals were interviewed together with their educators.

A semi-structured interview was used to collect data. Similar types of questions were used by the auditors while evaluating the Life Skills HIV and AIDS program in schools.

In summary the qualitative approach was deemed to be the most appropriate approach for this study. Interview techniques were employed and document analysis applied to collect data from the chosen informants. The documented evidence and some observations were made during the process of data collection. The detailed explanation or discussion of the data collection process will highlight the process to be followed.

3.8 DATA COLLECTION

According to Henning (2004) methodology refers to the coherent group of methods that complement one another and that have the 'goodness of fit' to deliver data and findings that will reflect the research question and suit the research purpose. The group of methods of data collection and analysis will also be coherent because the researcher has philosophised in a certain way about them and has made sure that they are compatible.

In this study it was important to use instruments that would best collect information regarding the implementation of the Life Skills HIV and AIDS program. The study employed the following instruments to collect data namely, document analysis and an interview guide used by the auditors to evaluate the Life Skills HIV and AIDS program. The interview guide concentrated on the following themes, management and administration of the program, advocacy, training and development, peer education program, care and support, learning and teaching material (LTSM), achievements, challenges and general comments and opinion about the program.

When planning a study a predetermined schedule was decided upon, however, due to some unforeseen delays during the process of data collection there was a violation of the limits. The initial plan was to complete the interviews in a two months period, including the time for delays, rescheduling of the interviews and cancellations. Glesne (1999) provided encouragement when he specifically mentioned that it takes longer than expected to complete a process in a planned time in qualitative research.

3.9 RESEARCH STRATEGY

The fieldwork of this study was in three phases, the introductory, the reviewing and interrogation of documents and the intensive fieldwork.

3.9.1 INTRODUCTORY PHASE

The introductory phase was about gaining access to the schools. According to De Vos et al. (1998) successful fieldwork is usually determined by the accessibility of the setting and the researcher's ability to build up and maintain relationships with gatekeepers. Once researchers have located and established contact with gatekeepers they must gain the person's cooperation. Glesne (1999) refers access as the acquisition of consent to go wherever researchers want to talk to whomever they choose and to do all this for whatever period of time they need to satisfy the research purposes.

The data collection activities of this study took place in twenty five schools at Manyeleti circuit. The gatekeeper for these schools is the district director; to the success of commencement. A letter was written and personally delivered to provide explanations and clarifications; motivation of the study was conveyed verbally. The guidelines given by McMillan & Schumacher (1993) were followed: permission was granted.

During the initial visit to schools the potential participants were approached and introduced to the researcher and informed about the intended study. They were informed of being selected to participate in the study and they were requested to participate in the study. They were briefed about the objectives and aim of the study and given information about the duration of the study. Agreement was reached by all on the time and dates of the interviews; they sign a consent form. Letters were delivered to the participants requesting them to participate in the study and at the same time requested them to complete a form of agreement to conduct the interviews

3.9.2 REVIEWING AND INTEROGATION OF DOCUMENTS PHASE

During this phase of the study relevant documents were reviewed that highlighted the Life Skills HIV and AIDS program and how it should be implemented. It assisted in shaping the study questions and it determined the type of interview questions; to collect the necessary data that was relevant to the problems of the study.

3.9.3 EXTENSIVE FIELDWORK

Fieldwork commenced through the use of interviews to collect data. The interviews were structured and recorded in writing and then transcribed in its completed form. On the arrival to the schools some observations were made for example, communication between educators and learners, their interrelationships and care and support that educators are giving to learners.

3.10 SAMPLE SELECTION

A purposive sampling method was used to select all participants and it was found to be in line with what Creswell (1994) mentioned that the idea of qualitative research is to purposefully select participants without attempting to select them randomly. In De Vos et. al. (1998) purposive sampling is called maximum variation sampling and is defined as the process whereby a heterogeneous sample is purposefully selected to search for unique cases and commonalities in experiences. The purposive sampling method provided adequate room and flexibility to choose participants who had information that was rich and informative. Information rich cases according to Patton (1990) are those from which a researcher can learn a lot of things about issues of central importance. The study focused on the educator's trained in Life Skills HIV and AIDS program or trained as master trainers. The sample consisted of 25 schools, 39 educators and 25 principals from schools at Manyeleti circuit.

3.11 ETHICAL CONSIDERATION

Ethical principles were adhered to and code of conduct for the research to ensure the confidentiality of the participants. An application was submitted to the Department of Education in order to use schools and educators as participants and the permission was granted. Application forms to the ethics committee were submitted and permission was granted. Throughout the interviews a relationship was of trust to ensure confidentiality.

3.12 DATA STORAGE

Data is stored in a storage container and kept outside of public access along with current private information. Data was captured on a personal laptop.

3.13 DATA ANALYSIS

According to Henning (2004) data analysis is an ongoing, emerging and iterative or non-linear process. Data is analysed information by identifying patterns and themes and drawing certain conclusions. In this study before the analysis the data collected was transcribed from various interviewees and observations; observational notes were typed in a word processing document. These transcriptions were then analysed manually although there are computer programmes that serve the same purpose, such as Atlas.ti (Henning: 2004).

When the analysis commenced words, sentences and paragraphs were taken apart to make sense of, interpret and theorise the data holistically; this is supported by Henning (2004:25) when he said “to analyse literally means to take apart words, sentences and paragraphs, which is an important act in the research project in order to make sense of interpret and theorise data. This is done by organising, reducing and describing the data”. According to Henning (2004) quoting Tesch (1990) and Smit (2001) the following principles are appropriate for most types of qualitative research:

- Qualitative research takes place throughout the data collection process. As such the researcher will constantly reflect on impressions, relationships and connections while collecting data. The search for similarities, differences categories, themes, concepts and ideas forms part of the continuous process.

- An analysis commences with reading all the data and then dividing it into smaller more meaningful units.
- Data segments or units are organised into system that is predominately derived from the data, which implies analysis is inductive.
- The researcher uses comparison to build and refine categories, to define conceptual similarities and to discover patterns.
- Categories are flexible and may be modified during analysis.
- Importantly, the analysis should truly reflect the respondents' perception.
- The result of an analysis is a kind of higher order synthesis in the form of a descriptive order.

The data is analysed using content analysis; the method of doing this is to code by content. The schools are coded from 01 to 25. In this research there was a list of categories in which the life skills program is evaluated. The content will be analysed as percentages and expressed into using histograms. The content are coded and structured according to how the Life Skills program is evaluated in schools.

3.14 SIGNIFICANCE OF THE STUDY

It is hoped that a more detailed study on the manner in which the Life Skills program is implemented and the challenges encountered will lead to an effective implementation of the program which will benefit learners in that their social problems will be well addressed by their educators. This can be hopefully the beginning of an AIDS free generation. Educators will be able to debrief by citing the challenges they encounter while implementing the program. This will motivate them because they will receive the necessary support from the Department of Education.

The study will serve to inform the Department of Education of the challenges in the implementation of the Life Skills HIV and AIDS program. The recommendations and guidelines will promote proper implementation and indicate the support needed.

The study will benefit the community because when the program is implemented correctly, it will help in the mitigation of HIV and AIDS and contribute towards, *inter alia*, reducing crime, drug and alcohol abuse and teenage pregnancy.

3.15 CONCLUSION

In the next chapter the findings of the research will be discussed.

CHAPTER 4

REPORTING OF RESULTS AND DISCUSSIONS

4.1 INTRODUCTION

The findings of the study from the data collected and analysed by the chosen methodological approach will be reviewed with the intention to provide answers to the main research question. The main research question of the study is: How are life skills educators implementing the life skills HIV and AIDS program and what are their challenges?

The area of study will be outlined and a discussion will follow of the results derived from the interviews and observations from the sample of 25 schools at Manyeleti circuit.

4.2 THE AREA OF STUDY

Manyeleti circuit schools are situated in the most rural part of Bohlabela district. The schools are near Kruger national park and situated near the Mozambique border. It is a tourist attraction area because of the Manyeleti Game reserve and the many lodges in the vicinity. The place has a high rate of poverty amongst the local inhabitants; houses, the way the learners dress and the surroundings show signs of poverty. During the interviews with educators it was established that most parents work at the game reserve, Kruger national Park and the lodges; there is still high rate of unemployment. Most children are left alone at home and to fend for them self while parents go to work. There are so many deaths in the area that is HIV and AIDS related and there is a culture where people are still afraid to disclose their status. School going children, from both primary and high schools also die of diseases that are HIV and AIDS related. An educator from a primary school indicated there are still women who gave birth at home. Nearly every Thursday there is a memorial service for an educator and their death is due to HIV and AIDS related diseases. There is a high rate of orphans at schools and it was reported there are about 150 to 200 orphans in their schools. Due to the infrastructure there are no recreations institutions for the youth.

The educators indicated there are many social problems related to sexual abuse. Learners from extended families and broken families are the most vulnerable. Rape from step fathers and uncles is also high and mothers do not want to report the cases as they depend on the men. Educators are also afraid to report the cases because they do not want to interfere with family affairs.

There is also a problem of taverns situated near the school premises. Students are inebriated during school hours and this is responsible for their behaviour when they dodge and bunk classes. These taverns provide accommodation for brothels and related activities. The other social problem present is the selling and smoking of dagga by students.

Another social problem that has been observed at the schools around Manyeleti circuit is the high rate of teenage pregnancy. Primary school children as low as grade 4 also fall pregnant. During the period of the research project it was established that one learner in grade four have given birth to two children in consecutive years. This is circuit number two in pregnancy rate according to statistics from the transformation section.

4.3 THE IMPLEMENTATION OF THE PROGRAM

Educators play a critical role in the implementation of the Life Skills HIV and AIDS program in schools at Manyeleti circuit. Their effectiveness impacts on the success of the program. A total of 60% of the teachers interviewed at Manyeleti circuit schools show a positive attitude and the willingness to implement the program. Further 20% are willing to implement but still have doubts on the success of the program because educators have a big workload. A smaller number represented by 5% felt the teaching of Life Orientation in classes serves the purpose of the Life Skills HIV and AIDS program; to them this additional program causes confusion in schools.

The schools in Manyeleti circuit are not implementing the Life Skills HIV and AIDS uniformly. It was found 30% of schools interviewed in Manyeleti circuit related to implementation have not been satisfactory, nor did it have a positive impact on the development of school policy and support structures for infected and affected learners. In contrast 30% of the schools are implementing the Life Skills programme successfully and the fruit of the action are seen in their learners' behaviour and support systems.

The different aspects of how the Life Skills HIV and AIDS program is evaluated will indicate how the Life Skills HIV and AIDS programme is implemented in different schools at Manyeleti circuit.

4.3.1 MANAGEMENT AND ADMINISTRATION

The management and administration is an important aspect of the effectiveness of the Life Skills HIV and AIDS program. A staggering 80% of the schools indicated that they have no

implementation plans. It does not appear in the year plan and the school developmental chart. This is an indication that it is not implemented in the school. These schools complain that it is an 'add on' to their teaching subjects, hence it add to their already packed workload. Another reason is that Life Skills does not appear on the school time table 'it is very difficult to fit it in whilst you have to finish the work schedule for the other subjects'. Another reason for not implementing the program is said to be the lack of support from the principal and their school management teams and the SGB. A secondary school educator indicated there is no budget for the program.

The schools and their environments together with all participants will benefit if school governing bodies are trained by the Department to draw their attention to the impact HIV and AIDS have on all involved. During the training of educators the contents of an HIV and AIDS policy are taught. It was recorded that 80% of schools have a draft policy; however, it is not signed by the SGB, the principal and the circuit manager. Most principals thanked the *proforma* given to them by the Department; 20% do not have the policy and their reason is that they were affected by the changing of the SGB.

The life skills coordinators from the district office of the Department of Education send a circular to all the schools to elect a life skills coordinator amongst the educators. A positive reaction was shown by 90% of the schools that have elected life skills coordinators who are managing the life skills HIV and AIDS in the schools. The 45% of coordinators who are not yet trained experience difficulties to take charge of the program. The 10% without life skills coordinators give reasons such as transfer of educators to other schools, redeployment, promotions, retirement and death of educators.

4.3.2 ADVOCACY

The schools have to participate in campaigns in order to make learners and parents aware of the Life Skills HIV and AIDS program; are the calendar of events which schools have to organise. According to the educators, the department recommends that they be celebrated during morning devotion or arrange the last three periods on a Friday. The advocacies are:

- Celebrating Sexual Transmitted Infections month in February

Learners are cautioned about STI, consequences of teenage pregnancy and skills to abstain in order to avoid these. March has been devoted as the Human Rights month. Learners are taught about their rights and responsibilities. When parents and communities are invited and

taught about their rights as parents, children's rights and responsibilities and the children's acts.

- May is a candle lighting month

Learners during memorial services at the school remember all who passed away because of the HIV pandemic and awareness about the infection. Every year has its own theme from the world candle light organizers. One educator talked about 2011 theme as "Touching Lives". One lady teacher talks passionately about the events, about the way the event is organised, invitations and how exciting and fulfilled the life skills feel after a successful event. One principal indicated that it is a sort of competition amongst the school on which has organised the best event. Another educator commented about the impact on both the children and the community.

- September is the Life Skills month

Learners are made aware about the life skills and values which can help them survive and HIV and AIDS which is killing people. A total of 30% schools indicated they celebrate Life skills month; said they do fundraising for the orphans and buy uniforms for those in need.

In December before they start with their exams, celebrate

- World AIDS day on the first day of December.

This is celebrated before the learners start with their exams. It became evident according to the life skills calendar; this is not celebrated on the first of December. This is not organized in schools, the Department of Health in collaboration with the Department of Education cluster schools and organise the events for them.

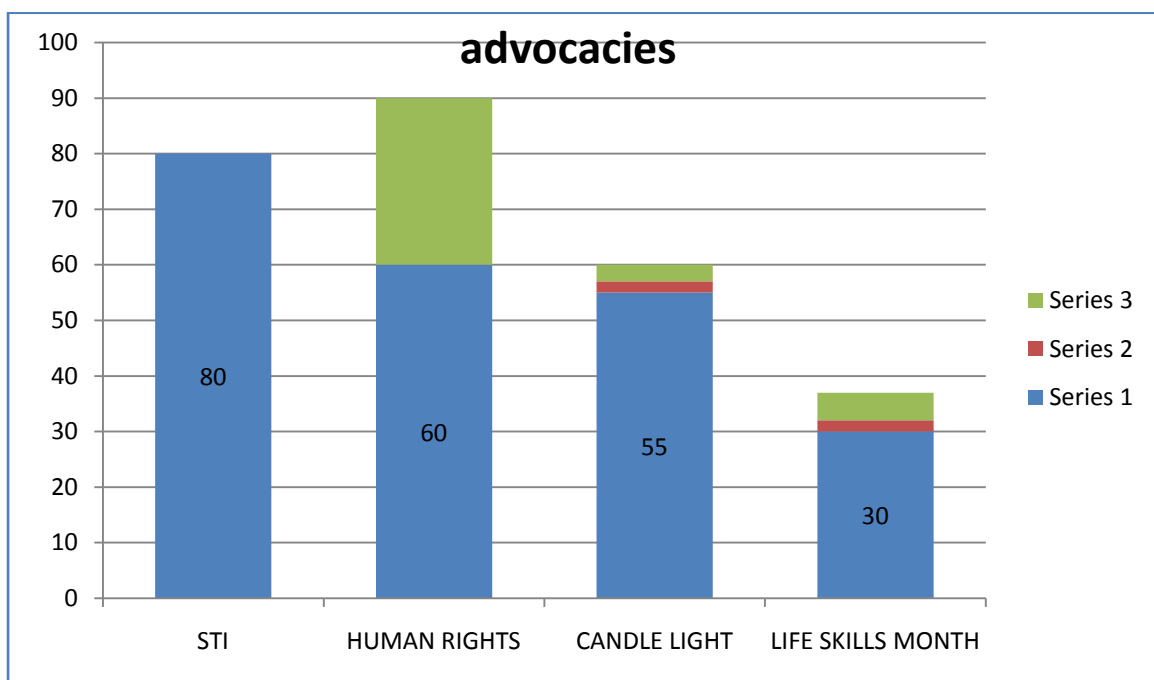
These events are conducted in collaboration with other stakeholders namely, Department of Health, Municipality, Department of Social Development, Department of Justice, Life Skills coordinators from the district office Department of Education and NGO's; including parents, community leaders, religious leaders and traditional leaders to be involved.

Not all the schools celebrate those events although they are all aware of the events. The Department of Education from the district regularly send schools reminders of the events. Those that celebrate the events do not place equal emphasis on all the proceedings. The most celebrated in the study is the STI month, the reasons given was to decrease the number of

learner pregnancy in schools. During the interviews one school was asked whether this is working, the educator said it had worked in their school; he thinks talking to learners that was educated has helped to decrease the number of pregnancies by half. Human rights month was celebrated by 60% of the students. Educators indicated this is due to the emphasis in Life Orientation and natural science. Candle light in May was celebrated by 55% of the sample; was deemed to be the most organised event. Other schools depend on those which are organised by the Department of Education and the municipality. It was established the Life Skills month is the least celebrated; educators felt there is no need to commemorate it because they teach Life Skills all year through. Figure 4.1 indicate the percentages of how the schools are doing in terms of advocacies.

Figure 4.1

Support of schools in terms of advocacies



4.3.3 TRAINING AND DEVELOPMENT

Training and development of educators is an ongoing process. Educators are trained on sexuality education, basic counselling, peer support and mentoring, drugs and alcohol abuse, child development, children’s rights, management of HIV and AIDS in the workplace, care and support for orphans and vulnerable learners and for the infected and affected learners.

According to the educators at their circuit training has begun as far back as 1996. This first group was trained while the program was still called AIDS education. It was also established there are approximately 2% of the educators who were formally trained by the University of Pretoria on Sexuality and Family Education; this was a diploma for two years. According to this source the former Gazankulu Education Department collaborated with the University of Pretoria and subsidized educators to register for this course. Another source indicated an unfortunate situation arose when educators established they have to pay a certain amount from their own pockets and consequently most of them discontinued their studies. Another educator further indicated that the information which was taught in two years is now reduced to two days; weekend training by the Department of Education or a week if a person is trained as a master trainer.

The section of skills development in the Department of Education is training educators in 'management of HIV and AIDS in the workplace'. This course is offered by the University of Stellenbosch, as a post graduate diploma in collaboration with the Department of Education. The Department of Education pays for transport, accommodation and tuition fee for the educators. It as established of the 25 educators interviewed 8 has passed the diploma and two was still studying. They indicated that since 2008 educators were selected to study for this diploma. The educators who did this diploma and are in the life skills program indicated it is a good program; other educators are not utilised by the Department. One principal who also attended the diploma indicated that 'it seems as if there is no correspondence between the skills development section and the Life Skills section in the district'. One educator indicated that the training is for their own benefit because they have no time to impart their knowledge.

During the process of analysis it was found there is a large gap in the training of educators. The number of educators trained does not correlate with the large number of learners in a school; this indicates that some of the learners are not reached. According to the statistics gathered the number of educators trained in a school is far below the number of educators in that particular institution. It was realised that it often becomes the subject of the trained educator or life skills coordinator. Whenever a school is visited and mentioned Life Skills, the others called this educator 'the AIDS educator or teacher for orphans'.

Principals represented by 80% indicated the way Life Skills was introduced to them was inappropriate. Educators were taken to hotels and were trained; is difficult to understand the report of something that is unknown. They were still expected to support and monitor the

program. At a later stage in 2006 they were called to a one day information sharing workshop, one principal commented that 'it was as if it is a buy in'. Those principals that indicated they were not trained represented 65%. A response represented by 30% was not trained but has attended the one day information sharing workshop, however, it is still difficult to monitor and support the program. There is about 5% who were trained whilst they were educators, they understand the program and their schools are successful with the implementation..

The school governing bodies are trained on policy development and turning schools into nodes of care and support (SNOC). The Life Skills coordinators have a concern about who should be taught about developing the HIV and AIDS policy. One principal indicated most of the SGB members are illiterate and after attending the workshops it is impossible to implement what they are taught. A group of 60% of the educators emphasized the SNOC program is wrongly placed. They think they are the ones who are responsible for the care and support of the vulnerable learners but when it comes to training the SGB is a workshop. Table 4.1 shows the trainings at the schools interviewed.

Table 4.1**Training at schools**

| SCHOOL | NUMBER OF LEARNERS | NUMBER OF EDUCATORS | TRAINED EDUCATORS | TRAINED SMT | TRAINED SGB |
|--------|--------------------|---------------------|-------------------|-------------|-------------|
| 01 | 457 | 14 | 4 | 4 | 0 |
| 02 | 195 | 10 | 1 | 2 | 2 |
| 03 | 383 | 11 | 4 | 1 | 2 |
| 04 | 801 | 21 | 6 | 3 | 5 |
| 05 | 855 | 28 | 1 | 2 | 0 |
| 06 | 391 | 11 | 4 | 4 | 2 |
| 07 | 142 | 6 | 1 | 2 | 0 |
| 08 | 549 | 18 | 8 | 4 | 5 |
| 09 | 248 | 7 | 1 | 2 | 0 |
| 10 | 547 | 15 | 3 | 2 | 0 |
| 11 | 294 | 9 | 2 | 0 | 0 |
| 12 | 300 | 8 | 2 | 2 | 0 |
| 13 | 528 | 23 | 3 | 2 | 0 |
| 14 | 757 | 20 | 6 | 2 | 2 |
| 15 | 520 | 19 | 2 | 2 | 1 |
| 16 | 202 | 10 | 2 | 2 | 1 |
| 17 | 803 | 20 | 1 | 1 | 0 |
| 18 | 388 | 11 | 3 | 2 | 2 |
| 19 | 823 | 21 | 1 | 4 | 2 |
| 20 | 916 | 26 | 2 | 2 | 2 |
| 21 | 390 | 11 | 4 | 1 | 3 |
| 22 | 1108 | 41 | 1 | 1 | 0 |
| 23 | 555 | 15 | 3 | 1 | 2 |
| 24 | 508 | 18 | 2 | 1 | 0 |
| 25 | 250 | 7 | 1 | 3 | 2 |

4.3.4 CARE AND SUPPORT

Through observations and discussions it was discovered that educators at Manyeleti circuit are caring for the infected, the affected and vulnerable and orphan learners in a powerful way. In one school it was established there are learners who drink the ARV's before going to classes. The Life Skills coordinator volunteered to fund raise and buy breakfast for the learners and monitor how they take the medicines.

In 75% of the schools Life Skills educators and those in the National School Nutrition program have developed a relationship in caring for the vulnerable learners. The learners come with a container and are given extra food to eat in the evening. When the school closes these learners are given food parcels from the surplus to use at home. Educators at Manyeleti circuit adopt learners and care for them. They also give donations in the form of food, uniforms and clothes to needy learners.

4.3.5 PEER EDUCATION

Another aspect in which the Life Skills program is implemented is through a peer education program. The educators said 30 learners from the school are taken by the region and trained as peer educators to assist in teaching other learners life skills. The learners in high schools are taught for two days and declared to be peer educators. This is called the Radically Different Species (RADS) program. The high schools interviewed 60% reported to have been trained, but only 40% are successful. The teachers said others are not trained as peer mentors, the issue of a full loaded work schedule also come to be mentioned; time is still a problem and support from the SMT and SGB is lacking. The primary school's peer education program is called 'Soul budyz'. This is mostly facilitated by Soul city with the support from them (NGO). Educators are trained as facilitators; in a form of projects and schools compete. Only 30 learners are involved in a school, however, not all the schools join the competitions. The primary schools interviewed in the sample only 30% are registered and only 5% is performing satisfactorily.

4.3.6 LEARNING AND TEACHING SUPPORT MATERIAL

A sample of 70% schools has learning and teaching support materials in the form of teacher's guide and charts; the learner's activity books are insufficient. The schools with the books indicated that they are National Curriculum Statement (NCS) compliant and age appropriate.

4.4 ACHIEVEMENTS

Educators said they have seen the following achievement with the program awareness of identifying children who are abused, care and support of the infected and affected. Learners through the RADS and Soul Budyz program help other learners combating drug and alcohol abuse, seeing the number of teen pregnancy going down, for example school 05 had a high number of learner pregnancy. The school was reported with the highest number of pregnant learners in the province. The department trained 60 peer educators, the teacher was trained as a peer mentor and the peer educators recruited 50 others, campaigns were held, nurses were invited and there was a reduction in the pregnancy rate towards the end of the year.

The message of HIV and AIDS is effectively communicated in schools. The educator in school 18 indicated there is reduced stigmatizing at the school, for both learners and educators; was emphasized by 60% of the educators interviewed. The primary schools represented by 80% indicated the richness of the content that learners are aware of the body changes.

Educators are aware of the referral system and lobbying with different stakeholders. The program has taught them on the issue of fundraising, for the sake of caring and supporting orphans and vulnerable learners. A group of 50% said there is a healthy relationship between educators and learners. Learners find it easy to talk to their coordinators and discuss their underlying problems.

Educators from high school represented by 20% commented about the behaviour changes seen in peer educators after training.

4.5 CHALLENGES

The educators (98%) were concerned about the workload; there is a lot to be done in Life Skills. It is taken as an 'add on' to their teaching subjects. A life skill is not in the teaching time table and it is very difficult to find time for it. The educators interviewed (70%) indicated that it is not taken seriously in their schools; they base their facts on the issue of Life Skills not incorporated in the school improvement and year plan.

A group of 65% educators said there is no support from the SMT and the SGB; this was based on the issue of budgeting. They said they are not given time to report what they have gained from workshops.

The number of orphans and vulnerable learners in their schools makes it difficult for them to be seen helping. Their morale is always very low by what they see, hear and experience in schools. A woman teacher from school 23 shared a story of a child who once came to school with a body odour. Learners started complaining on the second day. When the teacher looked at the child she was clean. On the third day, it was worse that the lady teacher decided to take her home. The child was staying with her mom at an RDP house. On the way she told the teacher that her mom was very sick. On arrival it was found the mom died two days ago and the corpse has decayed; the grade 4 learner slept in the same room for two days. During the interviews so many stories were shared with the researcher and it was remembered what was said by the regional director in an interview about the importance of inclusive education that 'the role of an educator has changed'. An educator from school 9 indicated a need for debriefing sessions to assist with the changing landscape.

Another challenge is support from the district where 90% indicated they are trained by the district but does not monitor the implementation. The peer educators are also trained but have no guidelines on how to implement and are not monitored by the district; only master trainings are sent to assist.

There is a vast shortage of the Learning and Teaching Support Material (LTSM); especially the learner's activity books which simplify the content for the learners.

4.6 GENERAL IMPRESSION ABOUT THE PROGRAM

The general impression of the programme was supported by 90 % of the educators where they said it is a good, informative and educative program.

4.7 SUGGESTIONS FROM EDUCATORS

There is a need for in-service training not just workshops; this was the feeling of 70% of educators. Principals also feel there is a need for the SMT to be trained. Looking at the importance of learners knowing life skills all educators and SMT needs training, said the trained educators, this will reduce the workload. Peer mentors in 50% of schools with peer educators indicated that 30 learners in the whole school is a very small number. Supply of the LTSM should be done yearly; this was suggested by 80% of schools. All the principals suggested regular monitoring and support from the district.

4.8 CONCLUSION

The educators' responses shows a willingness to implement the Life Skills HIV and AIDS program but there are still gaps that need to be filled to make the program more effective. Recommendations and final conclusion will place the research project in context and this could lead to greater effectiveness in the implementation of the Life Skills program.

CHAPTER 5

CONCLUSION AND RECOMENDATIONS

5.1 INTRODUCTION

The aim of the study was to assess the manner in which the Life Skills HIV and AIDS program is being implemented in schools at Manyeleti circuit and identify the challenges the educators encounter during the process in order to provide guidelines to the Department of Education. The research was conducted against the problem statement of how are life skills educators at Manyeleti circuit schools implementing the Life Skills HIV and AIDS program and what challenges do they encounter?

The aim of the study was based on the background and the social problems by assessing the manner in which the Life Skills HIV and AIDS program is being implemented in schools at Manyeleti circuit. Further identify the challenges the educators encounter during the implementation of the program in order to give guidelines to the Department of Education. The objectives of the study focussed on the manner in which the Life Skills HIV and AIDS program is being implemented in schools; identifying the challenges and obstacles which educators encounter in the implementation of the programs and; by providing guidelines to the Department of Education on improving the implementation of the programs.

The research concludes there are still gaps in the implementation of the Life Skills HIV and AIDS program in Manyeleti circuit schools and educators are experiencing challenges. The same challenges may be experienced by other Life Skills educators in implementing the program, however in this study an attempt is made to avoid generalising.

In chapter a review was provided containing the answers to the research questions of the study. A discussion on the findings followed recording verbatim the responses provided by the participants. This chapter is the final section of the research project where the investigation is concluded and recommendations are given.

5.2 OVERALL FINDINGS OF THE STUDY

The Life Skills HIV and AIDS program has a positive impact on the learner's knowledge of HIV and AIDS, awareness of who they are, improving of the quality of learning and teaching in schools. The attempts to encourage the reduction of teenage pregnancy have produced rewarding results. The educators have learnt about lobbying and working with stakeholders.

Relationships and communication between trained educators and learners have improved. The principle of ‘ubuntu’ was regenerated; this is seen through the caring and supporting of vulnerable learners.

5.2.1 The implementation of the program

Educators are playing a vital role in the implementation of the Life Skills HIV and AIDS program in schools at Manyeleti circuit. Their challenge is related to the workload they experience in the work situation. They have to concentrate on teaching their specialist subjects and expressed they consider life skills is an ‘add on’. There is a feeling expressed by the participants of concentrating in Life Orientation because it serves the same purpose of the Life Skills program. There was a general acceptance that the Life Skills program is not implemented uniformly in schools. Some schools are implementing the program effectively while there are still a number that do not enjoy the fruits of their efforts.

5.2.2 Management and administration.

Most schools have no support from the principals, SMT, SGB and the coordinator from the district. Most schools still have a draft policy and others do not have a policy at all. The Life Skills program is not included in the schools developmental plan, the year plan and the school budgets. It was also established not all the schools have Life Skills coordinators.

5.2.3 Advocacy

Not all schools are celebrating the Life Skills calendar events. The celebrating of the life skills month is not welcomed by educators by arguing they are teaching Life Skills throughout the year.

5.2.4 Training and development

The training of educators is traced as far back as 1996 but the transfers, death, redeployment promotions and retirements make it difficult for all the educators in the schools to be trained. There is no update or follow up intervention to assist educators who were trained many years ago. It was observed there is a gap in the number of learners in schools and the number of trained educators; an indication that not all learners are reached. Most SMT members including principals are not trained; they are unable to support the program. The training of the SGB on the SNOC program and the policy development raises a concern to educators.

There are educators who have a post graduate diploma in the management of HIV and AIDS but are not utilised by the district Life Skills coordinators.

5.2.5 Care and support

Educators at Manyeleti circuit are effective in caring and supporting vulnerable learners in schools. Basic counselling was conducted by a few educators.

5.2.6 Peer Education

Peer education is a sound program; one educator said it touches the life and behaviour of the learner directly. The schools that have peer educators indicated an effective change can be detected and the RADS are making a difference in the school; this is their slogan. The number of peer educators trained in the school is a total of thirty; however, when compared with the number of learners the need cannot be satisfied.

5.2.7 Learning and Teaching Support Material

There is insufficient LTSM in both primary and secondary schools, but the situation is worse in secondary schools. The learner's activity books are only to be found in a few schools.

5.2.8 CHALLENGES

The Life Skills programme is considered as an 'add on' to the educator's teaching subjects hence it creates an extra workload to the incumbents; is not included in the school time table.

The two days training of educator's is insufficient and does not provide a sound foundation to be effective in the execution of required tasks in the related field.

Most schools do not receive support from the principal, the school management team and the district Life Skills coordinator; training of SGB's on the SNOC program.

The high number of orphans and vulnerable learners in the school is changing the role of educators to be care givers in schools at Manyeleti circuit. The shortage of Learning and Teaching Support Material in schools, especially the learner's activity books have a far reaching negative effect on this environment.

5.3 RECOMENDATIONS

The following recommendations are made within the framework of the problem statement and based on the outcome of the study:

- The implementation of the program

Educators play a vital role in the implementation of the life skills HIV and AIDS program and thus the Life Skills HIV and AIDS district coordinator should choose and train educators who are committed, dedicated and have passion for the program. The choice of appropriate educators therefore will always be crucial to the successful implementation of a Life Skills HIV and AIDS program.

- Management and administration

The success of any program is measured by the quality of management related to the process. The life skills coordinator in the school should be trained and appointed. This will help them to concentrate on life skills and their workload reduced in their teaching subjects. They will also have authority over the other educators implementing the program.

Further the training in SNOC and the HIV and AIDS policy should be shifted to the people who are implementing the program in the school because they are dealing with the learners directly and know their problems and needs. The policy needs a person who understands and knows the facts about HIV and AIDS and is familiar with the concepts and the environment.

The fact that a life skill HIV and AIDS program is not treated as a curriculum issue makes it difficult for it to be successful; a time slot should be included in the school time table. The Department can also look at their relationship with the Life Skills program.

- Advocacy

The strengthening of the calendar events will create awareness and enthusiasm to comply and apply.

- Training and development

The department can collaborate with institutions of higher level to provide short courses, diplomas and certificates for the program; this can be conducted in the form of short in-service training. The weekend's Workshops could be conducted during a weekend to

strengthen and give updates about the program. All principals and SGB's, SMT's should be trained on how to support the program.

- Peer Educators.

A greater number of learners should be trained as peer educators in schools. Before learners can be trained two educators should be skilled as peer mentors.

- Learning and Teaching Support Material

The Department of Education should purchase the material in a timely manner for the benefit of the learners.

- Monitoring and evaluation

There should be a constant and regular monitoring and support by the district officials.

5.4 FURTHER RESEARCH

Further research should be conducted in the following:

- Learners' perception should be established on the Life Skills HIV and AIDS program.
- What strategies can be implemented to change the attitude of principals on the Life Skills HIV and AIDS?
- The impact of strengthening the Life Skills HIV and AIDS program by making it a curriculum issue, for example reflecting in the time table.

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APPENDICES

Appendix: A

Africa Centre for HIV/AIDS Management

1 Ethics committee application checklist

Name of student: MPANGANA R.I

Study leader: PROFESSOR ELZA THOMSON

| | Included (mark with a x) |
|---|---------------------------------|
| Ethics committee application form | ✓ |
| Signature of applicant on application form | ✓ |
| Signature of study leader on application form | |
| Signature of academic head of department on application form (The Africa Centre will organise this signature) | |
| Protection of data adequately addressed? | ✓ |
| Research proposal | ✓ |
| Questionnaire | ✓ |
| Informed consent form | ✓ |
| Participant information sheet (if applicable) | ✓ |

| | |
|---|-----|
| | |
| Interview schedule (if applicable) | ✓ |
| Permission letter of institution/workplace where you will conduct your research (if applicable) | ✓ |
| I confirm that all of the above is included in my application | R.I |

2 CONSENT TO PARTICIPATE IN RESEARCH

IMPLEMENTATION OF THE LIFE SKILLS HIV AND AIDS PROGRAM IN SCHOOLS AT MANYELETI CIRCUIT.

You are asked to participate in a research study conducted by Rhulani Irene Mpangana a student from the Africa Centre for HIV and AIDS and the management sciences faculty at Stellenbosch University. The results will anonymously be processed into the study report on the implementation of the Life Skills HIV and AIDS program in schools. you were selected as a possible participant in this study as a result of working in a school as a Life Skills educator.

1. PURPOSE OF THE STUDY

The purpose of the study is to assess the manner in which the life skills HIV and AIDS program is being implemented in schools at Manyeleti Circuit and identify the challenges the educators encounter during the implementation of the program in order to give guidelines to the Department of Education.

2. PROCEDURES

If you volunteer to participate in this study, we would ask you to do an:

INTERVIEW

A short interview with the researcher will be conducted to determine how the Life Skills HIV and AIDS program is implemented in your school and challenges faced when implementing the program

3. POTENTIAL RISKS AND DISCOMFORTS

I as the researcher see no foreseeable risks in participating in the research.

3. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

Participating in this research will benefit yourself, learners in your school and the society at large. Personally you will gain more knowledge on Life Skills during the interview. When you get back to teaching the learners the importance of life skills will be imparted from you to the learners. Reduction of risky behavior will result in mitigation of HIV and AIDS amongst learners and the next generation.

4. PAYMENT FOR PARTICIPATION

There will be no payment as this is an academic study.

5. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of capturing the data in a personal computer where a password will be used. The data will be kept in a safety container, where my private documents are kept.

The interview sheets will be anonymous without names and details of participants.

6. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

7. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact:

MPANGANA IRNE - 083 633 4694(RESEARCHER)

ELZA THOMSON-021 555 4991 (SUPERVISOR)

ANJA LAAS- 021 808 2964- MANAGER ACADEMIC PROGRAMMES

ARLENE WILLETS-021 808 3405-ADMINISTRATIVE ASSISTANCE

8. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

| |
|--|
| SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE |
|--|

The information above was described to [*me/the subject/the participant*] by [*name of relevant person*] in [*Afrikaans/English/Xhosa/other*] and [*I am/the subject is/the participant is*] in command of this language or it was satisfactorily translated to [*me/him/her*]. [*I/the participant/the subject*] was given the opportunity to ask questions and these questions were answered to [*my/his/her*] satisfaction.

[*I hereby consent voluntarily to participate in this study/I hereby consent that the subject/participant may participate in this study.*] I have been given a copy of this form.

Name of Subject/Participant

Name of Legal Representative (if applicable)

Signature of Subject/Participant or Legal Representative

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____
[*name of the subject/participant*] and/or [his/her] representative _____
[*name of the representative*]. [He/she] was encouraged and given ample time to ask me any
questions. This conversation was conducted in [*Afrikaans/*English/*Xhosa/*Other*] and [*no
translator was used/this conversation was translated into _____ by
_____*].

Signature of Investigator

D

3- Participant information sheet

Dear Respondent/Participant

**Re: IMPLEMENTATION OF THE LIFE SKILLS HIV AND AIDS PROGRAM IN
SCHOOLS AT MANYELETI CIRCUIT.**

In partial fulfilments of the requirements of the Master Philosophy Degree in HIV/AIDS Management from the Africa Centre of HIV/AIDS Management at Stellenbosch University. I am carrying out a study with the above title. The information you will supply is for academic purposes and will be treated with confidentiality.

The aim of the study is to assess the manner in which the life skills HIV and AIDS program is being implemented in schools at Manyeleti Circuit and identify the challenges the educators encounter during the implementation of the program in order to give guidelines to the Department of Education.

The study objectives are as following:

- To assess the manner in which the Life Skills HIV and AIDS program is being implanted in schools.
- To identify the challenges and obstacles which educators encounter in the implementation of the program
- To provide guidelines to the Department of education on improving the implementation of the program

Please feel free to contact me should you have any questions or you need clarification. Thank you.

Yours sincerely

Mpangana R.I (083 633 4694)

4 RESEARCH ETHICS COMMITTEE: HUMAN RESEARCH (HUMANIORA)

ETHICS COMMITTEE APPLICATION FORM

2011

**Application to the University of Stellenbosch RESEARCH ETHICS COMMITTEE:
HUMAN RESEARCH (HUMANIORA)
for clearance of new/revised research projects**

Name: MS R.I MPANGANA

Position/Professional Status: SENIOR EDUCATION SPECIALIST (LIFE SKILLS HIV AND AIDS)

Affiliation: Research Programme/Institution / Department: STELLENBOSCH UNIVERSITY, AFRICA CENTRE FOR HIV AND AIDS MANAGEMENT

Please indicate (✓) if you are a registered student at SU?

| | |
|------------|-------------------------------------|
| YES | <input checked="" type="checkbox"/> |
| NO | <input type="checkbox"/> |

Title of research project: (*Do not use abbreviations*)

IMPLEMENTATION OF THE LIFE SKILLS HIV AND AIDS PROGRAM IN SCHOOLS AT MANYELETI CIRCUIT

All the following sections must be completed (Please tick all relevant boxes where applicable)

1. FUNDING OF THE RESEARCH: How will the research be funded?

ALL FINANCES WILL BE HANDLED BY THE RESEARCHER.

5. NATURE AND REQUIREMENTS OF THE RESEARCH

5.1 How should the research be characterized (*Please tick ALL appropriate boxes*)

| | |
|--|--|
| 5.1.1 Personal and social information collected directly from participants/subjects | |
| 5.1.2 Participants/subjects to undergo physical examination | |
| 5.1.3 Participants/subjects to undergo psychometric testing | |
| 5.1.4 Identifiable information to be collected about people from available records | |
| 5.1.5 Anonymous information to be collected from available records | |
| 5.1.6 Literature, documents or archival material to be collected on individuals/groups | |

5.2 Participant/Subject Information Sheet attached? (*for written and verbal consent*)

| | |
|-----|---|
| YES | ✓ |
| NO | |

5.3 Informed Consent form attached? (*for written consent*)

| | |
|-----|---|
| YES | ✓ |
| NO | |

5.3.1 If informed consent is not necessary, please state why:

NB: If a questionnaire, interview schedule or observation schedule/framework for ethnographic study will be used in the research, it must be attached. The application cannot be considered if these documents are not included.

5.4 Will you be using any of the above mentioned measurement instruments in the research?

6.2.2. Please mark (✓) the appropriate boxes:

| Participants/subjects are: | YES | NO |
|--|-----|----|
| Will SU student, alumni of staff data be used in this research | | ✓ |
| Will interviews be conducted with SU student, alumni of staff | | ✓ |
| Will questionnaires be used and distributed on SU campuses | | ✓ |
| Will electronic questionnaires be placed on the SU website? | | ✓ |

6.3 Are the participants/subjects subordinate to the person doing the recruiting?

| | |
|-----|---|
| YES | ✓ |
| NO | |

6.3.1 If yes, justify the selection of subordinate participants / subjects:

PARTICIPANTS DO NOT DIRECTLY REPORT TO THE RESEARCHER. THEY WILL BE CLEARLY EXPLAINED THAT THIS IS AN ACADEMIC STUDY AND NOBODY IS FORCED TO PARTICIPATE.

6.4 Will control participants/subjects be used?

| | |
|-----|---|
| YES | |
| NO | ✓ |

6.4.1 If yes, explain how they will be selected:

6.7 Will participation or non-participation disadvantage the participants/subjects in any way?

| | |
|-----|---|
| YES | ✓ |
| NO | |

6.7.1 If yes, explain in what way:

6.8 Will the research benefit the participants/subjects in any direct way?

| | |
|-----|---|
| YES | |
| NO | ✓ |

6.8.1 If yes, please explain in what way:

7. PROCEDURES

7.1 Mark research procedure(s) that will be used:

| | |
|------------------|---|
| Literature | ✓ |
| Documentary | |
| Personal records | |
| Interviews | ✓ |
| Survey | |

7.4 Risks of the procedure(s): Participants/subjects will/may suffer:

| | |
|-------------------------------|---|
| No risk | ✓ |
| Discomfort | |
| Pain | |
| Possible complications | |
| Persecution | |
| Stigmatization | |
| Negative labeling | |
| Other (please specify) | |
| _____ | |
| _____ | |

7.4.1 If you have checked any of the above except "no risk", please provide details:

8. RESEARCH PERIOD

(a) When will the research commence:

AS SOON AS THE SU ETHICS COMMITTEE GRANTS PERMISSION.

(b) Over what approximate time period will the research be conducted:

OVER THREE MONTHS

9. GENERAL

9.1 Has permission of relevant authority/ies been obtained?

9.4 There will be financial costs to:

| | |
|------------------------|--|
| participant/subject | |
| institution | |
| Other (please specify) | |
| _____ | |

9.4.1 Explain any box marked YES:

9.5 Research proposal/protocol attached:

| | |
|-----|-------------------------------------|
| YES | <input checked="" type="checkbox"/> |
| NO | <input type="checkbox"/> |

9.6 Any other information which may be of value to the Committee should be provided here:

23/06/2011

Date:

Applicant's signature

23/06/2011

Mangena DT

9.4 There will be financial costs to:

| | |
|------------------------|--|
| participant/subject | |
| institution | |
| Other (please specify) | |

5 MPUMALANGA PROVINCIAL GOVERNMENT

*Hoxani College of Education
Kruger National Park Road*

*Hazyview
1242*



Private Bag X1024

Hazyview
1242

South Africa

Tel. No. : (013) 7085000

DEPARTMENT OF EDUCATION BOHLABELA DISTRICT

Litiko leTemfundvo Ndzawulo ya Dyondzo Departement van Onderwys Kgoro ya
Thuto

TO : **SES: Inclusive Education and Curriculum Enrichment**
Ms Mpangana R.I

FROM : **The District manager**
Mr. Lushaba M. J

DATE : **20 June 2011**

SUBJECT : **Permission granted**

1. This letter serves to confirm that Rhulani Irene Mpangana is given permission to conduct research at Manyeleti circuit schools.

2. You are expected to give a report of your study on your completion.

Your co-operation in this regard will be highly appreciated

Facilitating Regional Director

Mr. Lushaba MJ

DATE

6

ENQ: MPANGANA R.I

CELL: 083 633 4694

P.O BOX 823

Thulamahashe

1365

13 June 2011

The Head of the Department

Department of Education Mpumalanga

NELSPRUIT

MADAM/SIR

I REQUEST A PERMISSION TO CONDUCT A RESEARCH AT MANYELETI CIRCUIT SCHOOLS.

The above information bears reference to:

1. I wish to conduct a qualitative research based on the topic, implementation of the life skills HIV and AIDS program at schools at Manyeleti circuit.

2. BACKGROUND:

The Department of education has implemented the life skills HIV and AIDS program since 2000 in schools as an intervention to mitigate risky behaviour among learners in the fight against HIV and AIDS. As part of the curriculum learners are being taught life skills that can influence their lives. The life skills HIV and AIDS program at schools is one of the compulsory part of the learning life orientation being implemented at Manyeleti circuit schools. It will assist learners to acquire knowledge, develop skills and expose values and attitudes that will then help them in making responsible choices and to lead healthy lifestyles.

At Manyeleti circuit learners are experiencing many social problems, including child abuse, drug and alcohol abuse, recently the transformation section at Bohlabela District has reported a 30% rate of learner pregnancy between January and March 2011.

A grade six learner was reported to have given birth to two children in consecutive years. This is an indication that learners are exposed and engaged in risky behavior. With the HIV and AIDS epidemic spreading throughout the country, this has become a concern for the community, the Department of Education and Department Health

3. AIM

The aim of the research is to assess the manner in which life skills HIV and AIDS program is being implemented in schools at Manyeleti Circuit and identify the challenges the educators encounter during the implementation of the program in order to provide guidelines to the department of **Education**.

4. OBJECTIVES

- To assess the manner in which the life skills HIV and AIDS program is being implemented in schools.
- To identify the challenges and obstacles which educators encounter in the implementation of the program
- To provide guidelines to the Department of Education on imposing the implementation of the program.

5. I wish to conduct to conduct a qualitative research as from July to September, interviewing life skills coordinators at all the thirty six schools at Manyeleti circuit. I'm not intending to disturb the contact time at schools but can organize with the educators after school.

6. Allowing me to conduct this study will benefit myself and the Department of Education, because I am working as life skills HIV and AIDS coordinator at Bohlabela district. This will help me to understand how I will be able to understand how the program is implemented in schools and challenges faced by educators. I will be a great influence to the Department by suggesting ways of improvement. My recommendations and findings will be sent to the district, the province and the national Department of basic education through the section of life skills HIV and AIDS.

7. Please find the following appendances, i.e.

7.1 Proof of registration with the University of Stellenbosch.

7.2 Copy of my research proposal (not yet final I am still working on it)

I wish to thank you, hereby in advance.

Yours faithfully

Ms. Rhulani Irene Mpangana

APPENDIX B

Interview schedules

The interview should take 30 to 40 minutes.

The interview will be semi-constructed, guided by the following kinds of questions:

1. MANAGEMENT AND ADMINISTRATION

1.1. Who manages the program in the school?

Does the school have an HIV/AIDS coordinator?

1.2. How many educators are involved with the program?

Does the school have a school Development Plan?

2. ADVOCACY

2.1. List the activities/events in which the school participated in support of advocacy.

2.2. Which stakeholders were involved in the activities and events referred to above?

3. TRAINING AND DEVELOPMENT

3.1. How many school Management Team members were trained on HIV and AIDS?

3.2. In which financial year did the training take place?

3.3. Which areas were covered during the training?

3.4. How many educators were formally trained to teach Life Skills as part of the curriculum?

3.5. In which financial year did the training take place?

3.6. Which areas were covered during the training?

3.7. Was the training which educators received relevant?

4. PEER EDUCATION

4.1. List activities which the school organized or implemented in support of peer education.

4.2. Is peer education for learners successful or unsuccessful at your school? Please provide motivation for your answer.

5. CARE AND SUPPORT

5.1. What are the activities for Care and Support for the following target groups?

(a) Learners

(b) Educators

6. LEARNERS AND TEACHING SUPPORT MATERIAL

a. Does the school have sufficient and relevant Learning and Teaching Support Material?

b. Was the Learning and Teaching Support Material providing National curriculum Statement (NCS) compliant and age-appropriate?

c. When did the school receive LTSM from the Department?

d. Did the school receive additional supplies of LTSM from other sources?

7. Briefly comment on the achievements and challenges of the program.

7.1. Achievements

7.2. Challenges

8. What is your general opinion or impression of the program?

9. Please mention any suggestion to improve program implementation.

MPANGANA R.I