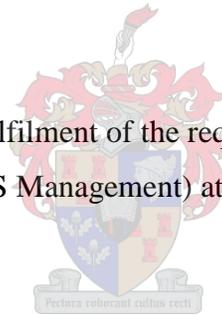


**The Role of Attitude of Educators towards Sexual Behaviour
of Learners in the Effectiveness of Life Skills-Based Education
on HIV Prevention – A Study in Public Schools in the
Soutpandberg East Circuit, Vhembe District in
Limpopo Province.**

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Declaration

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Abstract

The purpose of this research study was to find out the role of attitude of educators towards the effectiveness of life skills-based education on HIV and AIDS prevention and a behaviour change towards primary school learners from grades 4-7. It also tested the effectiveness of methods applied in educating learners about life skills-based education on HIV and AIDS prevention. Trained educators have been taught additional skills, instructional methods and models to effectively deliver school-based Life skills, HIV and AIDS education to learners.

The self-administered questionnaire method was chosen because of its economy, speed and lack of interview bias. Because of its anonymity and privacy it encourages more candid responses on sensitive issues. Interviews with principals were also conducted.

Life skills-based education is a good method that deals with HIV prevention. Educators agree that life skills-based education enhances the practice of positive values, attitudes, behaviour and these are extended to other people, in the community. These skills are needed for behaviour change. A positive attitude of educators guarantees success in the behaviour change and negative attitude guarantees failure and disaster. Educators agree that the sexual behaviour of learners has a direct bearing or connection with transmission of HIV through sexual behaviour.

Opsomming

Die doel van hierdie navorsing was om uit te vind wat die rol en houding van opvoeders is teenoor die effektiwiteit van lewensvaardighede-gebaseerde opvoeding oor MIV en VIGS voorkoming en verandering van gedrag van laerskoolleerders van graad 4-7. Dit het ook die effektiwiteit van metodes in die onderrig van leerders rakende lewensvaardighede-gebaseerde opvoeding in verband met MIV en VIGS voorkoming getoets. Opgeleide opvoeders is toegerus met addisionele vaardighede, metodes en modelle om op 'n effektiewe wyse skool-gebaseerde lewensvaardighede, MIV en VIGS opvoeding aan leerders oor te dra.

Die self-toegepaste vraelys is verkies as gevolg van die feit dat dit ekonomies is, vinnig gaan en die vooroordele wat gepaard gaan met onderhoude uitskakel. Omdat dit anoniem en privaat is, moedig dit meer openlike reaksies aan omtrent sensitiewe aspekte. Onderhoude met skoolhoofde is ook uitgevoer.

Lewensvaardighede-gebaseerde opvoeding is 'n goeie metode wat bydra tot MIV voorkoming. Opvoeders stem saam dat dit positiewe waardes, ingestelheid en gedrag bevorder en dat dit uitgedra word na ander mense in die gemeenskap. Hierdie vaardighede is nodig vir gedragsverandering. 'n Positiewe ingestelheid van opvoeders waarborg sukses in gedragsverandering en 'n negatiewe ingestelheid waarborg mislukking. Opvoeders is dit eens dat die seksuele gedrag van leerders 'n direkte invloed het op die oordrag van MIV deur seksuele omgang.

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Chapter 1 Introduction

1.1 Problem Statement

In an attempt to combat the spread of HIV amongst learners at both primary and secondary schools – students in institutions of higher learning included – The National Departments of Health and Education together with a donor-funder, The Department of International Development (DFID), A British Development Corporation, have seen it necessary to develop a life skills-based education on HIV prevention which was to be implemented at all public schools in South Africa from Gr. R-12 from 1999.

According to President Thabo Mbeki, who was a Deputy President then, it was an attempt to mobilise all possible resources to spread the message of prevention, to offer support to those infected and affected, and to allocate funds for life skills-based education on HIV prevention while continuing to search for a medical solution (van der Merwe, *et al.* 1999. p.3).

Before the implementation of life skills-based education on HIV prevention, only a few, very few schools presented sexuality education in South Africa. Because of that many educators were not willing to get involved and felt it was the responsibility of parents. Sexuality Education was also avoided by educators because of sensitive topics, such as sexual organs, relationships, sexual intercourse and reproductive health. The word ‘sexuality’ was commonly mistaken for ‘sex’ and many educators and parents refused to talk about it let alone teach it.

According to Van der Merwe, *et al* (1999. p.5) educators were reluctant to undergo training so that they can teach sexuality education. The educators’ argument was that talking ‘sex’ at school will make parents angry and will cause learners to become sexually active at an early age and will increase teenage pregnancies and HIV infection.

Because of the growth of problems at schools, such as rape, AIDS orphans, sexual and substance abuse, teenage pregnancies and drop outs, educators realised the importance of

HIV and AIDS education and accepted that sexuality education if responsibly presented is one of the most effective ways to prevent HIV and many other sexual transmitted infections and teenage pregnancy.

Media, on the other hand, has irresponsibly exposed learners to sexual messages everyday, which is not only incomplete and riddled with myths but also does not consider the age and level of understanding of the child. The children's main source of knowledge is other children who talk about sex in vulgar and scary ways. Learners were confused about moral and ethical issues surrounding sexual behaviour and physical development.

A life skills-based education on HIV prevention programme was then implemented in pilot schools of Limpopo and the Western Cape in 1999.

Although the Limpopo Department of Education through a conditional grant has trained over 6000 primary schools educators, there are certain schools that have not yet implemented the programme. This is because life skills-based education on HIV prevention is regarded as an extra subject or learning area.

According to the South African National Integrated Plan (NIP) for children and youth infected and affected with HIV and AIDS, approximately twelve million learners and three hundred and sixty thousand (360 000) educators are key stakeholders that are targeted annually by way of training curriculum interventions, such as life skills-based education in the form of drama, speech poetry presentations, posters, leaflets, teaching and learning support material such as videos, DVDs, books and pamphlets (National Department of Education, 2004: p. 6).

The main objective of the life skills-based education programme is to empower and develop the life skills of educators and learners through curriculum and other school-based activities which involve learners in a participatory and experiential manner; to impart knowledge about HIV and AIDS and to live a safe, balanced and meaningful life

and enable affected and infected learners and educators by HIV and AIDS to cope with and live with the impact of the HIV pandemic.

Because HIV is mainly transmitted sexually, this research was intended to investigate the role of the attitudes of educators towards sexual behaviour of learners and the effectiveness of life skills-based education on HIV and AIDS prevention at Soutpansberg East Circuit primary schools.

1.2 Method of Research

Review of the literature from “Literature review on life skills-based on HIV prevention education in South Africa” was intensively done. Reviews were also done to find out whether the attitude of the educators plays a role in determining whether the behaviour of learners has a bearing in life skills-based education on HIV prevention.

A questionnaire with thirty statements was designed. A pre-test was conducted with eleven educators who did not take part in the research. The main thing was to ensure that the questionnaire is authentic. A questionnaire was administered to sixty grade four to seven educators of fifteen primary schools.

A structured interview was also designed and administered with principals of these primary schools. The main purpose was to get opinions of principals as to whether life skills-based education on HIV prevention has brought a change in the attitude of educators.

1.3 Structure of the study

Chapter one identifies the research problem that will be addressed and also provide the rationale for this study. The outline of the research problem, procedures, purpose, assumptions and main objective is done in this chapter.

Chapter two deals with intensive literature review. Relevant literature on variables is provided in this chapter. Previous studies were done on the effectiveness of life skills-based education on HIV prevention and the structures that are in place to support the

implementation, definition of life skills and also whether it is effective in terms of HIV prevention. There has been no specific study on the role played by the attitude of educators towards the sexual behaviour of learners. Concepts such as life skills, attitude and sexual behaviour are explained in depth in order to make the reader understand the context in which they are used.

Chapter three outlines the process focussing on the research method, designed instruments and procedures. This chapter deals particularly with the subject, procedures and instruments used to gather data.

Chapter four outlines in clear and logical steps of the findings of the research study.

Chapter five deals with the discussions, conclusion and recommendations of the findings. This chapter also shows how these findings relate back to the literature review in order to contextualise this study. Data was presented, interpreted, discussed and analysed.

1.4 The purpose and objectives of the study

The main purpose of this study was to find out whether the attitude of life skills-based educators can affect the perception of educators on children's sexual behaviour towards the effectiveness of life skills-based education on HIV prevention.

The objectives of the study were to find out whether the attitude of educators towards the sexual behaviour of the learners has a bearing on the effectiveness of life skills-based education on HIV prevention. Also whether educators are able to cultivate interest and responsibilities in learners in matters dealing with HIV prevention.

1.5 Research question

The research question and the hypothesis identifying the variables to be manipulated and the predicted outcome is clearly explained in chapter 3 of this study.

Before the implementation of life skills-based education on HIV prevention, only a few, very few schools presented sexuality education in South Africa. Because of that many educators were not willing to get involved and felt it was the responsibility of parents. Sexuality education was also avoided by educators because of sensitive topics, such as sexual organs, relationships, sexual intercourse and reproductive health. The word 'sexuality' was commonly mistaken for 'sex' and many educators and parents refused to talk about it let alone teach it.

Because of the growth of problems at schools, such as rape, AIDS orphans, sexual and substance abuse, teenage pregnancies and drop outs, educators realised the importance of HIV and AIDS education and accepted that sexuality education if responsibly presented is one of the most effective ways to prevent HIV and many other sexual transmitted infections and teenage pregnancy.

This research was intended to investigate the role of the attitudes of educators towards sexual behaviour of learners and the effectiveness of Life skills-based education on HIV and AIDS prevention at Soutpansberg East Circuit primary schools.

Chapter 2: Literature Review

Review of the literature was intensively done. Reviews were also done to find out whether the attitude of the educators plays a role in determining whether the behaviour of learners has a bearing in life skills-based education on HIV prevention.

An intensive literature review was conducted. The intension was to find out findings of previous studies. According Tiendrèog, *et al.* (2003. p.14) it is difficult to understand the concept life skills education. A variation of content and what needs to be covered in the curriculum vary greatly amongst schools. They further indicate a study by Thulani University that shows that 95% schools in Durban metro and Mtunzini magisterial districts teach life skills education but only eighteen percent of schools have a full life skills programme.

This life skills programme has been divided into six topics that are taught independently or are integrated into regular classes. The topics are: self esteem, understanding sexuality, preventing unwanted pregnancy, negotiation within relationships, preventing Human Immunodeficiency Virus and Sexually Transmitted Infections.

Life skills are the skills for successful living and learning. They are coping skills that can enhance the quality of life and prevent dysfunctional behaviour. They are any skills which enable a person to interact meaningfully and successfully with the environment and with other people. They are the competencies needed for effective living and participation in communities. The greater the range of skills that one possesses, the more alternatives and opportunities are available to one, and as a result, there is more potential for meaningful and successful interaction.

Some examples of life skills:

HIV prevention. Co-operation. Communication. Coping with change. Countering exploitation.	Problem solving. Stress management. Group skills. Study skills. Learning from experience.	Tolerance building. Conflict resolution. Health promotion. Coping with grief. Countering prejudices and sexism.
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Source: (Rooth, 1995. p.15).

These skills empower a learner to interact with self and others positively. They cannot be learned in one or two lessons as they are lifelong. Looking at the examples above they enable a learner to interact across learning fields.

Life skills-based education on HIV and AIDS prevention is not a Learning Area but is lodged within the field of the Life Orientation Learning Area which lends itself well to embedding life skills.

According to van der Merwe, *et al* (1999. p.22), Life Orientation enhances the practice of positive values, attitudes, behaviours and skills in the individual and the community. It promotes the achievement of an individual learner's potential by strengthening his/her self concept, capacity to develop healthy relationships, ability to make informed and responsible decisions, independent and critical thinking, survival and coping skills, commitment to life-long learning and pleasure in the expression and co-ordination of one's intellect, physical, spiritual, emotional and moral powers.

Life Orientation also encourages a healthy lifestyle which is characterised by a specific and contextualised application of the actions and values, care and responsibility towards the self and the social, natural and material environments. The South African National Departments of Health and Education in consultation with other role-players have committed themselves to providing ongoing education on HIV and AIDS, sexually transmitted infections (STIs) and sexuality within the comprehensive Life Skills Programme.

The goal of this programme is to empower the youth with skills that will help them make informed decisions regarding sexuality as a first and critical step towards curbing HIV/STI infection.

Life skills-based education on HIV and AIDS prevention is a programme in which learners are taught skills using co-operative learning. These according to Van der Merwe *et al* (1999. p.) are social skills that are developed through the learning process of a child. There are four sets of skills, namely,

- forming skills,
- functioning skills,
- formulating skills, and
- fermenting skills.

In short, forming skills are an initial set of management skills that are helpful in getting groups up and running smoothly and effectively, functional skills are a group of management skills aimed at controlling the types of interactions that occur among members, formulating skills refer to sets of behaviours that help learners do a better job of processing material mentally, and fermenting skills are a set of skills needed to resolve cognitive conflicts that arise within the group.

Van der Merwe, *et al* (1999. p.110) further indicate that The South African National Education Policy Act, 1996 (Act No 27 of 1996) National Policy on HIV and AIDS for learners is in keeping with the international standards and in accordance with educational laws and the constitution guarantees the right to education and of access to information, amongst others; that is why life skills-based education on HIV and AIDS was introduced at South African public schools.

This is also an attempt to change the sexual behaviour of adolescents, discourage child prostitution, and assist sexually abused learners and children who abuse drugs. All these encompass the unwanted sexual behaviour. The attitude of educators plays a major role. Positive attitude guarantees success and negative guarantees failure and disaster.

The role played by life-skills-based education on HIV and AIDS prevention with regard to the sexual behaviour of learners is vital. It is an Age and Grade-Level Framework. The focus of this framework is specifically on sexuality and STI/HIV and AIDS education content, not on health education in general. National professional standards have been developed through an extensive credentialing process of training of master trainers who in turn train educators.

In addition to life skills-based education on HIV and AIDS prevention, grade R-12 curriculum provides supplementary opportunities to reinforce HIV and AIDS prevention education across the curriculum. Consequently, all educators should have some ability and preparation to teach HIV and AIDS prevention education.

The sexual behaviour that has been investigated has direct connection with the transmission of HIV and AIDS through sexual intercourse as well as finding out whether, after life skills education, learners still willingly engage in sexual activities or whether learners are able to make informed choices.

According to Boler & Adelson (2004, p.10) research done by a UK working group on education and HIV and AIDS shows that the introduction of life skills as a method to prevent HIV has raised a number of conceptual and practical challenges. First, there are difficulties in the definition of life skills in terms of determining which skills should be taught, and how they should be understood and taught in terms of pedagogy. Second, the introduction of life skills in formal education systems frequently creates problems due to the inherent conflict in educational approaches of schools and the reality of many schools in poorer country settings. This research also maintains that certain assumptions underlying life skills education need to be assessed with respect of local contexts.

It is critical for young people to possess life skills for them to positively adapt and deal with the demons and challenges of life. Life skills are behaviours that enable individuals to adapt and deal effectively with the demands and challenges of life. The life skills approach is an interactive, educational methodology that focuses on transmitting

knowledge and aims at shaping attitudes and developing interpersonal skills. Life skills education has proven to be effective in delaying onset of sexual intercourse. It also helps increasing use of condoms and decreasing the number of sexual partners, among the youth who have sexual experiences.

University of Natal, Durban, as cited by Tiendrèogo *et al* (2003.p.20) conducted a survey on the effectiveness of a life skills programme which is intended to increase knowledge, develop skills, promote positive and responsive attitudes and provide motivational support to adolescents and promotes change in adolescents' behaviour in ways that are intended to reduce risk of HIV transmission. Their findings revealed that educators' attitude has an influence on their perception about the sexual behaviour of the learners.

Tiendrèogo *et al* (2003.p 20.) further indicate the importance of providing young people with the skills in order to delay sexual intercourse. Provision of facts about health matters, pregnancy, STIs, HIV and AIDS improve communication between girls and boys, friends, young and old, their parents and the community. It also improves young people's decision-making skills and provides young people with skills they need to make informed decisions about their sexual health. It provides young people with information and skills required to face peer pressure, and abstain from the use of use non-prescription of drugs and alcohol.

Tiendrèogo *et al* (2003.p.19) quote Coombe who gives a brief discussion about how the life skills programme was started in South Africa. It is mentioned that in an attempt to reach young people a National Coordinating Committee (NPC) was formed by Departments of Health and Education in November 1995. The NPC supervised the development of the life skills HIV and AIDS curriculum and provided implementation guidelines at national level.

Macintyre *et al* is cited by Tiendrèogo *et al* (2003.p.20) as having conducted a survey amongst all secondary school principals in Durban Metro and Mtunzini magisterial districts in September 1999 to assess the coverage and content of existing life skills

programmes. Their key findings indicate that little is known about the programme's effectiveness; coverage and content varied greatly among schools, predominantly black students are least likely to receive training.

The negative attitude of principals who judged students to be high or moderate risks for pregnancy or infection were least likely to offer life skills topics. A report given by these principals was that twenty two percent of educators were trained to teach life skills issues.

According to Jennings (2006.p.5) while it is acknowledged that life skills programmes are an important prevention measure life skills education cannot stand in isolation as gender equity and safe schools are vitally important too. A range of teaching and learning methods have helped to improve knowledge, attitudes, and skills and to prevent risky behaviour.

2.1 Life Skills-based Education on HIV prevention. Intervention Strategy targeting primary schools Gr.4-7

In South Africa there are many intervention strategies of combating HIV and AIDS that are embedded the Children's Bill of Rights in our constitution. The Life Skills HIV and AIDS Education Programme for primary and high schools is one of the intervention strategies. The main goal according to Tiendrèogo *et al* (2003.p.19) is to inform youth about HIV and AIDS and help them develop the skills, for example skills to analyze situations and behaviour and their possible consequences before making decisions and skills to refuse and avoid risky behaviour. In most countries HIV and AIDS education forms part of the mainstream programmes. In South Africa HIV and AIDS is taught in the sexuality education context.

Visser (2005.p.213) noticed a significant change in learners' knowledge of HIV and AIDS, knowledge of prospective behaviour and attitudes towards people living with HIV when they offer life skills-based education.

In view of what is said above by different authors, life skills-based education is being adopted universally as a means to empower young people in challenging situations. Life skills-based education refers to an interactive process of teaching and learning which enables learners to acquire knowledge and to develop attitudes and skills which support the adoption of healthy behaviours.

Life skills-based education has a behaviour change as part of the programme objectives; a balanced knowledge; attitudes and skills; it uses participatory teaching and learning methods; and is based on students' needs and is gender sensitive throughout.

According to Boler and Adelson (2004.p.9) knowledge, perceptions and attitudes related to HIV and AIDS are important precursors for behavioural responses to the stigma and discrimination against people living with HIV and AIDS. (PLWHA) These have often been identified as primary barriers to effective HIV prevention. Knowledge can be measured explicitly or implicitly.

This has a direct implication to how educators respond to finding themselves having had to teach HIV and AIDS to primary school learners.

2.2 Educators' response to HIV and AIDS education

Grant & Summerfield (2006.p.6-7) say that the slowing down of the vector of that disease by educating citizens about how they can avoid infection is the purpose of education about communicable diseases. An HIV and AIDS curriculum for educators would therefore have two distinct purposes:

(1) to influence teaching practice.

- The curriculum would need to address many things including:
 - How HIV and AIDS are and are not communicable.
 - How to respond to the situations that involve risk of transmission, such as, learners/students bleeding in class, to minimize possible exposure to the pathogen.

- Laws about discrimination against children with HIV and AIDS.
- Laws of ethical standards regarding confidentiality about infected children.

(2) to enable educators to educate other people, that is, primarily learners about HIV prevention.

- The curriculum would need to address many things including:
 - How to educate learners to reduce their risk of infection.
 - How to educate parents of children with HIV and AIDS.
 - How to educate other parents about HIV prevention.
 - How to educate other educators about HIV prevention.

Grant & Summerfield (2006.p.7) further indicate that educating educators about how HIV and AIDS are communicated involves providing educators with accurate information about the pathogen. Such information, however, is not delivered to an audience ignorant of preconceptions about his disease. Misconception about HIV and AIDS is widespread and built into the discourses in which educators live and work. This misinformation is often mixed with fear for personal safety, homophobia, classism, racism and other prejudices.

With regard to educators educating others about HIV and AIDS, Grant and Summerfield (2006.p.9) say adding to educators having accurate information, they must be prepared to deal with the emotional response, stereotypes, taboos and prejudices that frame the popular understanding of HIV and AIDS.

It is clear that an information-processing conception of teacher education will be inadequate for the task of developing an effective HIV and AIDS prevention curriculum. To successfully influence teacher's practice and enabling them to genuinely influence the behaviour of others, learners in particular, that curriculum needs to address the complex social and practical realities of teaching this subject matter.

Grant and Summerfield (2006.p.15-16) say the foundation for summative assessment needs to be behaviour. Are educators changing their behaviour when dealing with situations that involve the risk of transmitting blood-borne pathogens? Are educators responding in a more positive, informed and ethical manner to HIV-positive learners? Are educators educating learners more frequently and effectively? Is children's risky behaviour changing?

The South African education system propagates sexual abstinence and to a minimal extent condom use. That alone is not enough. The knowledge, understanding and attitudes of educators are more important. Educators need to be prepared thoroughly to deal with HIV and AIDS through life skills-based education as an intervention strategy. Learners need correct knowledge, skills, values and attitudes to survive.

What is important in language usage is to be appropriate and respectful. Many educators would prefer English to African languages. African languages do not necessarily call a spade a spade but have ways of replacing words and may be misleading if that person is not the speaker of the language.

Some of the primary schools, selected for his research, are feeder schools for Tshiawelo High school.

Information about HIV and AIDS alone is not enough to prevent and overcome the risk of HIV infection. Children need to acquire certain skills that aim at modifying the behaviour, forming a new character and promoting good health. These skills are called life skills.

Attitude is an evaluative statement – either favourable or unfavourable – concerning objects, people or events. They (evaluative statements) reflect how one feels about something. Attitude is a settled way of thinking or feeling – a position of the body indicating a particular mental state. A person living with HIV infection, is quoted when

he said, “It is not the HI virus which is killing me or making my life worth living, but the attitudes of people towards me and their rejection of me” (Louw, *et al*) 2001.25).

Van der Merwe et al (1999.p.99) describe attitude as a relatively stable and enduring tendency to behave and react in a certain way towards a person, object institution or issue. Often attitudes go with feelings, and behaviour towards such person can be identified. This may be demonstrated by anger, fear, rejection, judgement, marginalisation, isolation, avoidance, labelling, disgust, pity, alienation, discrimination.

Many untrained educators are said to be blaming infected learners for their ‘loose’ sexual behaviour. Many untrained educators think teaching learners Life skills-based education on HIV and AIDS prevention is a futile exercise because learners will not change anyway. This negative attitude is embedded in some educators’ minds.

Attitude can therefore be said to be a perception, how a person perceives an idea, a way of doing or something thing, etc. Attitude can negatively or positively affect other people. The fact that HIV and AIDS are often accompanied by stigmatization, discrimination and prejudice means that social, emotional and spiritual support is crucial. To offer the effective care and support to HIV infected and affected learners, it is important to first explore one’s own attitudes, values and skills with this regard.

The attitude of life skills-based education HIV and AIDS educators towards learners has a bearing to the learner’s change of sexual behaviour. An attitude therefore is a settled opinion or way of thinking and it is reflected in the person’s behaviour. Sometimes the attitude of educators is also channelled by many things such as environment they live in coupled with their social orientation, political setup and the attitude of the government towards HIV and AIDS as a whole.

Grant & Summerfield (2006: 9-11) say that HIV and AIDS education programmes are almost always situated in the complex politics of social difference. Educators working in these programmes therefore have to be critically aware of the oppressive ideologies

associated with sexuality, HIV and AIDS that are embedded in the teacher education knowledge base and that may influence their own pedagogical praxis.

Most challenging is the question of how to talk about sexual behaviour, HIV and AIDS, without implying that those who are now living with HIV and AIDS are somewhat inferior and have acquired this status by living a reckless life.

‘Sexual’ is defined as relating to the instincts, psychological processes, and activities connected with physical attraction or intimate physical contact between individuals, of relating to the two genders, reproduction involving the fusion of gametes (Hornby, 1998).

The same author describes ‘behaviour’ as the way in which someone behaves – the way in which a person responds to a situation or stimulus connected with physical attraction which leads to a particular way in which a person responds to a situation or stimulus.

Sexual behaviour can then be described as a psychological process and activities educators can play a vital role in controlling the spread of HIV by teaching about HIV and sexual behaviours that place young people at risk of serious health problems and by helping them develop life skills for avoiding these risks. The majority of educators who are assigned to teach life skills-based education on HIV and AIDS prevention are not professionally prepared to teach HIV and AIDS education which is health education.

Are educators trained in life skills-based education actively involved? Research done by Schenker and Nyirenda (1999.p.11) revealed that HIV prevention demands specifically well trained and experienced educators who have acquired the particular characteristics that allow them to be effective behaviour-changing agents in schools. Research has often looked only in generalizing terms into the question of effective AIDS education, and educators were found and portrayed in a way that encouraged learner’s participation that overcame this hurdle during training sessions.

Their findings are that trained educators are not really actively involved. It is clear that the information-processing conception of teacher education is inadequate for the task of developing an HIV and AIDS curriculum. If such a curriculum is to be successful in influencing educators' practice and in enabling them to genuinely influence the behaviour of others, in this case, learners, the complex social and practical realities of teaching this subject matter needs to be addressed.

Van der Merwe et al (1999. p.5) believe that the success of this education depends on the kind of educator presenting it and the way in which the educators talk about sexuality as part of the life skills content. Broadly the issue of HIV, AIDS and sexuality is often more sensitive and controversial and it should be handled by an educator with special qualities, who is also well informed.

Sexuality education has many sensitive issues which need to be taught by a well trained educator with good methods of teaching, educators who would go an extra mile. Being actively involved also means working outside formal periods.

How does the above literature review relate to this research? This research deals with the attitude of educators and because the attitude is determined by how well a person knows the particular content, it is important to talk about HIV and AIDS and the issues around them.

Defining life skills is necessary for this study to try and determine the meaning. Life skills are the skills for successful living and learning. They are coping skills that can enhance the quality of life and prevent dysfunctional behaviour. These skills are also needed for behaviour change and for curbing the spread of HIV and AIDS. These are the skills that educators need to help learners develop by implementing life skills-based education on HIV and AIDS prevention.

If well taught, behaviour change is expected in learners. These life skills are used as an attempt to change the sexual behaviour of adolescents, empower child prostitutes,

sexually abused learners and children who abuse drugs. All these encompass the unwanted sexual behaviour. The attitude of educators plays a major role. Positive attitude guarantees success and negative attitude guarantees failure and disaster.

Knowledge, perception and attitudes determine the behavioural response to stigma and discrimination. In many instances without proper knowledge people develop the wrong perception and attitudes that cloud their thinking and decision making. The result will be misunderstanding of modes of transmission and determinants and that can be the barrier to effective prevention of HIV.

How educators respond to HIV and AIDS education is also important. This research was conducted to find out how educators respond to the requirements of life skills-based on HIV and AIDS prevention. The educators' response is determined mostly by how much knowledge they have on these issues and the kind of attitude and perception built upon.

The educators' ability to educate learners and parents would determine their attitudes in teaching life skills-based education on HIV prevention. Because this research was also to find out how the behaviour of the learners is connected to HIV infection it is important to address the assessment results because assessment is focused on the change or no change of behaviour of learners.

Training of educators brings a change in life skills-based education. Research done by Schenker and Nyirenda (1999,p.8) revealed that HIV prevention demands specifically well trained experienced educators who have acquired the particular characteristics that allow them to be effective behaviour-changing agents in schools. Research has often looked only in generalizing terms into the question of effective AIDS education, and educators were found and portrayed in a way that encouraged learner's participation that overcame this hurdle during training sessions.

Their findings are that trained educators are not really actively involved. It is clear that as information processing conception of teacher education is inadequate for the task of

developing an HIV and AIDS curriculum. If such a curriculum is to be successful in influencing educators' practice and in enabling them to genuinely influence the behaviour of others, in this case, learners, the complex social and practical realities of teaching this subject matter needs to be addressed.

Summative and formative assessment methods have been particularly chosen because formative is used to assess continuously while corrective measures are applied, whereas summative assessment is used at the end of a particular period, such as, half yearly, after a year, grade or phase. Assessment results of learners also direct educators to reinforce some of the aspects which were previously not so well dealt with and this also affects the attitudes and behaviour of educators.

The whole idea of life skills-based education for HIV and AIDS prevention is to make learners acquire knowledge and understanding about HIV and AIDS infection and prevention. It is therefore very important that learners are taught in the language they understand best. In many instances the language determines the attitude of learning and teaching, in South Africa we have experience that.

Intervention strategies relate to the research as its effectiveness in South African schools is investigated. In South Africa there are many intervention strategies of combating HIV and AIDS that are embedded in the Children's Bill of Rights in our constitution. The Life Skills HIV and AIDS Education Programme for primary and high schools is one of the intervention strategies. The main goal is to inform youth about HIV and AIDS and help them develop the skills, for example skills to analyze situations and behaviour and their possible consequences before making decisions and skills to refuse and avoid risky behaviour.

Chapter 3: Methodology

This chapter deals with the design and method used. Qualitative and quantitative research was used. Data was collected from grade four to seven educators at selected schools in the Zoutpansbeg East Circuit in Vhembe District of Education. Focus interview, discussions and a structured questionnaire was administered.

According to Mouton (1996.p.35-40) the methodology dimension refers to the 'knowledge of how' or 'know how' to do things or the total set of 'means' that scientists employ in reaching their goal of valid knowledge. These means are referred to by various names such as, methodology, research approaches, methods, techniques procedures and instruments.

In this research the term method has been used to refer to a higher level of abstraction of research means, to be specific: research methods refer to the means used to execute the research process.

3.1 Research Objective, Problem and Hypothesis

3.1.1. Research Objective

The objective of this research study was to determine the role of the attitude of trained life skills-based education on HIV prevention educators towards sexual behaviour of learners in the effectiveness of life skills-based education on HIV and AIDS prevention. This data was used to predict the attitude of these educators and also to find out whether the attitude of educators can influence the sexual behaviour of learners, and whether the sexual behaviour according to educators does or does not influence the contraction and passing on of HIV.

This research therefore proposes that the knowledge and perception of educators with regard to sexual behaviour of learners in the effectiveness of life skills-based education for HIV prevention is a significant determinant of the attitude of educators to successfully

change the behaviour of learners and that the above mentioned behaviour is a factor influencing the HIV infection.

The research question is: *What is the significant role of attitude of the educators towards the sexual behaviour of learners in the effectiveness of Life skills-based education on HIV prevention?*

3.1.2 Research Problem

Christensen (2004,p.105) describes a research problem as an interrogative sentence or statement that asks what relation exists between two or more variables.

What is the significant role of the attitude of educators towards sexual behaviour of learners in the effectiveness of Life skills-based education on HIV prevention?

The above statement conforms to the definition of a problem because it contains two variables which are (a) the role of attitude of educators towards the sexual behaviour of learners and (b) the effectiveness of Life skills-based education on HIV prevention. The two variables express a relationship and it was possible to test the problem empirically. For us to make this problem authentic a hypothesis was formulated.

3.1.3 Hypothesis

According to Christensen (2004,p.107) a hypothesis is a proposition that is stated in a testable form and predicts a particular relationship that exists between two or more variables or tentative solutions to the problems. The formulation of the problems usually follows the statement of the problem because one cannot state a hypothesis without having a problem.

Hypothesis implies that the insufficiency of presently attainable evidence necessary for testing is at least potentially available. By testing we mean either to confirm it to our satisfaction or to prove it wrong.

Bailey (1982.p.41-42) describes hypotheses as the type of statements that fit this definition and must be statements of fact susceptible to empirical investigation, that is, some statements that we can prove wrong or right through research. Opinions, values judgement or normative statements are excluded in this definition.

In this research the hypothetical statement is: *Has training of educators to teach Life skills-based education on HIV prevention successfully changed the attitude of educators towards sexual behaviour of learners in the effectiveness of skill-based education for HIV prevention?*

A distinction has been made between the scientific hypothesis and the null hypothesis. The scientific hypothesis represents the predicted relationship among the variables being investigated, and the null hypothesis represents statements of no relationships among the variables being investigated.

In this research there is a relationship between the two variables; (a) the role of attitude of educators towards the sexual behaviour of learners and (b) the effectiveness of life skills-based education on HIV prevention which was predicted. It is important at this stage to establish the strength of the relationship between the two variables. A correlation coefficient was used as a measuring statistic.

The effectiveness of life skills-based education on HIV prevention behaviour is the independent variable. This variable is capable of effecting change in the dependent variable. The dependent variable's value is dependent upon other variables and cannot on its own affect them. The effectiveness of life skills-based education on HIV prevention depends on attitude of educators towards the sexual behaviour of learners. The dependent variable is generally the variable we wish to explain and the independent variable is the hypothesized explanation.

Hypotheses are defined:

H1 There is a significant relationship between the attitude of trained life skills-based education on HIV and AIDS educators towards the sexual behaviour of learners and prevention of the infection of HIV and AIDS.

H2 There is no significant relationship between the attitude of trained Life skills-based education on HIV and AIDS educators towards the sexual behaviour of learners and prevention of the infection of HIV and AIDS.

The attitude of educators is a significant factor influencing the effectiveness of life skills-based education on HIV prevention and therefore changes the sexual behaviour of the learners which will ultimately reduce new and re-infection of HIV amongst learners. A distinction is made between the null hypothesis and scientific hypothesis.

3.2 Non-experimental Qualitative and Quantitative Research Method

3.2.1 Non-experimental Quantitative Research Method

Christensen (2004,p.33) describes non-experimental qualitative research as descriptive types of research method. Its goal is to attempt to provide an accurate description or picture of a particular situation or phenomenon.

In this research a picture of the attitude of educators towards the sexual behaviour of learners in the effectiveness of life skills-based education on HIV prevention which is given and described.

3.2.1.1 Self Administered Questionnaire

According to Babbie (1995.p.286) the three main methods of administering a survey are classified as a self, Self Administered Questionnaire, telephonic interview and face to face record responses.

The self-administered questionnaire was chosen over other methods because of its economy, reliability, speed, and lack of interview bias. Because of its anonymity and privacy it encourages more candid responses on sensitive issues.

After deciding on the mode of data collection, which is a tool, it was necessary to construct a number of questions that would provide answers to the research question. A research question was identified explicitly. In this research we wanted to know whether the attitudes of educators towards the sexual behaviour of learners have a bearing in the effectiveness or ineffectiveness of life skills-based education on HIV and AIDS prevention. A number of items were directed at the attitudes and perception of educators.

3.2.1.2 Questionnaire construction

A questionnaire was constructed following a specific format. It was properly laid out to avoid leading respondents to miss questions, also to avoid confusing them about the nature of data desired. There were thirty questions to respond to. As a general rule this questionnaire was spread out and uncluttered. The respondents were expected to check one response from the series. Contingency questions were asked and that made respondents to complete their task because questions were relevant and suitable for both female and male educators. Questions were not open-ended. Respondents were required to choose answers from five predetermined answers.

Several questions that have the same set of answer categories were asked. A Five-Likert Scale response category was used. A matrix of items and answers was constructed as illustrated in Figure 3.

Fig 3

	SA	A	D	SD	U
i) Sexuality education should be taught to girls only.	()	()	()	()	()
ii) Only female educators should teach sexuality education	()	()	()	()	()

SA = STRONGLY AGREE **A** = AGREE **D**= DISAGREE
SD= STRONGLY DISAGREE **U**= UNDECIDED

According to Babbie (1995.p.278-286) this format has a number of advantages; firstly, it uses space efficiently. Secondly the respondents will probably find it faster to complete a set of questions presented in this fashion. In addition this format may increase the comparability of responses given to different questions for the respondents as well as for the researcher.

Because respondents can quickly review their answers to earlier items in the set, they might choose between, for example 'strongly agree' and 'agree' on a given statement by comparing the strength of their agreement with their earlier response in the set.

Although the researcher is aware that there are some dangers inherent in using this format as well, its advantages may encourage one to structure an item so that the responses fit into the matrix format when a different, more idiosyncratic set of responses might be more appropriate. Also the matrix question can foster a response set among some respondents: the respondents may develop a pattern of, for example, agreeing with all the statements.

That would be especially likely if the set of statements began with several statements that indicated a particular orientation. Respondents might assume that all the statements represented are of the same orientation and reading quickly, therefore, might also misreading some of them.

This problem was reduced in this questionnaire by alternating statements representing different orientations and by making all statements short and clear.

The order in which questionnaire items are presented can also affect responses. The appearance of one question can affect the answer given to the later ones, for example, if a number of learners is given and then a question is asked about what they thought was the main cause of HIV infection amongst learners – an open-ended question, the bad behaviour of learners would receive more citations than would otherwise be the case.

That is why open-ended questions were asked in the first part of the questionnaire where educators were giving information about themselves, for example, age, sex, Learning Areas which they teach, grades, and so on. The rest of the questions were close-ended. Interesting items were asked in the beginning and throughout the questionnaire.

3.2.1.3 Pre-testing the questionnaire

As cited by Babbie (1995.p.247-248) no matter how careful one is in the design of the data collection instrument such as a questionnaire, there is always the possibility of error. One is certain to make some mistakes such as asking an ambiguous question, a question that people are not capable of answering, or some other violation of the rules discussed above.

To avoid such mistakes, a pre-test of the questionnaire was run in full. Eleven educators who did not take part of this research completed the pre-test questionnaire. That was mainly to check ambiguous questions, whether instructions were clear, and to avoid repetition of questions or duplication of questions.

3.3 Non-experimental Qualitative Research Method

According to Christensen (2004.p.33) Non-experimental Qualitative Research collects non numerical, this is data that consists of statements made by a person during an interview.

The qualitative method was chosen for this research because the investigation of the principals' characteristics, behaviour and attitude had to be done through direct contact with participants. This technique is deceptively easy to use. Precautions have been taken to prevent errors and data collected is accurate.

3.3.1 Interviews

According to Babbie and Mouton (2005.p.49) face-to-face interviews are the most common method to collect survey data in national surveys in South Africa. Rather than

asking respondents to read questionnaires and enter their own answers, interviewers ask questions orally and record respondents' answers.

Clairy, *et al* (2003.p.16) say face to face conversation allows for two way communication. A great deal of feedback, including direct questions, comments and the reading of body language such as, frown, nodding, smile and so on.

3.4 Procedure

Sixty educators from fifteen primary schools at Soutpansberg East Circuit completed the questionnaire. The number of participants of a particular school was determined by the number of trained educators, for example, some schools had more educators participating than other schools. Educators from the same school gathered in the same room and individually completed a questionnaire. Questionnaires were collected after completion. Because there was no fixed time set, educators completed questionnaires at their own pace.

Fifteen principals were interviewed. No particular order was followed. The interview was determined by the availability of principals. Each principal was interviewed alone at his/her school.

3.5 Obtaining Participants

Christensen, (2004.p.356) indicates that there are many ways in which a researcher can select participants who will be given the survey questionnaire. Most researchers' projects involve selecting a sample of participants from a population of interest. A population refers to all events, things or individuals to be represented and a sample refers to any number of individuals less than a population. However, the manner in which this sample of participants is selected depends on the goals of the research project.

Christensen (2004.p.50-51) divides sampling methods into two broad categories – probability and non-probability sampling. Non-probability samples rely on the judgement of the researcher. In a non-probability sampling there is no way of estimating the

probability that any element will be included in the sample, and therefore there is no method of finding out whether the sample is representative of the population or not. An example of non-probability sampling is haphazard sampling.

A probability sampling is one in which every element has a known chance of being selected, for example, random sampling.

A simple random sampling under a probability sampling has been used. Simple random sampling is unique in all elements in the population and has shown equal chance of being included in the sample. If for example, small tickets of the same size are put in a plastic bag and six are taken out, the procedure is simple random sampling.

Thirty five schools were allocated numbers. A colleague was requested to mark with a pen any fifteen numbers on the table of numbers that had no names of schools. The numbers were then compared to the previously prepared table with names and numbers. The marked schools were then requested to participate in this research.

Fifteen primary schools were randomly selected from Soutpandberg East Circuit to participate in this research. Sixty educators from these schools who are offering life skills-based education on HIV prevention were requested to participate. The number of participants varied from school to school according to the size of schools, that is, bigger schools would have more educators participating than smaller schools.

A five-Likert scale questionnaire consisting of thirty statements was given to each of the sixty educators to complete.

Principals were selected by virtue of being heads of the fifteen participating schools

3.6 Data Collection

A five-Likert scale questionnaire with two sections has been used to gather information. The first section was sampling the conditions, questions and instructions. The second section contained questions related to life skills-based HIV prevention education. Most questionnaire items were designed to measure the attitude of educators of life skills-based education on HIV and AIDS. These were sourced and adapted from previous literature. The questions have been chosen due to their reference to specific outcomes.

Questions with regard to measuring the sexual behaviour of learners who have been taught life skills-based education on HIV prevention were asked. The questions were selected due to their reference to specific consequences or outcomes as a result of changing the moral behaviour.

Questions measuring attitude and subjective norms were presented as statements of response on a 5-point Likert-scale. Attitude questionnaire items were formulated to trigger responses regarding the possible consequences of ignoring the universal precautions for HIV and prevention which is part and parcel of the life skills-based education for HIV and prevention programme at schools. This is relevant to the possibility of certain outcomes as a result of human behaviour.

A structured interview of five questions. Questions measuring the impact of life skills-based education on HIV prevention were asked while principals of participating schools answered one question at a time.

The above tools, techniques and methods have helped in findings and discussion of findings that also led to concluding the research. Unlike educators, principals were interviewed privately.

3.7 Defining of terms

Because words and their meanings differ according to the context they have been used it is important to define words that have been frequently used in the context of this research.

Learners refer to Grades 4-7 learners at fifteen public primary schools at Louis Trichardt area in the Soutpansberg East Circuit in Vhembe Education District in Limpopo Province. The schools are Eltivillas, Muthuhadini, Elim, Shirley, Shihlobyeni, Hlalelani, Djunani, Masedi, Masungulo, Magau, Mutavhanani, Munzhedzi, Madombidzha, Masindi and Tshimonela.

Educators/educators refer to trained life skills-based education on HIV and AIDS prevention grades four to seven primary school educators of the above-mentioned primary schools.

Attitude – refers to the manner of thinking, acting or feeling of trained life skills-based education on HIV and AIDS educators from the above-mentioned schools.

Sexual behaviour – refers to any behaviour that leads to sexual intercourse.

Life skills – refer to any coping or survival skill.

HIV – refers to Human Immuno-deficiency Virus

AIDS – refers to Acquired Immune Deficiency Syndrome

Sexuality Education – refers to education about knowing oneself (self awareness), body development and its changes from infancy, puberty to adulthood, sexual orientation, relationships with self and others, rights and responsibilities of self and others and living a healthy life style to prevent the spread of disease.

Population – refers to educators that have been represented.

Sample – refers to a number of educators from the above-mentioned schools who completed questionnaires.

4. Findings, Data Analysis and Discussions.

According to Christensen (2004.p.12) research data needs to be analysed and interpreted in order to test and provide an answers as well as achieving the objectives. The data that were collected by means of a structured questionnaire, interviews are interpreted and analysed. The findings will be explained in detail.

4.1 Demographic characteristics of educators who participated

Sixty educators responded. Each was given a questionnaire to complete. The number of those who participated is sixty. Female's respondents were more than male respondents. This may be due to the fact that in primary schools generally there are more females than males; 72 percent (72%) were female and 28 percent (28%) were male.

Educators have been trained on life skills-based education on HIV prevention at different occasions. Their teaching experience differs, which means their experience on life skills based education teaching is not the same. The questionnaire focussed on attitudinal issues, behaviour of learners, and basic knowledge of HIV and AIDS. Statements were grouped according to their objectives.

Fifteen principals responded. Each was asked five questions and they answered as the researcher was making notes. Principals have not undergone training.

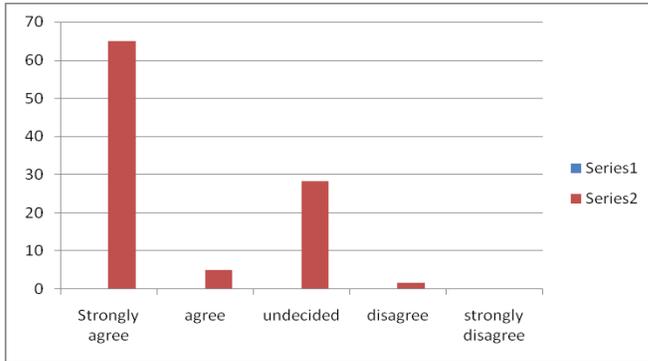
4.2 Findings about the attitude of educators.

Statements 1, 2, 3, 4, 5, and 8 were measured to see whether educators regarded life skills-based education on HIV prevention as an important subject that needs to be taught seriously at schools.

Statement 1 intended to find out what the view of educators is about the introduction of HIV and AIDS education at schools. Educators were to assess if it is not a waste of money to introduce this education at school. The result showed that 18.3 % strongly agreed, 1.7% agreed, 0% undecided 5 disagreed while 65% strongly disagreed. The

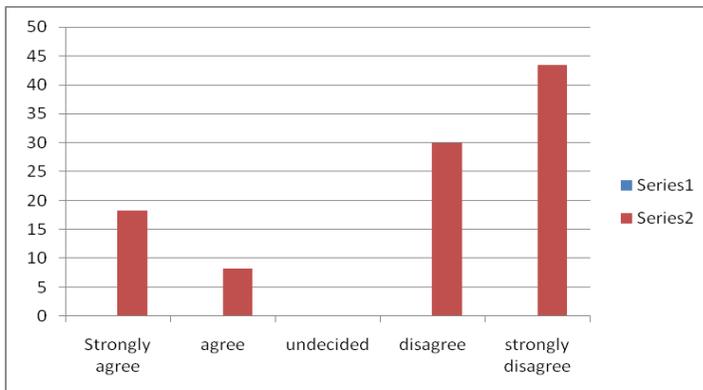
summary of responses is that 66.7% disagreed that the introduction of HIV and AIDS is a waste of time. This is demonstrated in fig 4.1 below.

Fig 4.1



Statement 2 intended to find out if educators have problems in talking about sexuality with the learners. Educators were to assess whether it is easy for them to discuss issues of sexuality. The result showed that 18.3% of the educators strongly agreed, while 8.3% of educators agreed that it is a problem for them to talk about sexuality issues; and 0% of the educators were undecided about talking about sexuality issues. Thirty percent (30%) of the educators disagreed that it is a problem for them to talk about sexuality issues while 43.3% strongly disagreed. The summary of the responses is 73.3% disagreed that it is a problem for them to talk about sexuality issues. This is demonstrated in fig 4.2 below.

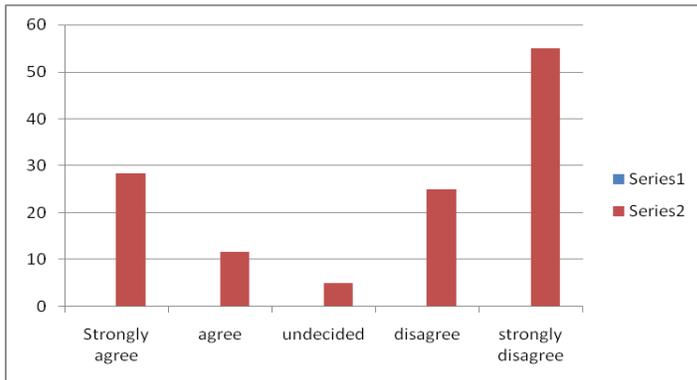
Fig 4.2



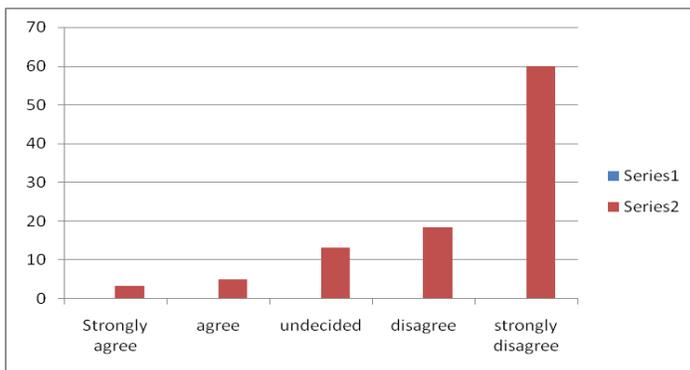
Statement 3 intended to find out if either male or female educators are the most appropriate to teach sexuality education. Almost thirty percent (28.3%) of educators

strongly agree that female educators are the most appropriate to teach sexuality education; 11.7% of educators agreed that female educators are the most appropriate to teach sexuality education; 5% of educators were undecided; 25% of educators disagreed that female educators are the most appropriate to teach sexuality education, while 55% of educators strongly disagreed that female educators are the most appropriate to teach sexuality education. This is demonstrated in fig 4.3 below.

Fig 4.3

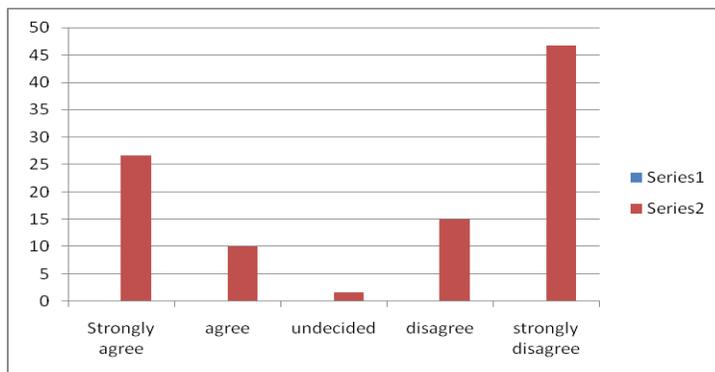


Statement 4 intended to find out whether talking about male and female organs in the classroom is swearing; 3.3% of the educators strongly disagreed that talking about male and female organs in the classroom is swearing, 5% of the educators disagreed, 13.3% of the educators were indifferent, 18.35% agreed while, 60% strongly disagreed. The summary of the responses is 78.4% disagree that talking about female and male organs is swearing. This is demonstrated in fig 4.4 below.



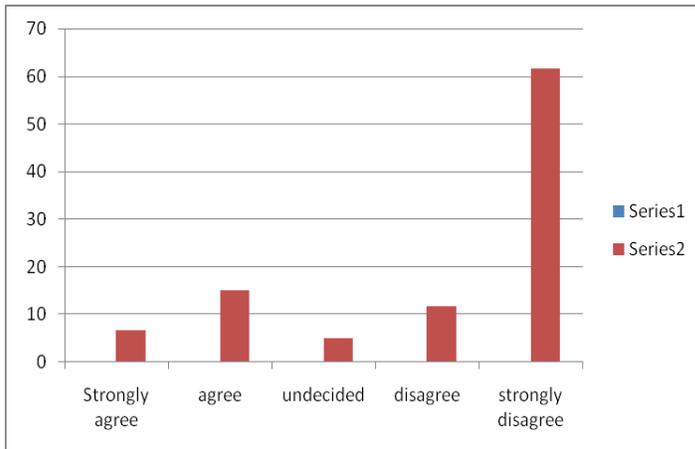
Statement 5 intended to find out whether home languages should not be used to teach sexuality education. Just over twenty six percent (26.7%) of the educators strongly agreed that home languages should never be used to teach sexuality education, 10% agreed, 1.7% of educators were indifferent, 15% disagreed, while 60% strongly disagreed. The summary of the responses is 75% of respondents disagree that home languages should not be used to teach life skills-based education. This is demonstrated in fig 4.5 below.

Fig. 4.5



Statement 8 was intended to find out whether learners should be taught at school how to use condoms. Only 6.7% of the participants strongly agreed that learners should be taught how to use condoms at schools, 15% agreed, 5% of participants were indifferent, 11.7% disagreed, while 61.7% strongly disagreed that learners should be taught how to use condoms at school. The summary of the responses is 73.4% of respondents disagree that those learners should be taught how to use condoms at school. This is demonstrated in fig 4.6 below.

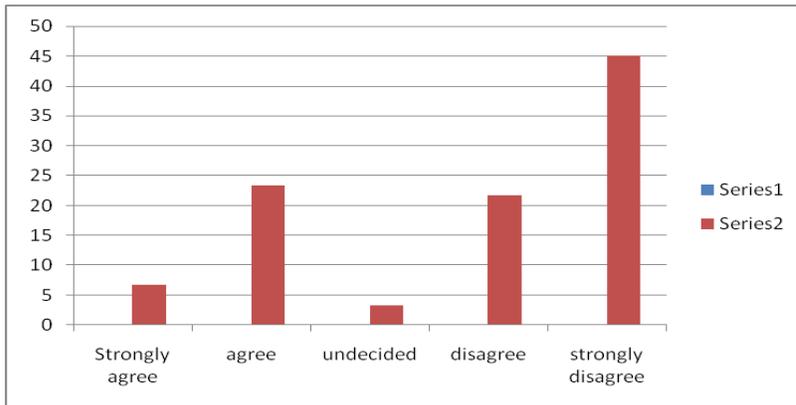
Fig. 4.6



Statements 9, 10, 13, 15, 18, 19, 20, and 22-29 were used to determine attitude of educators towards the sexual behaviour of learners.

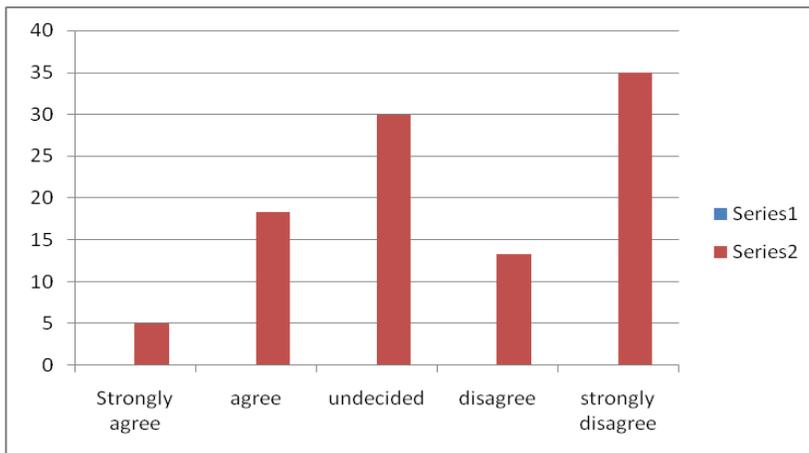
Statement 9 intended to find out whether the most barriers in executing their duties with regard to life skills-based education on HIV prevention are these learners who refuse to listen and do not believe that HIV is there. Only 6.7% strongly disagreed that learners are barriers in executing their duties, 23.3% agreed, 3.3% were indecisive, 21.7% disagreed, 45% strongly agreed. The summary of the responses is that 66% of respondents disagreed barriers in executing their duties with regard to life skills-based education on HIV prevention are learners who refuse to listen and who do not believe that there is HIV. This is demonstrated in fig 4.7 below.

Fig 4.7



Statement 10 intended to find out whether there are many HIV positive learners at schools. Only 5% strongly agreed that children infected with HIV are many, 18.3% agreed, 30% were indecisive, 13.3% disagreed while, 35% strongly disagreed, 5% strongly disagreed. Almost half (48.3%) disagreed that there are many HIV positive learners at schools. The summary of the responses is that 53.3% of respondents disagreed that learners infected with HIV are many. This is demonstrated in fig 4.8 below.

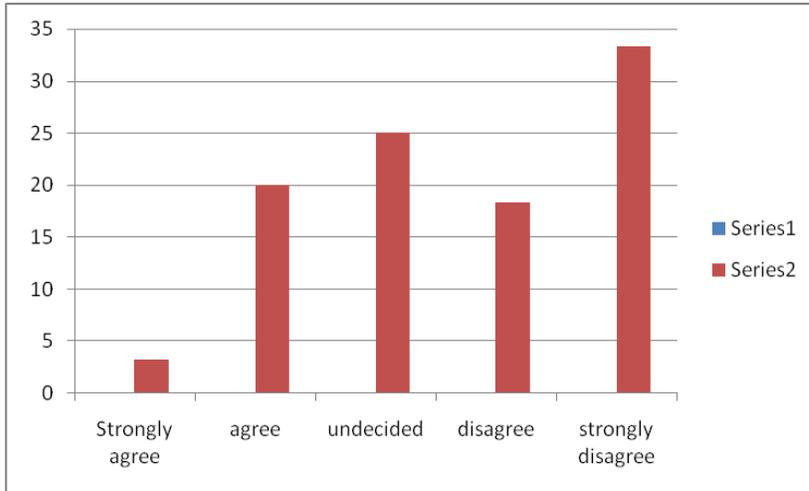
Fig 4.8



Statement 11 intended to find out whether it is scary to teach learners who are HIV positive. Only 3.3% of participants strongly agreed that it is scary to teach learners who are HIV positive, 20% agreed, 25% were indecisive, 18.3% disagreed while 33.3% of the participants strongly disagreed. The summary of the responses is 58.3% of respondents

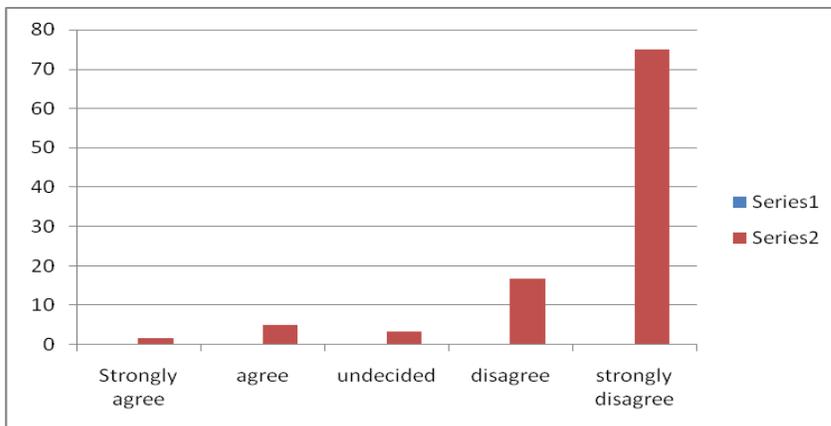
disagreed it is scary to teach learners that are HIV positive. This is demonstrated in fig 4.9 below.

Fig 4.9



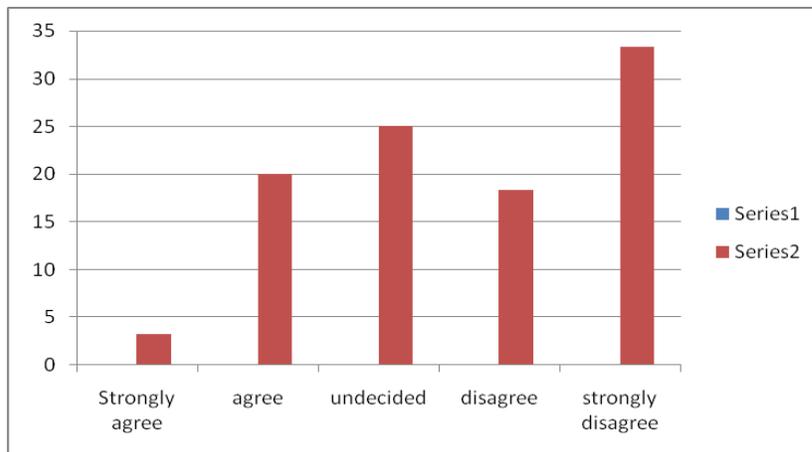
Statement 13 intended to find out whether life skills-based education is not an effective way of preventing the spread of HIV. Few (1.7%) strongly agreed that life skills-based education is not an effective way of preventing the spread of HIV, 5% agreed, 3.3% were indecisive, 16.7% disagreed, and 75% strongly disagreed. The summary of the responses is that 91.7% of respondents disagreed that life skills-based education is not an effective way of preventing the spread of HIV as demonstrated in fig 4.10 below.

Fig 4.10



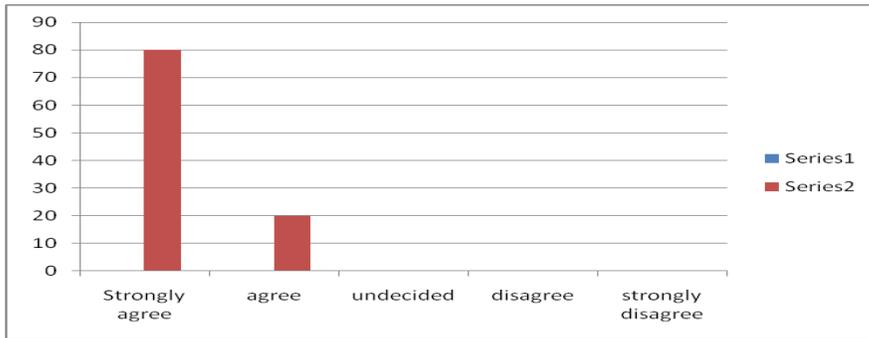
Statement 15 intended to find out if large cases of HIV infection happen at schools. Few (3.3%) strongly agreed that large infections happen at schools, 20% agreed, 25% were indifferent, 18.3% disagreed, while 33.3% strongly disagreed. The summary of the responses is 51.6% of respondents disagreed those large cases of HIV infection happen at schools as demonstrated in fig 4.11 below. The summary of the responses is 91.7% of respondents disagreed those large cases of HIV infection happen at schools as demonstrated in fig 4.10 below.

Fig 4.11



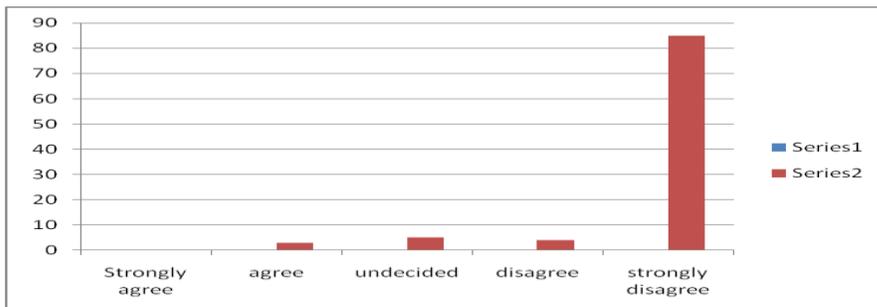
Statement 18 intended to find out whether educators have a responsibility to respect and protect the learners in their care. Most (80%) of the respondents strongly agreed that educators have a responsibility to respect and protect learners in their care, 20% agreed, 0% were indecisive, 0% disagreed, while 0% strongly disagreed. The summary of the responses is that 100% of respondents strongly agreed that educators have a responsibility to respect and protect the learners in their care as demonstrated in fig 4.12 below.

Fig 4.12



Statement 20 was intended to find out whether only girls must be taught about HIV & AIDS because they will bear children one day. None (0%) of respondents strongly agreed that only girls must be taught about HIV and AIDS. 3.3% agreed, 5% were indecisive, 4% disagreed while 85% strongly disagreed. The summary of the responses is that 89% of respondents strongly disagreed that only girls must be taught HIV and AIDS as demonstrated in fig 4.11 below.

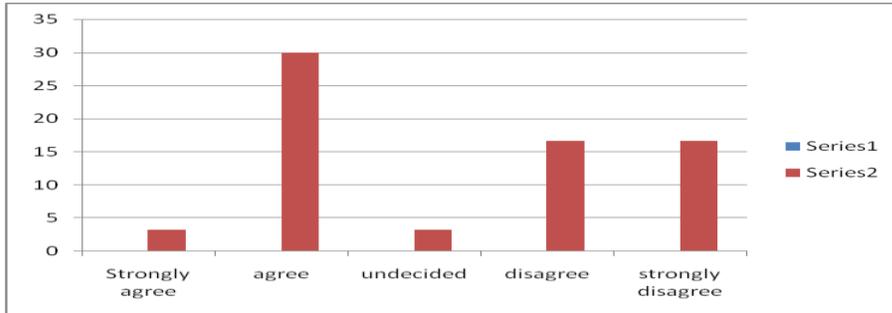
Fig 4.11



Statement 22 intended to find out whether it is difficult to teach learners born of illiterate parents about HIV & AIDS because they will not understand. Few (3.3%) of respondents strongly agreed that it is difficult to teach learners born of illiterate parents about HIV and AIDS because they will not understand, 0%, agreed, 3.3% were indecisive, 16.7% strongly disagreed and 78.3% strongly disagreed. The summary of the responses is that 95% of respondents strongly disagreed that it is difficult to teach learners born of

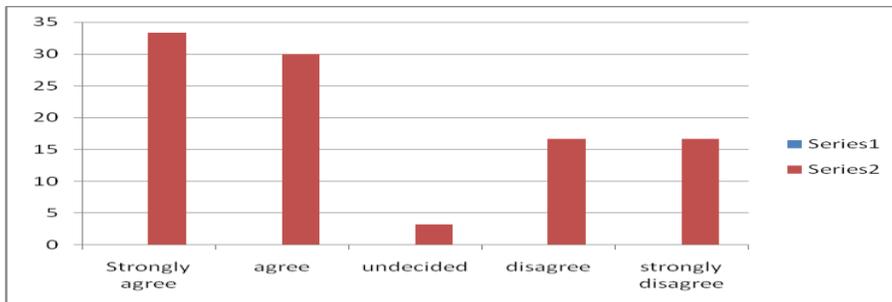
illiterate parents about HIV & AIDS because they will not understand as demonstrated in fig 4.11 below.

Fig 4.11



Statement 23 intended to find out whether with a few exceptions learners start school with an HIV negative status. One third (33.3%) of the respondents strongly disagreed that with few exception learners start school with an HIV negative status, 30% agreed, 3.3% were indecisive, 16.7% disagreed while 6.7% strongly disagreed. The summary of the responses is that 66% of respondents strongly agreed that with few exceptions learners start school with HIV negative status staff as indicated in fig 4.12 below.

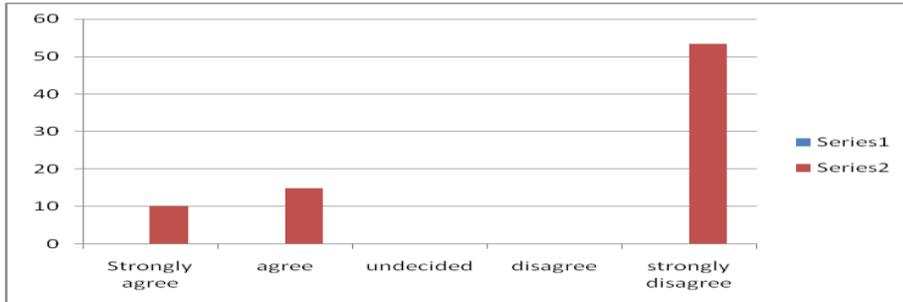
Fig 4.12



Statement 24 intended to find out whether by the time learners leave school many of them shall have acquired the virus. Ten percent (10%) of respondents strongly disagreed that by the time learners leave school, many will be HIV positive, 15% agreed, 0% were indecisive, 0% disagreed and 53.3% strongly disagreed. The summary of the responses is

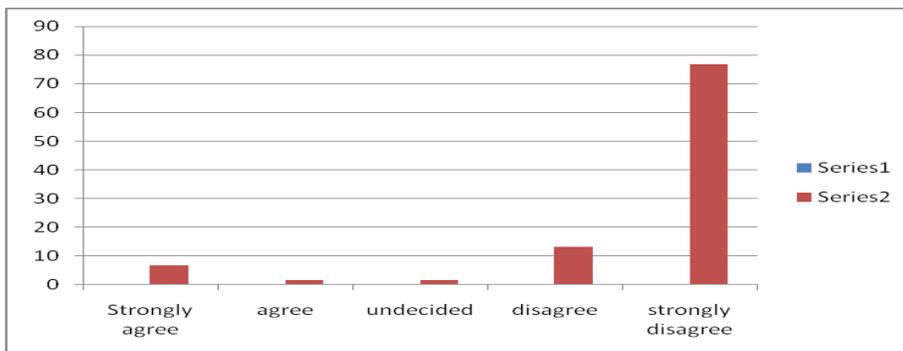
53% of respondents strongly disagreed that only girls must be taught HIV and AIDS as demonstrated in fig 4.11 below.

Fig. 4.11



Statement 25 intended to find out whether teaching life skills-based education is a waste of time because learners are sexually active already. Only 6.7% of the respondents strongly agreed that is a waste of time because learners are sexually active already, 1.7% agreed, 1.7% of the respondents were indifferent, 13.3% disagreed while 76.7% strongly disagreed. The summary of the responses is that 90% of respondents strongly disagreed that whether teaching life skills-based education is a waste of time because learners are sexually active already as demonstrated in fig 4.11 below.

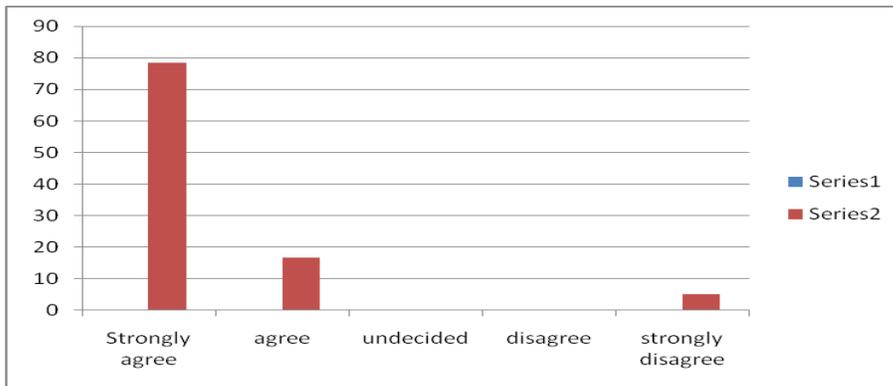
Fig. 4.11



Statement 26 intended to find out whether children are taught to respect older people but that it does not mean that they must do everything older people tell them to do especially if it is wrong and makes them uncomfortable. Most (78.3%) strongly agree that children are taught to respect older people but that does not mean that they must do everything

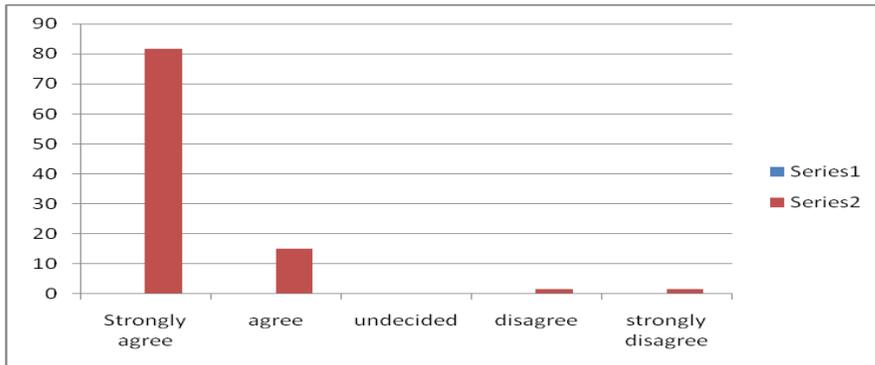
older people tell them to do especially if it is wrong and makes them uncomfortable. 16.7% agreed, 0% respondents were undecided, 0% disagreed, and 5% strongly disagreed. The summary of the responses is that 95% of respondents strongly agreed that children are taught to respect older people without sacrificing themselves to bad situations as demonstrated in fig 4.12 below.

Fig. 4.12



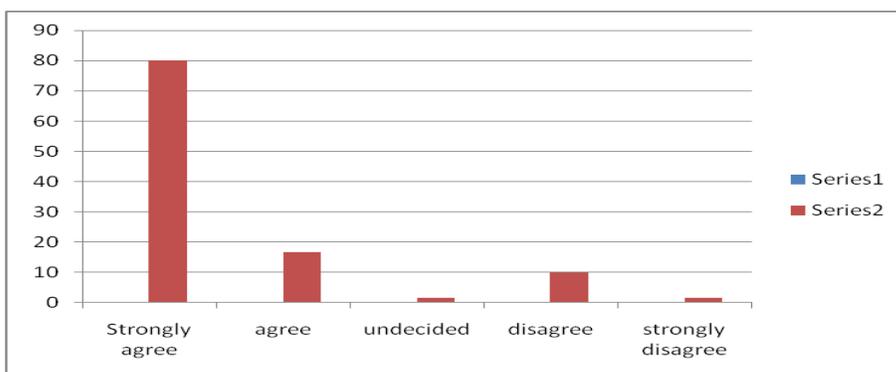
Statement 27 intended to find out whether a child should never stay in any situation that makes her/him uncomfortable. Most (81.7%) of the respondents strongly agreed that a child should never stay in a situation that makes her uncomfortable, 15% agreed, 0% of the respondents were indecisive, 1.7% disagreed, and 1.7% disagreed strongly. The summary of the responses is that 96.6% of respondents strongly agreed that a child should never stay in the situation that makes her/him uncomfortable as demonstrated in fig 4.13 below.

Fig. 4.13



Statement 28 intended to find out whether children are taught to shout for help, run away and ask an adult they trust to help them if they find themselves in difficult situations. Most (80%) strongly agreed that children are taught to shout for help, run away and ask an adult they trust to help them if they find themselves in difficult situations, 16.7% agreed, 1.7% were indecisive, 0% disagreed, 1.7% strongly disagreed. The summary of the responses is that 96.7% of respondents strongly agreed that children are taught to shout for help, run away and ask an adult they trust to help them if they find themselves in difficult situations. as demonstrated in fig 4.14 below.

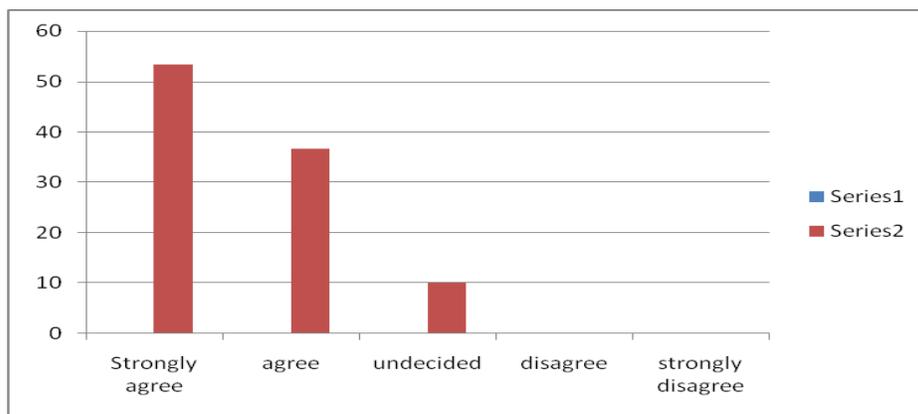
Fig. 4.14



Statement 29 intended to find out whether they have noticed the behaviour change of learners since the introduction of life skills-based education on HIV prevention programme at their school. More than half (53.3%) of the respondents strongly agreed

that they have noticed the behaviour change of learners since the introduction of life skills-based education on HIV prevention programme at their schools, 36.7% agreed, 10% were indifferent, 0% disagreed, and 0% strongly disagreed. The summary of the responses is that 90% of respondents strongly agreed that they have noticed the behaviour change of learners since the introduction of life the skills-based education on HIV prevention programme at their school as demonstrated in fig 4.15 below.

Fig. 4.15



The results of this research comprise the interpretation of the descriptive statistics from the questionnaire responses and the consideration of a significance values related to the relevant correlation coefficients. The responses of the intention questions are summarized in Fig. 4.16.

Fig. 4.16

The five-Likert points scale results are summarized as follows.

SA = STRONGLY AGREE

A = AGREE

U = UNDECIDED

D = DISAGREE

SD = STRONGLY DISAGREE

Sixty educators participated. Thirty questions were made available for them to respond to.

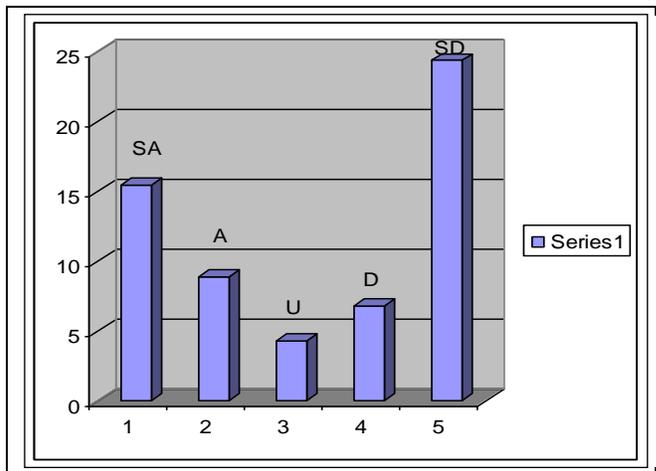
SA	A	U	D	SD
$\Sigma X_i = 444$	$\Sigma X_i = 262$	$\Sigma X_i = 123$	$\Sigma X_i = 210$	$\Sigma X_i = 744$
N=30	N=30	N=30	N=30	N=30
Mean = 15.5	Mean = 8.9	Mean = 4.3	Mean = 6.8	Mean = 24.4

X = individual score

N = number of score in a group.

Distribution of scores is summarized as follows in fig 4.7.

Fig. 4.17



Strongly disagree (**SD**) was mainly focusing on negative statements with regard to teaching life skills-based education on HIV and AIDS prevention. Educators vehemently disagreed with what was said.

Disagree (**D**) was also focusing on negative statements with regard to teaching life skills-based education on HIV and AIDS prevention and also dealt with gender and HIV. Educators disagreed to a certain degree.

Undecided (**U**) educators did not know what to say i.e. could not agree nor disagree.

Agree (**A**) mainly focused on the positive statements that dealt with the behaviour change. Educators were agreeing to a certain degree.

Strongly agree (**SA**) was mainly focusing on the positive statements that dealt with the behaviour, support and caring for the infected and affected learners.

4.3 Findings about the view of principals

Question 1 required principals to give their view point as to whether the introduction of life skills based education on HIV prevention does assist learners and educators in any way. Principals indicated that this education helps learners to build their self esteem. The relationship between learners and educators has improved. Learners openly speak about sexuality and reproductive health and HIV and Aids issues.

Question two was trying to find out how the life skills-based education on HIV prevention is assisting in terms of issues related to sexual behaviour of learners. Principals think that it builds up learners' positive self esteem. Learners are able to choose from right and wrong, make informed choices and decisions. Learners openly talk about issues of sexuality, HIV and AIDS. Their relationship with educators has improved.

Question three required principals to give their opinion on the attitude of educators on

- (a) Learners' sexual behaviour?
- (b) Teaching life skills-based education on HIV prevention?
- (c) Going an extra mile to assist learners with issues that do not relate to curriculum?

According to principals, trained educators understand that the sexuality of learners is a normal necessary development process. Training moves educators from one thinking to another, paradigm shifting. Sexual behaviour needs to be directed through experiential learning and guidance. With regards to life skills-based education on HIV prevention,

more teachers need to be trained as one life orientation educator cannot cope due to high numbers of learners and that educators themselves need assistance in coping with problems relating to HIV and AIDS. Not all educator are prepared to go an extra mile, however many trained educators try very hard to assist learners.

Question four asked principals about what contributions they would bring to the programme. Looking at the hectic schedule that teachers are faced with, it would be unfair to expect only educators to manage the programme. More parents need to be trained as well so that they can deal with the children's behavioural problems. Poverty, the impact of AIDS death and HIV incapacitating parents force learners to mature very early as a result engage in sexual intercourse which also determines their sexual behaviour.

4.4 Differences and similarities

Educators and principals agree that the attitude of educators can be change by life skills-based on HIV prevention training. They also agree that the attitude of the educators has a can influence a particular sexual behaviour of a child. They also agree that parents need to be involved as well. They both agree that the introduction of life skills-based education on HIV prevention there is a noticeable behaviour change on learners. They both differed in terms of educators going an extra mile to teach life skills-based education on HIV prevention. While educators think they are doing more than enough

Principals think it is too hectic for educators to teach life skills-based education on prevention while having other responsibilities, educators on the other hand do not take this as an extra job but as part of helping and mentoring the development of the child.

4.5 Discussion

A discussion of findings and data analysis in this chapter has been based on what has been found by this research study in relation to the literature review done in chapter two.

The South African National Education HIV and AIDS policy Act No 96 of 1996 forbids learners and educators to be tested as a prerequisite for admission and employment at schools. Based on that educators agree that it is not easy to know anyone's status unless told. Educators rely on life skills-based education on HIV and AIDS prevention to teach learners and prepare them with skills that will help them to face challenges of growth and development and by all means remain HIV negative if they are HIV negative, help to support those that are HIV positive. Knowledge and skills will help them make informed decisions.

The one part of the questionnaire was to find out whether educators knew the difference between HIV and AIDS and how they relate to each other and also how HIV is transmitted. Educators agree that heterosexual transmission, as discussed in chapter 1, accounts for most transmission in South Africa.

With regard to learners being sexually active at the primary school-going age and some being subjected to abuse, rape and molestation: this life skills-based education is of the utmost importance. Educators' attitude is that life skills-based education on HIV and AIDS prevention should be an ongoing thing in order to change the bad sexual behaviour and maintain the good behaviour which is abstinence.

The fact that most infections are acquired through unprotected vaginal and anal sexual intercourse creates a problem for educators because learners who engage in sexual practices may be most vulnerable because condom education is not an option at this stage. These learners are not even assertive enough to make a choice of whether to use a condom or not. Most educators do not agree that condom usage education is appropriate for the primary school learners.

As for the determinants of HIV and AIDS in South Africa, educators agree strongly that young girls are more vulnerable than boys, however not only girls should be taught life skills-based education on HIV prevention, boys too should be taught.

This research supports the research done by Schemer and Nyirenda, (1999.p.8) that HIV prevention demands specifically well trained, experienced educators who have acquired the particular characteristics that allow them to be effective behaviour changing agents in schools. Life skills-based education on HIV and AIDS prevention training emphasizes such qualities.

When educators did not know the answer or if they were doubtful about their feelings they ticked the undecided box. The number of undecided responses is significantly low. This indicates that many educators know what they want and expect. Educators agree that young people are in the process of learning to control their sexual behaviours and are therefore much more receptive to adopting safer practices than older people who are habituated to established sexual practices that are mostly unsafe.

There is a good logic and growing evidence that comprehensive age-appropriate sexuality education helps to reduce risky behaviour among adolescents. Training of educators enabled them to teach sexuality and HIV comfortably and completely. Educators are now at an advantage of dealing with populations at risk of HIV infection. With their positive attitude they are able to deal with HIV prevention and anti-discriminative issues.

Most educators strongly agreed that they play a central role in changing the course, the epidemic, and they have the responsibility to respect the rights to access of information of the learners in their care by teaching them.

All educators strongly agreed that the life skills-based education on HIV and AIDS prevention programs meets the requirements. Educators go through training before they are allowed to participate in this prevention education programme with learners.

In life skills-based education, after identifying knowledge that needs to be taught, educators use different modes of presentation, that is, they allow learners, to tell about their experiences or other people's experiences without mentioning names and then

discuss or role play these situations. This tries to address the complex social and practical realities of teaching this subject.

Although educators teach other Learning Areas they do not regard this life skills-based education on HIV and AIDS prevention program as an extra burden but a necessary subject which they are ready to tackle. In Chapter 1 I discussed that life skills is not a Learning Area but it lodges within the field of Life Orientation which lends itself well to embedding life skills education. Educators who are not teaching Life Orientation still find time to teach life skills-based education on HIV and AIDS prevention. This is so because they agree that it enhances the practice of positive values, attitudes, behaviour and life skills in the individual and these are extended to other people, in the community.

These skills are needed for behaviour change. A positive attitude of educators guarantees success in behaviour change and negative attitude guarantees failure and disaster. Educators agree that the sexual behaviour change discussed in Chapter 1 has a direct bearing on or connection with the transmission of HIV through sexual intercourse.

This research agrees with the research done in Washington DC, as discussed in Chapter 1, which demonstrates that possessing life skills may be critical to young people's ability to positively adapt and deal with the challenges of life. The sexual behaviour of learners in primary schools may be redirected to abstinence and the HIV negative status can therefore be maintained.

With regard to who should teach life skills-based education on HIV and AIDS prevention, i.e. whether that person should be male or female, 55% of respondents strongly disagreed with the fact that only female educators are appropriate for teaching Life skills-based education on prevention. Any trained educator can teach. Both male and female educators are actively involved, although not as expected because of the challenges mentioned below.

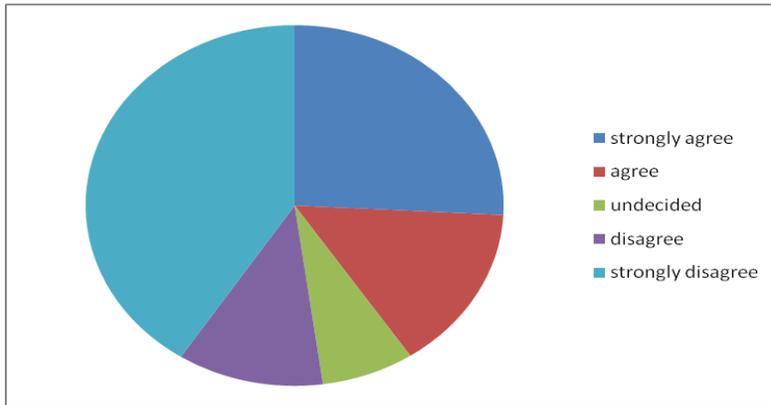
This research agrees with the research done by a UK Working Group (Boler & Aggleton, undated. p.5.) on HIV that although it is not easy to define which skills should be taught, the introduction of the life skills-based education on HIV and AIDS prevention programme inside the formal education system creates problems due to overcrowding, the introduction of a new curriculum approach also because many schools are in poorer settings.

Educators are not as actively involved as they are expected to be. This may be due to the large numbers of learners that each educator is faced with. Another factor is the delay in supply of learners' resource materials by the department of education as well as lack of monitoring and support by the master trainers. The introduction of the National Curriculum Statement requires them to do more work in other Learning Areas that they are offering, that ever before. These hindrances need to be addressed urgently in order for this programme to succeed.

Although life skills-based education on HIV prevention is a good and relevant programme to address the pandemic, the number of educators trained per school needs to be increased taking into consideration the learner teacher ratio. The attitude of educators has either a negative or positive bearing on the success of the education programme.

The provision of more training will yield some positive results as teacher' attitude has been found to be positive and it has an influence on the behaviour change of the learners. The findings are summed as follows in fig.4.19

Fig. 4.19



Chapter 5. Conclusion and Recommendations.

It can be concluded that the attitude of the educators has a role in the behaviour change of the learners and also that it has a bearing on how the goal of life skills-based education of HIV prevention can be achieved.

The aim of life skills-based education on HIV and AIDS prevention is to modify the behaviour and not just giving knowledge but also acquiring of skills. Areas covered in life skills training are negotiation skills, assertiveness, peer pressure coping skills, compassion, self-esteem, tolerance and social norms.

Despite the many challenges that educators are faced with at schools, their positive attitude strengthens their determination to empower these learners to be able to assess difficult, bad or good situations and be in the position of taking an informed responsible decision and stand by the decision. However, in an attempt to make life skills-based education on HIV and AIDS prevention programme works and be acceptable to learners and communities, it is better to encompass an ever-increasing level of generic skills. Skills differ and are complex.

Different as they are, skills according to educators, are essential to change the unacceptable sexual behaviour of learners and enhance the accepted behaviour of learners.

Educators' attitude is that life skills-based education on HIV and AIDS prevention should be an ongoing thing in order to change the bad sexual behaviour and maintain the good behaviour which is abstinence.

Knowledge, perception and attitudes of educators are important precursors for behavioural responses and behaviour change. The positive attitude of educators is influenced by the adequate knowledge and understanding of Life skills-based education on HIV and AIDS prevention content. The positive attitude of educators makes them to

accept their huge responsibility of helping learners to understand that in the absence of a safe, effective vaccine, behavioural interventions which target people at high risk of acquiring and spreading the HI virus have the biggest chance of limiting the epidemic.

6. Bibliography

- Babbie, E & J. Mouton. (2005). *The Practice of Social Research*. Oxford University Press. Cape Town. South Africa
- Boler, T. & P. Aggleton P. (Undated). Issue 3. *HIV/AIDS & Education*. Save the children Action aid.Policy & Research. London. UK.
- Cleary, S. (et al) (2003). *The Communication Handbook*. Jute & Co. Ltd. Lansdowne. South Africa.
- Christensen, L.B. (2004). *The experiential methodology*. University of South Alabama. Pearson. Boston. USA.
- Department of Education.(2004). *National Integrated Plan for Children Infected and Affected with HIV and AIDS*. Department of Education Business Plan. Polokwane. Limpopo Province. South Africa.
- De Voss, A.S. (et al) (2002). *Research at grass roots. For the social sciences and human service professions. 2nd Edition*. Potchefstroom University. Paarl, South Africa.
- Grant, C.A. & L.M. Summerfield (2006). *Humanizing Pedagogy Through HIV and AIDS Prevention*. Transforming Teacher Knowledge. Paradigm Publishers. London.UK.
- Hornby, A.S. (1978). *Oxford advanced learner's dictionary of current English*. Oxford University Press. Oxford. UK
- Irving, L.J. (1969). *Personality, Dynamics, Development and Assessment*. Bruce & University Press. Oxford. UK
- Jennings M.A. (2006) *Integration of Life Skills and HIV/AIDS into the South African Schools' Life Orientation Curriculum creating a model for NGO's*. Thesis. African Centre for HIV Management. Stellenbosh University. Stellenbosch. South Africa
- Kekana-Simelane, A. (2003). *Evaluation report on Introduction of Life skills (HIV/AIDS) in grade 1 classes in Limpopo Province*. UNICEF Department of Education. Limpopo. Polokwane. South Africa.
- Mbuya, J.C. (2000). *The AIDS Epidemic in South Africa*. Sunny Print. MacMillan. J H
- Mouton. J. (1996) *Understanding Social Research*. Van Schaik Publishers. Pretoria. RSA.
- Raphalalani. (1994). *An investigation of knowledge and understanding of AIDS and HIV*

- infection amongst high school students at Tshiawelo High school, in Vleifontein, an area in the Northern Transvaal.* University of the North. Sovenga. Polokwane. RSA
- Robbins, S.P. (et al) (2003). *Organizational Behaviour. Global and Southern African perspective.* Pearson Education. Cape Town. South Africa.
- Rooth, E.L. (1995). *Life skills.* A Resource Book For facilitators. Macmillan. Boleswa. Swaziland.
- Schenker, I.I. & J.M. Nyirenda (2002). *Preventing HIV/AIDS in schools.* International Academy of Education(IAE). Geneva. Switzerland.
- Tiendrebeogo et al. (2003). *Survey of Nonformal Life Skills and HIV Prevention Literature Aimed at Young People in Africa .*AF/SD Publication Centre. Series AC1. *Technical paper v119.*
- Van Dyk, (2002). *HIV/AIDS Care & Counselling.* Maskew Miller Longman Group. Cape Town. South Africa.
- Van der Merwe, (1999) *Life Skills and HIV/AIDS Education Programme – Teacher’s Respoiurce Guide Grade 1-7.*HIV/AIDS and STD Directorate, Department of Health, Pretoria, South Africa.
- Visser, M.J.(2005). Life skills training as HIV/AIDS preventive strategy in secondary schools: evaluation of a large-scale implementation process. *Journal des Aspects Sociaux du VIH/SIDA.* Vol.2 No1 April 2005. University of Pretoria. Pretoria. South Africa.

Annexures 1 (Summary of scores)

No	SA	A	U	D	SD	TOTAL
1.	17	01	00	03	39	60
2.	11	05	00	18	26	60
3.	03	07	02	15	33	60
4.	02	03	08	11	36	60
5.	16	06	01	09	28	60
6.	35	18	01	04	02	60
7.	32	17	04	04	03	60
8.	04	09	03	07	37	60
9.	04	14	02	13	27	60
10.	02	11	18	08	21	60
11.	06	09	16	08	21	60
12.	01	05	09	11	34	60
13.	01	03	02	09	45	60
14.	01	07	03	13	36	1
15.	02	12	15	11	20	60
16.	36	19	01	04	00	60
17.	13	19	00	11	17	60
18.	48	12	00	00	00	60
19.	00	01	02	04	53	60
20.	00	02	03	04	51	60
21.	12	05	18	05	20	60
22.	02	00	02	09	47	60
23.	20	18	02	10	10	60
24.	06	09	00	00	32	60
25.	04	01	01	08	46	60
26.	47	10	00	00	03	60
27.	49	09	00	01	01	60
28.	48	10	01	00	01	60
29.	32	22	06	00	00	60
30.	02	04	07	05	42	60
TOTAL	466	268	130	205	731	180

Annexure 2

Letter of Permission to conduct a survey at schools.

94A Buffel Street
Louis Trichardt
0920

2005 March 01

The Circuit Manager
Soutpansberg East Circuit
Private Bag X2009
Louis Trichardt
0920
65 Munnik Street
Telephone: 015 516 1289
Fax 015 516 3494

Att. Mr KP Netshia

REQUEST TO CONDUCT A SURVEY ON LIFE SKILLS-BASED EDUCATION PROGRAMME AT YOUR CIRCUIT

I am studying a MPhil Degree with the University of Stellenbosch. One of the requirements for me to complete this degree is to do a research. I have chosen to conduct this survey at 15 of your schools viz, Eltivillas, Muthuhadini, Elim, Shirley, Shihlobyeni, Hlalelani, Djunani, Masedi, Shirley, Masungulo, Magau, Mutavhanani, Munzhedzi, Masindi and Tshimonela.

Enclosed herewith is the questionnaire that will be sent to schools to be completed by the trained Life Skills HIV and AIDS Education.

Hoping that my request will be accepted

Yours sincerely
Ms Nelly Tlakula
Cell: 073 139 2292

Annexure 3

Consent Form

**LIFE SKILLS-BASED EDUCATION ON HIV PREVENTION QUESTIONARE
GRS 4 -7 PRIMARY SCHOOL**

**NB. ONLY EDUCATRS WHO ARE WILLING TO PARTICIPATE MUST SIGN
THIS CONSENT FORM.**

I....., an educator
at.....school hereby confirm that I willingly shall participate in the
life skills-based education on HIV prevention survey. Nobody forced me to take part.

Signed at..... on this day of..... Month 2005

Signature.....

Date.....

**LIFE SKILLS-BASED EDUCATION ON HIV PREVENTION QUESTIONARE
GRS 4 -7 PRIMARY SCHOOL**

NB. ONLY TRAINED LIFE SKILLS AND HIV /AIDS EDUCATORS SHOULD RESPOND TO THIS QUESTIONAIRE.

SECTION A

1. Please mark the relevant box with an X

Your Age	-20	21-30	31-40	40+
Sex	Male	Female		
Education	Academic	high school		
	<i>Professional PTC/PTD</i>		<i>JSTC/STD</i>	<i>HED/BPAED</i>
Marital status	never married	married	divorced	widow/er
Dependents				
Are your own children attending at this school?			Yes	No
If the above is no, give reasons.....				

Besides Life Orientation, (LIFE Skills and HIV / AIDS) what other Learning Area(s) do you teach?

	HSS	NS	MATHS	LANGUAGE
	EMS	TECH	A&C	NONE
No of your total period per week				
Have you been trained for Life Skills and HIV / AIDS? Yes			No	
If yes When		Where		
If no why are you teaching life skills and HIV / AIDS?				

.....Since training have you implemented Life Skills and HIV / AIDS education at your school? Yes No

.....if yes, do you get support from

parents?	SGB?	Principal?	
	SMT?	Colleagues?	

SECTION B

Please mark the relevant answer with an X.

KEY: SA=STRONGLY AGREE, A= AGREE, U= UNDECIDED, D= DISAGREE, SD= STRONGLY DISAGREE

1. The introduction of HIV / AIDS at schools is a waste of time and money.

SA	A	U	D	SD
----	---	---	---	----
2. Talking about sexuality is a problem for you.

SA	A	U	D	SD
----	---	---	---	----
3. Female education are the most appropriate to teach sexuality education

SA	A	U	D	SD
----	---	---	---	----
4. Talking about male and female parts in the classroom is swearing

SA	A	U	D	SD
----	---	---	---	----
5. Primary languages (mother tongue) should never be used to teach sexuality education?

SA	A	U	D	SD
----	---	---	---	----
6. Teacher's resources guides are well designed.

SA	A	U	D	SD
----	---	---	---	----
7. Learner activity books are well designed.

SA	A	U	D	SD
----	---	---	---	----
8. Learners of this school must be taught how to use condoms.

SA	A	U	D	SD
----	---	---	---	----
9. The most barriers in executing your duties with regard to Life Skills and HIV / AIDS are these children who refuse to listen and they do not believe that HIV is there.

SA	A	U	D	SD
----	---	---	---	----
10. There are many HIV positive learners at this school.

SA	A	U	D	SD
----	---	---	---	----
11. It is scary to teach HIV positive learners.

SA	A	U	D	SD
----	---	---	---	----
12. It is scary to work HIV positive colleagues

SA	A	U	D	SD
----	---	---	---	----
13. Life Skills and HIV / AIDS education is not an effective way of preventing HIV spread.

SA	A	U	D	SD
----	---	---	---	----
14. This epidemic is rather exaggerated

SA	A	U	D	SD
----	---	---	---	----
15. Large cases of infection have happened at schools.

SA	A	U	D	SD
----	---	---	---	----
16. Educators play a central role in changing the course of the epidemic.

SA	A	U	D	SD
----	---	---	---	----
17. Safe sex refers to condomising.

SA	A	U	D	SD
----	---	---	---	----
18. Educators have the responsibility to respect and protect learners in their care.

SA	A	U	D	SD
----	---	---	---	----
19. A man who has intercourse with a virgin, especially a little girl, will cure this HIV.

SA	A	U	D	SD
----	---	---	---	----
20. Only girls must be taught about HIV / AIDS because they will bear children one day.

SA	A	U	D	SD
----	---	---	---	----

21. HIV and AIDS are not diseases for boys.

SA	A	U	D	SD
----	---	---	---	----

22. It is difficult to teach learners born of illiterate parents about HIV / AIDS because they will not understand.

SA	A	U	D	SD
----	---	---	---	----

23. With few exception children start school with HIV negative status.

SA	A	U	D	SD
----	---	---	---	----

24. By the time they leave school, many learners have acquired the HIV virus.

SA	A	U	D	SD
----	---	---	---	----

25. Teaching Life Skills and HIV /AIDS education is a waste of time because learners are sexually active anyway.

SA	A	U	D	SD
----	---	---	---	----

26. Children are taught to respect older people but that does not mean that they must do everything older people tell them to do especially if it is wrong and make them uncomfortable.

SA	A	U	D	SD
----	---	---	---	----

27. A child should never stay in a situation that makes her/him uncomfortable.

SA	A	U	D	SD
----	---	---	---	----

28. Children must be taught to shout for help, run away and ask an adult they trust for help if they find themselves in difficult situations.

SA	A	U	D	SD
----	---	---	---	----

29. Since the introduction of Life Skills and HIV / AIDS education programme at your school there is a change of behaviour of learners that you have noticed.

SA	A	U	D	SD
----	---	---	---	----

30. There is cure for HIV /AIDS.

SA	A	U	D	SD
----	---	---	---	----

Annexure 5

**LIFE SKILLS-BASED EDUCATION ON HIV PREVENTION DISCUSSION
GUIDE WITH THE PRINCIPALS.
GRS 4 -7 PRIMARY SCHOOL**

QUESTION 1

The introduction of life skills-based education on HIV prevention at your school was done to assist learners and educators. In what way do you think it is assisting?

QUESTION 2

How is the programme assisting in terms of issues related to sexual behaviour of learners at your school?

Question 3

In your opinion what is the attitude of educators in terms of

- Learner's sexual behaviour?
- Teaching life skills-based education on HIV prevention?
- Going a mile further to assist learners with issues that do not relate with curriculum?

Question 4

If you were to contribute anything on this programme what would it be?