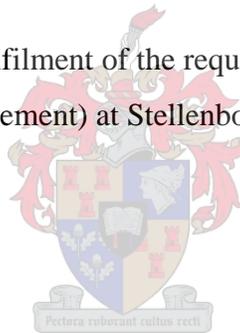


**Integration of Life Skills and HIV/AIDS into the South African Schools'  
Life Orientation Curriculum creating a model for NGO's**

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



Study leader: Prof. JCD Augustyn

April 2006

## Declaration

I, the undersigned, hereby declare that the work contained in this assignment is my own original work, and that I have not previously, in its entirety or in part, submitted it at any university for a degree.

Signature:

Date:



## Summary

This research was conducted with a group of 24 Health Care workers/trainers working for an NGO, teaching Life Skills and HIV/AIDS in 24 different township schools.

These trainers have been trained in an Aligned programme including SAQA Unit Standards on facilitating learning, Life Skills issues as well as HIV/AIDS. The training was based on the fact that they facilitate learning during the Life Orientation lessons, hence the integration of Life Skills and HIV/AIDS into the Life Orientation Curriculum. This programme is not a loose standing programme, but forms part of the LO Curriculum. Not only were they trained, but the result of the training was a formulated product which led to the producing of lesson plans, learning activities and worksheets for Grade R to Grade 10 in their teaching. Through this there is now a training manual for each trainer, consisting of 320 different lessons. This will form the basis of their involvement and training in each respective school, but will also create consistency and uniformity in the actual presentation of the lessons. The learners will have specific work sheets for each lesson. Any time a new trainer has to start with a different group of learners, he/she can refer to the training manual and in doing so, not lose momentum in the process of actualisation of the learning. In training the NGO Health workers, the aim is to develop their teaching strategies, adding confidence to their lesson planning and presentation. With the formalisation of this programme the Life Orientation educator is aided in his/her assessment of the learners in his/her class.

This training process and self-development of the trainers aims to become a model to other NGO's involved in similar endeavours.

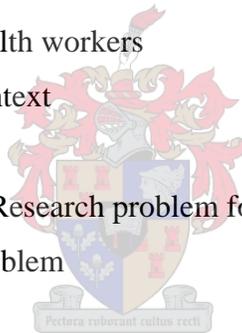
## **Opsomming:**

Hierdie navorsing is gedoen met 'n NGO bestaande uit 'n groep van 24 Gesondheidswerkers/ fasiliteerders wat Lewensvaardighede en MIV/Vigs in 24 verskillende 'township' skole aanbied.

Hierdie fasiliteerders is opgelei in 'n program wat SAQA Eenheidstandaarde insluit o.a. Fasilitering van leerdery, Lewensvaardighede asook MIV/Vigs. Hulle is in die program opgelei sodat hulle Lewensvaardighede en MIV/Vigs gedurende die Lewensoriënteringlesse kan aanbied. Hierdie program is 'n Geïntegreerde Lewensvaardighede en MIV/Vigs program wat deel uitmaak van die LO-program. Die resultaat hiervan was dat hulle lesplanne, leervaardighede en werkvelle vir Graad R tot 10 ontwikkel het. Hierdeur is 'n handboek, bestaande uit 320 lesplanne ontwerp, wat deur elke fasiliteerder gebruik kan word. Dit vorm die basis van hul betrokkenheid en fasiliteerdery in elke spesifieke skool en skep 'n eenvormigheid in die aanbieding van die lesse. Die leerders het spesifieke werkvelle vir elke les. Indien 'n fasiliteerder om die een of ander rede nie die les kan aanbied nie, kan 'n ander fasiliteerder oorneem en op die korrekte plek aangaan. Hierdeur word nie momentum in die leerproses verloor nie. Deur die Gesondheidswerkers op te lei, is daar veral klem gelê op hul onderwysvaardighede en strategieë. Dit lei dan tot selfvertroue en selfversekerheid in hul lesplanvoorbereiding en aanbieding. Nog 'n verdere voordeel is dat die Gesondheidswerkers ook hiedeur vir die Lewensoriënteringonderwyser 'n bydrae kan lewer in die Assesseringproses.

Met hierdie opleidingsmodel poog die navorser om 'n model te skep vir enige ander NGO's wat ook betrokke is in Lewensvaardighede en MIV/Vigs-opleiding.

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## 1. Introduction

In 2010 the world will have 1,2 billion young people in the age group 10 – 19 years old. In order for these young people to reach their full capacity, it depends on the capacity of families, schools, and communities to help them to acquire skills for basic survival and also the full development of social, emotional and cognitive abilities.(WHO, 2004)

As an educator/trainer who is passionate about teaching, and especially teaching Life Skills and HIV/AIDS, I was delighted when I was asked to get involved in a development and training programme in order to train health workers who work in the community and with learners in 24 township schools in Port Elizabeth in the Eastern Cape.

By getting involved in such a programme the importance of an increase of knowledge of teaching Life Skills and HIV/AIDS to health workers imparting this knowledge to the learners they teach in our local schools, and the connection in the community was clearly noted.

Skills-based education can have immediate and long lasting effects and benefits. The training programme included a baseline survey to determine the knowledge of these health workers and establishing the course material needed to increase knowledge. At the end of the training programme, the health workers completed a post-test survey to determine knowledge gained. The health workers also wrote a summative assessment to put into their Portfolios of Evidence which are being assessed and moderated against certain Unit Standards, in order to be awarded an NQF level 5 award, consisting of 80 credits.

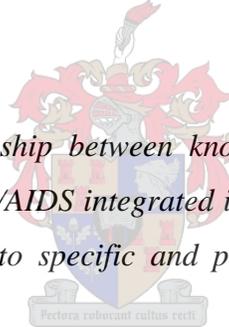
This NGO's health workers have compiled a manual for their NGO to use when teaching learners in the 24 schools they are involved in.

## 2. Research Objectives

The objective of this research study is to determine the nature of the relationship between an integrated approach of Life Skills and HIV/AIDS education into the Life Orientation Curriculum and acquired knowledge that lead to exciting, innovative learning activities covering both Life Skills and HIV/AIDS. This information will be used to create a model to be used in NGO's and their involvement in the community and schools in South Africa.

This research study therefore proposes that the lack of knowledge Life Skills and HIV/AIDS and of facilitation skills and teaching strategies applied to Life Skills and HIV/AIDS education into the Life Orientation Curriculum is a factor influencing learners' effective response to HIV/AIDS. The research question can thus be phrased as the following:

*Is there a significant relationship between knowledge and application of quality teaching of Life Skills and HIV/AIDS integrated into the Life Orientation Curriculum and the translation thereof into specific and positive response in learners in the community and schools?*



## 3. Literature Review

### 3.1 Introduction

At the United Nations General Assembly Special Session on AIDS 2001, a joint resolution was made that by the year 2005, at least 90% of the world's youth (under the age of 25) will have access to information and education necessary to reduce the vulnerability of HIV/AIDS.

A proposal was made that educators must understand the subject, acquire good teaching techniques and understand culturally and developmentally accurate teaching programmes.

**3.2 Teachers play a critical role** and are the main adults other than family members with whom young people interact on a daily basis. Ideally, as gatekeepers, these educators are critical in the role they play as a source of accurate information imparting knowledge and skills to young people. Therefore educators should receive the kind of preparation, training and support which will form the key component of successful school-based Reproductive Health and HIV/AIDS programmes. (Chapter 1, Youth Issues paper 3, 2004) The education sector has a key role in promoting and maintaining the critical behaviour-change agenda and must take these factors into account when planning. Educators must seek every opportunity to include HIV/AIDS prevention in school and training curricula at all levels. (UNICEF, Africa World Bank June 1999) This will lead to a greater behaviour change and a teaching approach that involves students, which is skills-based and uses real-life situations.

WHO and the United States National Campaign to Prevent Teenage Pregnancy has established that programmes on sexual health did not increase sexual activity in young people, but effective Reproductive Health and HIV/AIDS education has rather delayed the first intercourse and also increased the use of contraception.

Teacher training supported by NGO's are welcomed, and the ultimate goal is to improve Skills, Knowledge, Attitudes, Behaviours and Attitudes. With holding knowledge from young people that would protect them from infection under the guise of "cultural and social norms" does not work. (UNICEF June 1999) Effective training has a profound impact on educators, to examine own attitudes towards sexuality and behaviours regarding HIV/AIDS prevention. This will also lead to gaining confidence to discuss - sensitive and controversial topics. Age-related topics and developmentally appropriate curricula are a must.

Furthermore, educators need to work in the community to facilitate their work in the classroom. Non-conventional teaching training methods, such as a visit to a graveyard, will have a greater impact on both educators and their learners.

### **3.3 Teacher training – evidence and impact**

Kinsman et al. (2001) have made the statement “Life Skills programmes that addressed HIV/AIDS issues are more effective when teachers explore their own attitudes and values, establish a positive personal value system, and nurture an open, positive classroom climate.” They recommend that programmes of this nature should be integrated into the national curriculum.

Gachuchi (1999) concludes that programmes appear to be more effective when teachers use a positive approach emphasizing awareness of values, assertiveness, relationship skills, decision-making, real life situations and self-esteem.

Teachers have to reflect on own attitudes, feelings, beliefs, experiences and behaviour regarding sexuality and how these affect their ability to communicate. They should provide accurate information about human sexuality, develop effective classroom skills, be willing to give advice on materials and methods and develop personal comfort with reproductive and sexual health issues and language. (Youth Issues paper 3, 2004)

Teachers must become confident facilitators of open discussion and problem-solving within and outside schools. Theoretical training should be reinforced with practical training to increase confidence in a flexible approach. (Kinghorn et al. June 2002)

Teachers who were trained in Thailand had more knowledge and understanding of HIV/AIDS, more positive attitudes toward young people’s sexuality and towards PLWHA, and increasing willingness to use participatory methods, stronger facilitation skills, increased communication and better relationships with students, greater commitment toward teaching about sexuality and HIV/AIDS. (Youth Issues, 2004)

Participatory methods should be integrated into the whole training of teachers, with hands-on and even live teaching sessions with learners. Experiential learning is an important way to facilitate increased knowledge and changes in behaviour. Teachers should be encouraged to learn their own HIV status.

**3.4 In assessing the Teacher Training Curricula** the following are noted:

“Training must first and foremost enable teachers to protect themselves before they can effectively train children in prevention.” (Education International, WHO, 2001) USAID (June 2002) encourages the roll out of an effective HIV prevention/life skills programme for educators and trainers.

Sporadic or isolated activities are ineffective unless they are evaluated as pilot activities and revised and expanded based on what has been learned. To maximize their impact, programmes should be implemented for long periods needs rather than funding cycles. (UNICEF, 2004)

Focusing on information and education is not enough to reduce people’s risk, it is essential to foster an environment that facilitates changes in social norms, address poverty and provide tools for people to change their behaviour. Education provides girls with confidence and basic knowledge to make sound decisions about their sexual health, again reducing their risk of contracting HIV (UNICEF, 2004)

Life skills programmes are an important prevention measure, BUT cannot stand in isolation. (Bureau for Africa, January 2002) Gender equity and safe schools are vitally important. They emphasize *Knowledge* as access to the correct information, *Skills* as self-esteem, confidence, resisting peer pressure and the ability to make healthy decisions. The *social environment* i.e. parents discussing sexuality and peer pressure as well as the *physical environment*, a school safe environment, and *cultural environment* with the media and community playing a huge influencing role. Life skills enable young people to manage situations of risk for HIV/STD infection. (UNAIDS 1997)

The Curriculum could include:

STI’s and the role it plays in HIV/AIDS infection; prevention and treatment; pregnancy prevention; fertile period during menstrual cycle and contraception; sexual expression and orientation; adolescent behaviour and psychological development issues; problem-

solving; critical thinking; interpersonal relationships; empathy and the ability to cope with stress; conflict-management; assertiveness.(WHO 2004)

WHO (2004) emphasizes that the success of skills-based health education is tied in three factors:

- (1.) The recognition of the developmental stages that youth pass through and the skills they need as they progress to adulthood.
- (2.) A participatory and interactive method of pedagogy, and
- (3.) The use of culturally relevant and gender sensitive learning activities

Life skills should be based on the following:

Social skills	Cognitive skills	Emotional skills
Communication skills Negotiation Assertiveness Interpersonal skills (for developing healthy relationships) Co-operation skills	Decision-making / problem-solving skills Understanding the consequences of actions Determining alternative solutions to problems Critical thinking skills (to analyse and media influences)	Managing stress Managing feelings, including anger Skills for increasing internal locus of control (self-management, self-monitoring)

UNICEF (2002) has found a range of teaching and learning methods have helped to improve knowledge, attitudes, skills and risk behaviours. UNICEF Malawi (2000) also emphasizes the necessity of skills obtained to enable learners to negotiate human relationships and sex. These skills are to protect themselves and or others from HIV infection. (Cabasi, 2004)

**3.4.1 Methodology and facilitation skills** are very important in the development of curriculum. The teaching methods should be participatory and include brainstorming, group facilitation, use of media and newsprint, role plays, case studies, debates or

structured discussions, games, exercises, visual and performing arts (singing, dancing, drama and drawing).

**3.4.2** Teachers need to learn to **develop visual aids** and other materials, create a coherent **3.4.3 classroom environment conducive for learning** and integrate student content into lesson planning with participatory methods.

Youth Issues Part 3 (2004) suggests the following:

- Teacher training should cover Reproductive health and HIV/AIDS content, teaching methodologies, teacher skills, personal attitudes and teachers' risk behaviours
- Teachers need to be willing and motivated to teach Reproductive health and HIV/AIDS and be trustworthy to youth
- The content of the lessons should be infused into the curriculum
- Teachers need support after the initial training

### **3.5 Who can teach?**

According to WHO (2004) parents, teachers, counselors, health workers etc. who are perceived as credible, trustworthy, have a high status, are positive role models, are successful and competent, can teach this curriculum. The qualities these people need to possess are: competent in group processes, able to guide and facilitate, respectful of children and adolescents, warm, supportive, enthusiastic, knowledgeable about specific content areas relevant to adolescence, and knowledgeable about communication resources.

#### **3.5.1 The availability of youth-friendly Reproductive Health Care.**

This refers to services provided by specially trained providers within a context of supportive policy and physical environment. This means that providers are selected to work with youth based on their positive attitudes toward young people and trained on the particular reproductive health needs of young people.

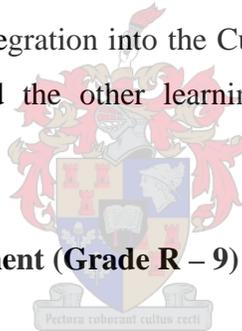
Most school-based behaviour change programmes are isolated, without links to clinics, health care workers or drop-in counseling. School clinic links should be encouraged at local level i.e. regular classroom presentations and discussions by health care workers.

Community involvement should be a link to the school life skills programme.

Outside educators who are known and trusted by the community and students can provide Life Skills instruction, coordinated with in-school staff and programmes. This may alleviate concerns about sexual behaviour. Additionally, outside educators may have skills in innovative education techniques that school staff lack. It must be sustainable. (Bureau for Africa, January 2002)

### **3.6 The South African Context**

For this HIV/AIDS Life Skills integration into the Curriculum, Life Orientation is taken as the basis and foundation and the other learning areas are integrated with Life Orientation.



#### **New Revised Curriculum Statement (Grade R – 9)**

##### **Self-in-society**

The Learning Outcome of the Life Orientation Learning Area equips learners to live productive and meaningful lives in a transforming society. Their focus is the development of self-in-society. The features of contemporary South Africa, and the nature of the personal challenges learners encounter in this society, guide the choice of the context of this Learning Area.

South African society is characterized by socio-political change. Prejudice, often in the form of racism, is still present in post-apartheid South Africa. These prejudices must be acknowledged and challenged if they are to be overcome. In addition, the country faces the challenges of socio-economic development, which include an increasingly global economy, unemployment and environmental degradation. It is necessary to develop ways

of living together in an emerging democracy, and of enjoying hard-won civil, political, social and economic rights.

Learners must find a place for themselves in a world increasingly different from that in which their parents lived. Despite political change, learners live in a complex and challenging environment. Crime and violence affect virtually every school, community and individual learner. Environmental issues affect the health and well-being of many communities. Within this context, learners have to develop a sense of confidence and competence in order to live well and contribute productively to the shaping of a new society.

The following five focus areas shape the Learning Outcomes that address the developmental needs of the learner in society:

### **Health promotion**

Many social and personal problems are associated with lifestyle choices and high-risk behaviours. Sound health practices, and an understanding of the relationship between health and environment, can improve the quality of life and well-being of learners. The Life Orientation Learning Area Statement addresses issues relating to nutrition, diseases including HIV/AIDS and STDs, safety, violence, abuse and environmental health.

### **Social development**

In a transforming and democratic society, personal development needs to be placed in a social context so as to encourage the acceptance of diversity and commitment to democratic values. Discrimination on the basis of race, origin and gender remains a challenge for learners in the post-apartheid era. To address these issues, this Learning Area Statement deals with human rights as contained in the South African Constitution, social relationships and diverse cultures and religions.

The term 'religion' in this Life Orientation Learning Area Statement is used to include belief systems and worldviews. Religion Education in the Revised National Curriculum

Statement for Grade R – 9 (Schools), rests on a division of responsibilities between the state on the one hand and religious bodies and parental homes on the other. Religion Education, therefore, has a civic rather than a religious function, and promotes civic rights and responsibilities. In the context of the South African Constitution, Religion Education contributes to the wider framework of education by developing in every learner the knowledge, values, attitudes and skills necessary for diverse religions to co-exist in a multi-religious society. Individuals will realise that they are part of the broader community, and will learn to see their own identities in harmony with those of others.

### **Personal Development**

Personal development is central to learning, and equips learners to contribute effectively to community and society. This area focuses on life skills development, self-concept formation and self-empowerment.

### **Physical development and movement**

Physical and motor development is integral to the holistic development of learners. It makes a significant contribution to learners' social, personal and emotional development. Play, movement, games and sport contribute to developing positive attitudes and values. This area focuses on perceptual motor development, games and sport, physical growth and development, and recreation and play.

### **Orientation to the world of work**

Work is an essential aspect of living a meaningful life. This is for Grade 7 – 9 and Grade 10 – 12 only.(RNCS, 2002)

### **National Curriculum Statement Grade 10 – 12 (NCS document)**

### **Scope of Life Orientation in the FET Band:**

Life Orientation is a unique subject at the Further Education and Training Level. It focuses on the diversity of learners as human beings in their totality and:

- Requires learners to identify and confront challenges using acquired knowledge, values, skills and strategies:
- Prepares learners to be successful by helping them to study effectively and make informed decisions about subject choices, careers, and additional and higher education opportunities;
- Helps learners to exercise their rights, as well as their civic and social responsibilities, in order to contribute to society and to environmentally-sustainable living, while respecting the rights of others;
- Fosters self-awareness, social competencies and the achievement of a balanced and healthy lifestyle;
- Addresses changes during puberty and adolescence, responsible sexual behaviour, risky adolescent behaviour and attitudes regarding a range of issues including substance abuse, road use, dietary behaviour and personal safety.
- Helps learners to make informed decisions about and to nurture personal, community and environmental health;
- Exposes learners to and encourages them to participate in recreational and physical activities to enhance well-being.

Life Orientation acknowledges the multi-faceted nature of the human being, as well as issues like human rights, gender, the environment, all forms of violence, abuse, sexuality and HIV and AIDS. Life Orientation consists of four different focus areas:

- Personal well-being;
- Citizenship education;
- Recreation and physical activity; and
- Careers and careers choices.

Life Orientation realizes and acknowledges that there is a wide diversity of knowledge systems through which people make meaning of the world they live in. No knowledge system is static but is growing and changing in contact with other knowledge systems. Life Orientation recognizes the richness of indigenous knowledge systems and their contribution as one of the sources of change to help transform the values of learners.

Religion Education, therefore, has a civic rather than a religious function, and promotes civic rights and responsibilities. In the context of the South African Constitution, Religion Education contributes to the wider framework of education by developing in every learner the knowledge, values, attitudes and skills necessary for diverse religions to co-exist in a multi-religious society. Individuals will realise that they are part of the broader community, and will learn to see their own identities in harmony with those of others.

### **Personal well-being**

Personal well-being is central to fulfilling one's potential; it also enables learners to engage effectively in interpersonal relationships, community life and society. Many personal and social problems associated with lifestyle choices persist in the Further Education and Training phase. This area focuses on self-concept, emotional literacy, social competency and life skills. It seeks to deal with the realities of peer pressure, factors influencing quality of life, and the dynamics of relationships, as well as preparing learners for a variety of roles such as being an employee and employer, being a leader and following a leader, heading and participating in a household, and being a parent. This focus area addresses issues related to the prevention of substance abuse, diseases of lifestyle, sexuality, teenage pregnancy, sexually transmitted infections including HIV and AIDS, and the promotion of personal, community, and environmental health. This inclusion of various perspectives (such as indigenous knowledge systems), could assist in problem solving on issues of personal and community well-being.

### **Citizenship education**

In transforming and democratic society, personal and individual needs have to be placed in a social context to encourage acceptance of diversity and to foster commitment to the values and principles espoused in the Constitution. Discrimination on the basis of race, religion, gender, age, ability, and language, as well as issues such as Xenophobia and other forms of discrimination, are addressed. This focus area also deals with social relationships and other human rights and responsibilities. It is important for learners to be politically literate, that is, to know and understand democratic processes. The importance

of volunteerism, social service and involvement in a democratic society are emphasized, and the causes, consequences and prevention of pervasive social ills, such as all forms of violence and abuse, are addressed. Particular attention is paid to social and environmental issues (including HIV and AIDS). Knowledge of diverse religions will contribute to the development of responsible citizenship and social justice.

### **Recreation and physical activity**

Knowledge of healthy practices and nutrition, participation in games, sport, recreational and leisure time activities, and an understanding of the relationship between health, physical activities and the environment can improve the quality of life and the well-being of all learners. This area also focuses on the role that sport can play in redressing biases and in nation building. Knowledge of, and participation in recreational and fitness activities, can open doors to various careers, community projects and life-long well-being. Life Orientation acknowledges that participation in recreation and physical activities is influenced by ideology, beliefs and worldviews.

### **Careers and career choices**

The nature of the Further Education and Training Band means that learners must make critical decisions regarding career fields and further study. In order to help learners make these decisions, they will be exposed to study methods and skills pertaining to assessment processes, information about institutions of higher and further education, and preparation for job interviews and applications. Self-knowledge and knowledge of labour laws, the job market, work ethics, the South African Qualifications Authority (SAQA), learnerships and Sector Education and Training Authorities (SETAs) and unemployment are critical. Principles such as equity and redress are also addressed. (NCS 2003)

## **4. Research Problem:**

Despite the fact that HIV/AIDS Awareness has been done in some schools in South Africa, very little change has been seen in the behaviour of young people, and more and more young people become infected with the disease daily. All schools have different

modus operandi, and in research done last year, it was discovered that many schools do not address the HIV/AIDS issue on a regular basis, and if they do, these schools only do some form of awareness close to World AIDS Day, 1 December.

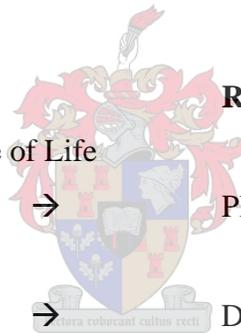
#### 4.1 Explanation of the research problem for this study:

Health workers (educators/ trainers) of an NGO has a lack of knowledge and training to integrate Life Skills and HIV/AIDS into the Life Orientation Curriculum, and teaching it in Primary and High Schools, from Grade R to Grade 12. Training in Life Skills and HIV/AIDS will lead to an added awareness and behavioural change, both for themselves and the learners they teach. They will also embark on an extra-mural programme for the learners they teach in order to protect learners from boredom and unsafe sexual practices, as a result of visits to shebeens and taverns and the influence of alcohol and drugs have on the learners' behaviour.

##### Cause:

Health workers' lack of knowledge of Life Skills and HIV/AIDS

Lack of training



##### Result:

→ Planning lessons

→ Developing and teaching planned lessons to learners, which will include worksheets, posters, videos etc. in Primary and High schools

Integration of Life Skills and HIV/AIDS into the Life Orientation Curriculum by using Learning Outcomes and Assessment standards found in the Life Orientation Revised National Curriculum Statement (Gr. R To 9) and the National Curriculum Statement (Grade 10 – 12)

→

Increased awareness for lifestyle and behavioural change

Involvement of underage young people in shebeens, and unsafe behaviour as a result of boredom and influence of substance abuse, lack of acceptance and love from parents. →

Extra-mural activities reversing boredom of learners into goal setting purpose, and a reduction in unsafe sexual practices.

#### **4.2 Reasons for this problem:**

The Department of Education has changed their approach to HIV/AIDS Awareness implementation from the ABC to Abstinence-based HIV/AIDS education this year. Their approach hasn't been consistent from the start. We are also aware of the furore created by many principals distributing condoms soon after the onset of the new year, 2006.

The management of funds available to HIV/AIDS Awareness programmes has been misappropriated. Here in the Eastern Cape for two years in a row, the R 40 million given to HIV/AIDS programmes were either unused or used in a small way and a lot of the allocated money has been returned to National coffers. The Eastern Cape HERALD of Monday 8 August 2005, reported the following: "...while education spent R3,9 million of its R23,7 million grant for HIV/AIDS life skills training in schools." The HIV/AIDS problem has remained an awareness programme only, and it hasn't addressed lifestyle issues, such as values, principles and morals in total.

To add more fuel to the fire, not all schools have a uniform approach to HIV/AIDS, with pilot programmes being in place in certain schools only. For example Motherwell, a large township just outside of Port Elizabeth has been the main focus of HIV/AIDS Awareness, while other schools in the Metro have never included in a programme such as this. In certain cases where there are programmes in place, they are not implemented as planned, as the Life Orientation educator might not be as enthusiastic about the project and therefore does not provide a driving force to enthuse learners' and other educators' involvement.

Because of the stigma and discrimination attached to the disease, most people, educators and learners alike, don't want to address the issue and avoid it as much as possible.

Certain communities experience AIDS morbidity and mortality daily and have to deal with provision for AIDS orphans, but on the other hand, many of the "so-called Ex-Model C schools" don't have firsthand experience with this problems, and therefore the principal, staff and learners are almost under the illusion of being "untouchable". When approached to be a part of a Peer Educator programme, these schools often decline offers from the Department of Education, as there is already a programme in place, or the school authorities "perceive" they're almost not infected and the school doesn't have to address the problem, as very few people are affected by HIV/AIDS in these schools.

Furthermore, the Life Orientation educator might not feel comfortable in addressing sexual issues with both genders, and might not see the link between skills for life and HIV/AIDS. They therefore treat HIV/AIDS as an add-on in their Life Orientation classes and not addressing it as a part of the whole.

As for the learners in many of the Ex-Model C Schools, they have the perception they don't need to know more about HIV/AIDS, sex, drugs and alcohol, as there has been a lot of information made available through the Media. Whenever a programme of such a nature is offered, the learners "switch off" as they think they know it all already.

Ideally each school should have an educator whose main responsibility it is to make sure there is provision made in the Curriculum for AIDS Awareness, as well as support to those affected and infected with the disease. Many schools don't have a singled-out educator being responsible for this task.

Another problem discovered last year was that few schools have HIV/AIDS policies and workplace programmes in place. Not all schools apply Universal Precautions when there is an emergency. Many schools have not addressed the issue of correctly handling injuries at a sports practice or match.

Most of the township and coloured schools have no extramural programmes in place, as a result learners leave school at 14:00 or even earlier, and spend the afternoon in the shebeen or tavern, where there are no regulations in place for closing and ages allowed, some learners having unsafe sex, where any normal child should be actively involved in an activity, whether it may be a sport or a cultural activity. “ In Klipplaat, near Jansenville, the learners have sex in the afternoon, while other learners would be playing TV-games and Play Station games”, said an educator teaching in the high school in that town. The high rate of teenage pregnancies is a result of that.

A lot of learners have no sense of purpose and future. They are not taught to set goals, and have a vision for their future. Why would they implement this as their role models are not setting a good example, think of TV soapies’ stars, Movie stars and music artists who are sleeping around? Research has found that more young people watch soap box operas than the housewives, who it was intended for. Learners either pretend they know how to make good informed choices, yet many young people still only think of the pleasure of the moment, and not living with the consequences of their choices.

#### **4.3 The proposed solution to the problem could include:**

A uniformed approach by the DOE should be implemented to present the same programmes in ALL schools. The DOE could use, as an incentive, an NQF level qualification in Life Skills and HIV/AIDS education for educators.

The programmes should also address the WHOLE person, and not address HIV/AIDS as a loose standing separate programme. Each school should have an educator or person responsible for this HIV/AIDS life skills programme. This programme should be integrated and included in the Life Orientation programme, and these educators should receive the training necessary to present the programme in their respective schools. The programme should be addressing moral issues and teaching learners decision-making, enabling them to make good positive choices. The programme should be age-appropriate and should start in Grade R already. Training of educators in this programme should be of utmost importance. Educators have to realise the importance of their important role as

role models, and not allow conflicting messages to shadow their lives. Therefore their training should also help them to make positive choices.

A programme should be implemented in each school to start extra-mural programmes after schools, to help young people to be involved in positive programmes, where they not only learn the importance of a good self-esteem and self-confidence but also work together as teams, striving for a goal.

The programme should address goal setting and instill the concept of “future” into the learners and educators where dreams are encouraged, and a vision for their own future discovered. Learners should be encouraged to develop their own Mission Statement.

#### **4.4 Hypothesis**

What effect does training of health workers/ educators of an NGO in the integration of Life Skills and HIV/AIDS into the Life Orientation Curriculum have on the awareness and application of quality teaching of Life skills and HIV/AIDS knowledge and the translation of specific and positive response in learners in the community and schools?

#### **Independent Variable:**

Training of 23 Xhosa speaking, age group 25 to 30, health workers/educators working in the community and in primary and high schools.

#### **Dependent Variable:**

Life Skills and HIV/AIDS training integrated into the Life Orientation Curriculum

#### **Speculation of results:**

With the training completed, the lesson plans worked out and lessons presented, the health workers and their learners are more aware of the dangers of unsafe sexual practices, therefore changing behaviours especially if they are involved in an extra-mural programme giving them a sense of purpose and direction, and through learning life skills, making good choices.

## 5. Research Methodology:

### 5.1 Research design:

The researcher had to align *Unit Standards* with the training material in order to allow educators/trainers a Level 5 award in Life Skills and HIV/AIDS education, which will act as an incentive for them.

*A group of 24 Xhosa speaking, age group 25 – 30, health workers* from an NGO in Ibhayi, Port Elizabeth, have been trained in a training programme which will include the following:

- A Baseline Survey Questionnaire to ascertain their Life Skills and HIV/AIDS knowledge The *Baseline survey* consists of questions regarding Knowledge, Behaviour, Attitudes, Values and also Teaching and facilitation strategies
- To have *Focus group discussions* to make sure the proposed training will meet their needs.
- To *develop training material* which will include:
  1. Definition of Life Skills
  2. Definition of Life Orientation
  3. Integration of Life Skills and HIV/AIDS with Life Orientation in the different phases: Foundation Phase, Intermediate Phase, Senior Phase and Further Education and Training Band. Age-appropriate and culturally appropriate lesson ideas.
  4. Effective teaching
  5. Practical application of teaching methods learnt by using a specific scenario.
  6. Discovering self-concept, self-esteem, self-knowledge by using the Johari window
  7. How to reach out and relate
  8. Learning about life roles, respect, assertiveness
  9. Relationships, families
  10. How to protect yourself
  11. How to handle challenges and changes

12. How to change the community we live in
13. How to deal with inequality, sex and gender, women, men and power.
14. Developing skills for success – hope for the future
15. Everyone is different
16. The Bill of Rights
17. Making responsible choices
18. Distinguish between fairness and unfairness
19. Responsibility towards self and others
20. Safe sexual practices
21. Knowledge of adolescents into adulthood
22. Male and female reproductive systems
23. Giving advice to teenagers who are pregnant
24. Advice for child abuse, rape and where to get help
25. Compiling a list of organisations that can help
26. Influence of substance abuse on abuse, rape, infection with HIV/AIDS
27. Knowledge gained on alcohol, tobacco, drugs
28. Importance of personal hygiene and fresh water
29. Knowledge of food groups, the food pyramid and a balanced diet
30. Knowledge of the Immune system
31. Understanding of transmission of HIV
32. Understanding of prevention of HIV
33. Knowledge of specific treatment for STI's
34. Knowledge of specific treatment for HIV by using ARV's
35. Knowledge of the importance of combining ARV's with eating healthy and living hygienically
36. The importance of VCT and the different tests available
37. Giving advice and guidance to overcome discrimination
38. Understanding the plight of people living with HIV/AIDS
39. Understanding coping methods
40. Practical advice to AIDS orphans where to go for help etc.
41. Practical advice to cope with loss

#### 42. Lesson plan development

After the training the group of educators will write another *survey questionnaire* (post-test) to see whether they've gained any knowledge through the training programme.

An *evaluation form* should be completed to assess the trainer and training material.

A *focus group discussion* will be conducted to determine the way forward.

A *summative assessment* will be done to assess educators for the level 5 award.

*Lesson plans* are developed according to Learning Outcomes and Assessment Standards as found in the Life Orientation Learning Area Revised National Curriculum (Grade R – 9) and Revised National Curriculum (Grade 10 – 12) and presented to get uniformity of presentation and worksheets for learners.

At the end of the training, this specific NGO will have a *training manual* with 20 lessons for Grade R learners and 30 lessons each for Grade 1 to Grade 10 learners. Each trainer will have a copy of these 320 lesson plans, covering all 10 grades. The learners will have a file with worksheets for the duration of the programme.

Each trained trainer will be *allocated to two schools* where they will become the Health workers, teaching Life Skills and HIV/AIDS in the Life Orientation lessons.

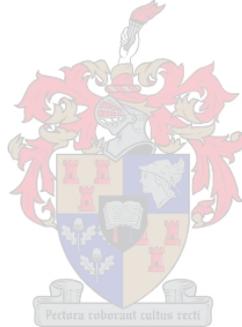
The researcher will encourage the educators to *plan extra-mural programmes* to help learners to focus on their future by setting goals. The eventual outcome would also be to encourage learners get actively involved in extra-mural activities and in this way help them to focus on something more valuable than dabbling in unsafe sex, which ultimately leads to STI's and HIV/AIDS infection.

## 6. Expected results

The group of 24 health workers was trained and the following are the results that were obtained:

- The *evaluation form* after the training completed by the health trainers yielded the following results:  
Evaluation of the trainer on a scale of 4 received a 3,7  
Evaluation of the course content on a scale of 4 received a 3,8
- There was a *definite increase in knowledge* noted between the initial baseline survey questionnaire and the post-test survey.

**Question 1** was not measurable as it was based on biographical information.



## Question 2

Test and retest 2

t-Test: Two-Sample Assuming Equal Variances

	<i>Variable</i>	<i>Variable</i>
	<i>1</i>	<i>2</i>
Mean	6.333333	6.695652
Variance	1.710145	0.766798
Observations	24	23
Pooled Variance	1.248953	
Hypothesized	Mean	
Difference	0	
Df	45	
t Stat	-1.11106	
P(T<=t) one-tail	0.136221	
t Critical one-tail	1.679427	
P(T<=t) two-tail	0.272443	
t Critical two-tail	2.014103	

No significant difference

There was no significant difference found in question 2 between the pre-test and post-test. These questions were based on attitudes, beliefs and practices.

### Question 3.1

t-Test: Two-Sample Assuming Equal Variances

		<i>Variable</i>	
		<i>1</i>	<i>Variable 2</i>
Mean		13.33333	18.2173913
Variance		8.057971	3.541501976
Observations		24	23
Pooled Variance		5.849919	
Hypothesized	Mean		
Difference		0	
Df		45	
t Stat		-6.92032	
P(T<=t) one-tail		6.69E-09	
t Critical one-tail		1.679427	
P(T<=t) two-tail		1.34E-08	
t Critical two-tail		2.014103	
		A significant difference	

These questions were based on knowledge of Life Skills and HIV/AIDS and a significant difference was found.

### Question 3.2

t-Test: Two-Sample Assuming Equal Variances

	<i>Variable</i>	<i>Variable</i>
	<i>1</i>	<i>2</i>
Mean	10.04167	22.26087
Variance	11.95471	5.383399
Observations	24	23
Pooled Variance	8.742069	
Hypothesized	Mean	
Difference	0	
Df	45	
t Stat	-14.163	
P(T<=t) one-tail	1.7E-18	
t Critical one-tail	1.679427	
P(T<=t) two-tail	3.41E-18	
t Critical two-tail	2.014103	
	A	significant difference

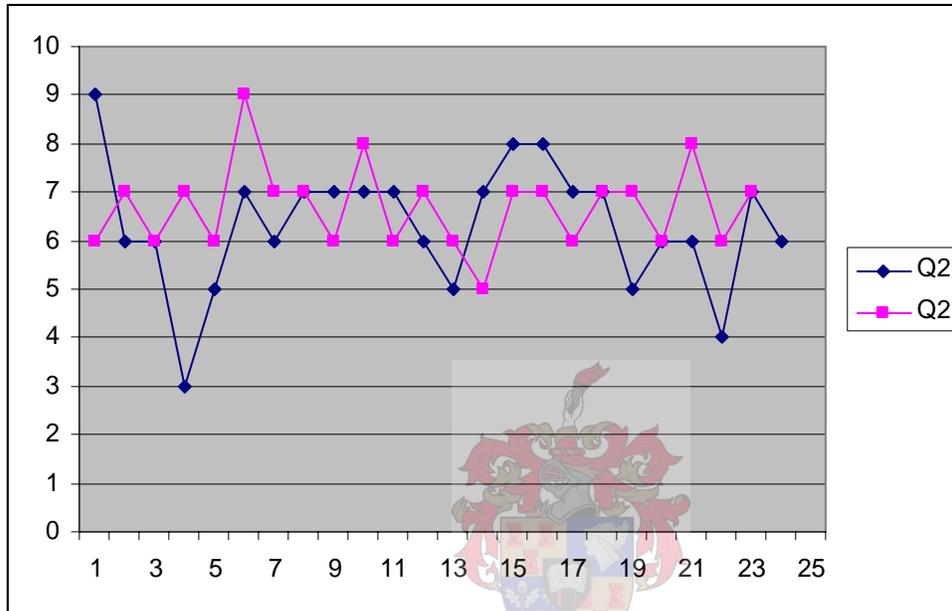
These questions were based on knowledge of teaching strategies and a significant difference was found between the pre- and post-test.

The results in graph:

### Question 2

Pre-test: blue

Post-test: pink



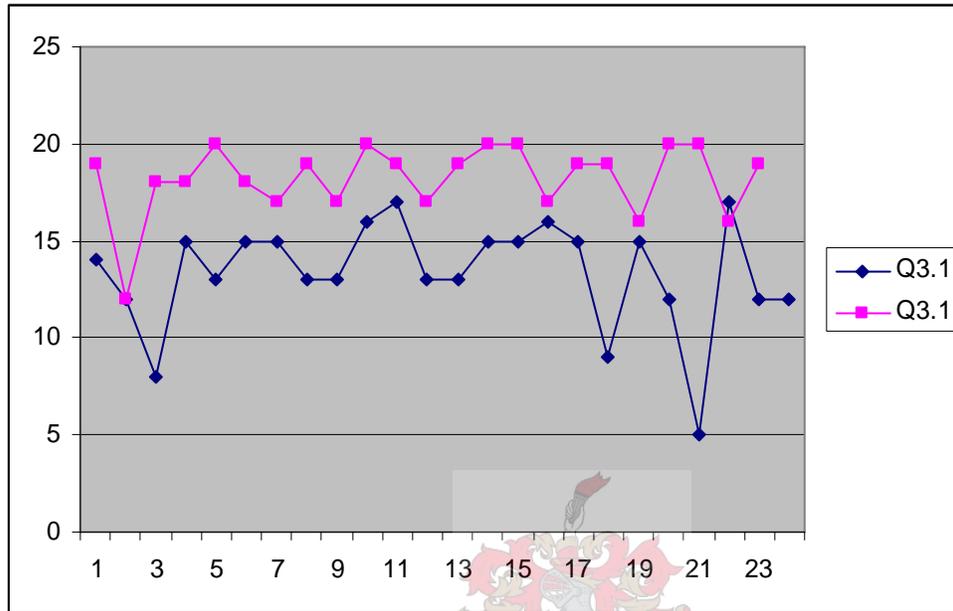
No significant difference was found between the two tests.

This question was based on attitudes, beliefs and practices.

### Question 3.1

Pre-test: blue

Post-test: pink

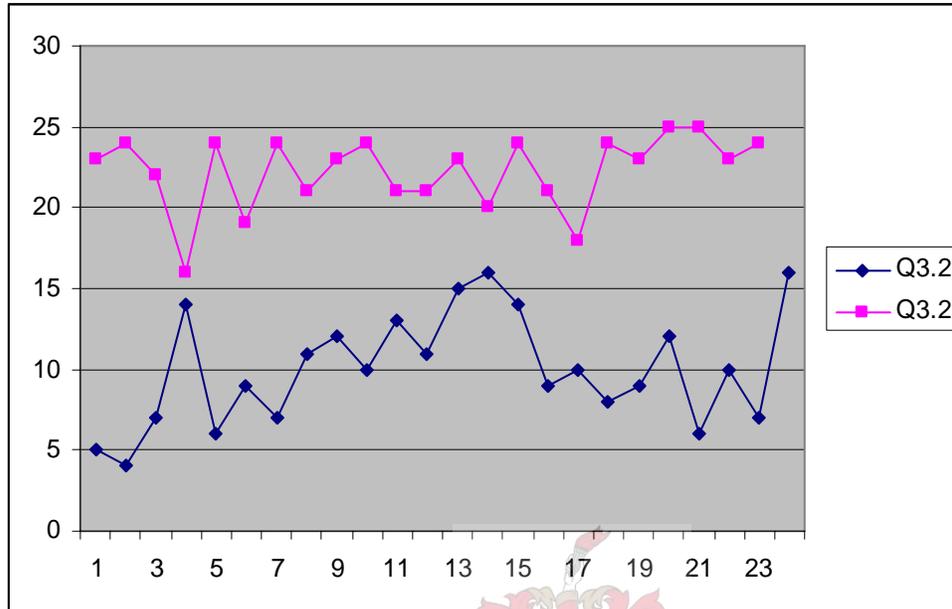


A significant difference is found in the two different tests. This question was based on Knowledge of HIV/AIDS and related matters, i.e. nutrition, ARV's, prevention, immunity, etc.

### Question 3.2

Pre-test: blue

Post-test: pink



A significant difference was found between the two tests. This question was based on specific knowledge on teaching practices and strategies. The *focus group discussions* contributed to preparation of the training.

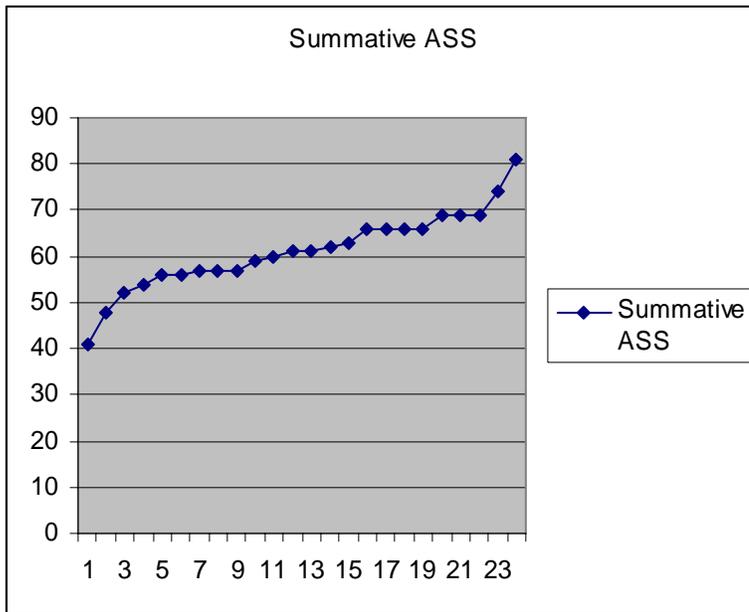
The post training focus group discussion has determined the way forward. More training is needed in Nutrition and the use and distribution of ARV's. More time is needed to work on lesson plans, information accompanying the lessons and worksheets for the learners.

A *summative assessment* has been done to assess educators for the level 5 award.

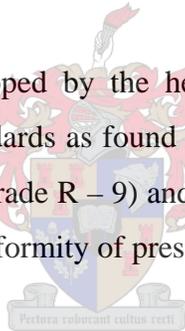
The class average was 61,25%

The following graph explains the spread of the summative assessment marks obtained by the health workers:

Graph to explain mark spread sheet of health workers:



*Lesson plans* have been developed by the health workers according to Learning Outcomes and Assessment Standards as found in the Life Orientation Learning Area Revised National Curriculum (Grade R – 9) and Revised National Curriculum (Grade 10 – 12) and presented to get uniformity of presentation and worksheets for learners.



By the 15<sup>th</sup> of December 2005, this specific NGO will have *a training manual* with 20 lessons for Grade R learners and 30 lessons each for Grade 1 to Grade 10 learners. Each trainer will have a copy of these 320 lesson plans, covering all 10 grades. The learners will have a file with worksheets for the duration of the programme. This programme will be implemented next year.

Each trained trainer has been *allocated to two schools* where they will become the Health workers, teaching Life Skills and HIV/AIDS forming part of the Life Orientation lessons.

Three of the schools have vegetable gardens where the community has been involved in raising funds by providing a school feeding scheme to the particular school. The parents are tending the gardens.

*A plan for next year:* Encouragement of educators to plan extra-mural programmes to help learners to focus on their future by setting goals. The eventual outcome would also be to encourage learners get actively involved in extra-mural activities and in this way help them to focus on something more valuable than dabbling in unsafe sex, which ultimately leads to STI's and HIV/AIDS infection.

## **7. Conclusion and recommendations**

### **7.1 Conclusion:**

The absolute need for integrated Life skills and HIV/AIDS training into the Life Orientation Curriculum has been realized. The programme cannot and should not be standing on its own, but should form part of a Health Promoting School environment.

It is also important for the educators of the respective schools to realise the important role these health workers are playing in the community and schools. They not only teach in this programme, they are also available to counsel, encourage and assist young people in the school and the community.

By integrating Life Skills and HIV/AIDS into the Life Orientation learning area through age-appropriate and culturally-appropriate lessons, there is added value to the programme, as worksheets and other activities can be used to allocate marks towards the continuous assessment necessary in the Life Skills learning area.

“A tremendous impact in providing child/adolescent-entered Life Skills and HIV/AIDS education and support services in Ibhayi is being made and the need to deepen the scope and quality of these health workers has been realized.

A close working partnership with the Nelson Mandela Metropolitan University (NMMU)'s HIV/AIDS Centre has been formed. The NMMU HIV/AIDS Centre has provided expertise in curriculum development and skill-based HIV/AIDS education; UBUNTU is an expert in community development and culturally effective life skills education. Together, we have developed a curriculum as a collaborative capacity-building process, where we contribute our lessons learned in implementing life skills education over the past four years, and the health educators have been trained in lesson planning and delivery in accordance with the outcomes-based national curriculum, based on the RNCS and NCS policy documents.” (Adapted from the UBUNTU Education fund website)

## **7.2 Reflection:**

Further involvement in this NGO will see the following materialize:

- A Workbook for learners from Grade R to 10
- A refining of the lesson plans, improvements and recommendations and adaptations
- Additional training in the Assessment Standards to develop checklists, marking rubrics and assessments (to aid educators)
- Introduction of extra-mural activities where learners can choose a sport, cultural activity like art, drama etc
- Extra-mural competitions/ leagues between the different schools, primary and high schools
- Through on-going involvement the learners in these schools will develop life skills to make responsible healthy choices which will affect their futures

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