

**LEARNERS AWARENESS OF HIV/AIDS AND THEIR ATTITUDES TOWARDS
PEER EDUCATORS IN KHAYAMANDI HIGH SCHOOL**

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DECLARATION

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Date: March 2011

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LIST OF ACRONYMS

HIV: Human Immunodeficiency Virus

AIDS: Acquired Immuno Deficiency Syndrome

LSE: Life Skills Education

NGO: Non-Governmental Organization

STI: Sexually Transmitted Infection

FTE: Further Education and Training

GET: General Education and Training

SPSS: Statistical Package for Social Sciences

AFSA: AIDS Foundation South Africa

ABSTRACT

The main aim of the study was to investigate learners' awareness of HIV/AIDS and their attitudes towards peer educators in secondary schools. The Department of Education in the Western Cape Province introduced peer education as one of the intervention programmes aimed at equipping secondary school learners' with the knowledge and life skills on HIV/AIDS related issues. Two schools were selected with the total number of 150 learners who participated in the study.

The formulated aims of the study were: To determine whether peer education brings about knowledge on HIV/AIDS amongst learner's in high schools; to establish whether knowledge gained by peer educators is implemented in schools; and to determine the attitudes of other learners in schools towards peer educators.

To collect data, a questionnaire which consisted of both closed and open-ended questions was administered to learners. Analysis of results was done on the basis of responses on knowledge gained on HIV/AIDS, implementation of the programme by learners in schools and the attitude displayed by learners towards peer educators.

The findings indicated that peer education brings about knowledge on HIV/AIDS amongst secondary school learners. With regard to implementation of the programme, learners who were trained as peer educators disseminated information gained during peer education training to their fellow learners with the support of Life Orientation educators. Peer educators were well accepted by their fellow learners. It was also noted that out of the programme learners showed a positive attitude towards people affected and or infected by HIV/AIDS and thus indicated willingness to give care and support to them.

The results of the study highlighted the plight and the support needed to all secondary schools for the sustainability of the programme. It was one of the recommendations that the Department of Education needed to provide support in terms of resources, training of both learners and educators, monitoring and evaluation of the programme for its sustainability.

OPSOMMING

Die hoofdoel van hierdie studie was om te bepaal wat die bewustheid en houdings van leeders was ten opsigte van MIV/VIGS portuurgroepopleiding in hoërskole. Die Departement van Onderwys in die Wes-Kaap het portuurgroepopleiding bekend gestel as een van die ingrypingsprogramme wat poog om hoërskoolleerders toe te rus met die kennis en lewensvaardigheid van MIV/VIGS verwante kwessies. Een honderd-en-vyftig leeders van twee skole is gekies om deel te neem aan die studie.

Die hoofdoel van die studie was: Om vas te stel of portuurgroepopleiding kennis van MIV/VIGS tussen leeders by hoërskole meebring; om vas te stel of die kennis wat deur die portuurgroepopleiers opgedoen word by skole toegepas word; en om vas te stel wat die houdings van ander leeders is teenoor portuurgroepopleiers.

Om inligting te versamel, is 'n vraelys met oop en geslote vrae aan leeders gegee om te voltooi. Die ontleding van die resultate is gedoen, gebaseer op die antwoorde ontvang op kennis opgedoen van MIV/VIGS, die instelling van die program deur leeders in skole en die houding vertoon deur leeders teenoor portuurgroepopleiers.

Die uitslae van die studie dui daarop dat portuurgroepopleiding wel kennis van MIV/VIGS by hoërskoolleerders meebring. Ten opsigte van die instelling van die program het leeders wat opgelei was as portuurgroepopleiers hulle kennis met ander leeders gedeel met die hulp en bystand van Lewensoriëntering-onderwysers. Die portuurgroepopleiers is maklik aanvaar deur ander leeders. Daar is ook opgelet dat as gevolg van die programme, leeders 'n positiewe houding het teenoor mense wat aangeraak word of mense wat met MIV/VIGS leef en dit dui op 'n gewilligheid om hulle te ondersteun en te versorg.

Die resultate van die studie beklemtoon die ondersteuning wat nodig is aan alle hoërskole vir die volhoubaarheid van die program. Dit was een van die aanbevelings dat die Departement van Onderwys meer ondersteuning verskaf ten opsigte van hulpmiddels, onderrig van leeders en onderwysers en die opvolg en evaluering sowel as waardebeoordeling van die program vir die volhoubaarheid daarvan.

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1. INTRODUCTION

1.1 Background of Kayamandi

Around 1918 an informal settlement near Stellenbosch was started by black people who came to Cape Town looking for jobs. This settlement was called "Kafferland" and was just opposite Stellenbosch Farmers Wineries. Many farmers were unhappy about these blacks that came and stayed on this potential farm land so close to the wine estate, so they put a lot of pressure on the Municipality to remove the so called "Kaffers" from this land.

In 1921 discussions began in the Stellenbosch Municipality Council about moving the blacks to a new area and also to move the ones that were staying in the Coloured Township. In 1936 the Municipality decided to establish a location for black people in Stellenbosch. So in 1941 Kayamandi was formally recognised as a 'location' and by the end of that year approximately 55 houses were built.

In 1942 the Municipality then started to move African people living in the so-called Coloured areas like Idas Valley, Du Toit and Jamestown to Kayamandi. By 1971 there were 116 houses; 37 of the houses were for married family people and 79 of them were hostels for migrant labourers. Most of these migrant labourers came from so-called Homelands especially from the former Transkei and Ciskei. This is the reason why up to today most of the people who settled in Kayamandi are "Xhosas". The word "Kayamandi" itself is a Xhosa word with "Kaya" meaning home and "Mandi" meaning sweet/nice.

This location represents the apartheid type social engineering, with the so-called Coloured community of Cloetesville, across the road, acting as a buffer to the White centrally located population group of Stellenbosch. The abolition of the Influx Control saw a rise in urbanisation, which affected Kayamandi tremendously. The population rocketed within a short space of time. Not only did this create a shortage of space but also a nightmare of logistical problems as far as infrastructure is concerned.

Currently Kayamandi has a population of about 33 000 people on 75.06 hectares, and 10% of the population are children under the age of 10 years and more than 50% of these children are from single mothers. More than 70% of the population in Kayamandi live in squatter camps without a proper infrastructure. In these camps there is a very high rate of malnutrition, poverty and HIV and Aids and also crime. The literacy-rate is also very low. On the other hand Kayamandi is still rich with Xhosa culture which is based on "UBUNTU" that is HUMANITY (Stellenbosch Municipality, 2006).

The crime rate is very high, the literacy rate very low and unemployment in Kayamandi has reached the 45-50% mark. 2004 statistics from the local clinic reveal that there was a 20% HIV infection rate amongst women whom they screened. Seven in ten men living in Kayamandi have TB and there is also high incidence of other chronic illness such as diabetes, epilepsy etc. There are about 7 000 people with full-blown AIDS in Kayamandi (Stellenbosch Municipality, 2006).

The HIV/AIDS pandemic in the world is devastating with an estimated 320 000 people who died of AIDS related diseases in South Africa during 2005. This is according to the report made by the AIDS Foundation South Africa (AFSA, 2005). This has serious implications for population projections including trends in mortality. The South African National Sectoral Planning advocates that the best form of action is prevention (Sehgal, 1999). There has been a considerable scope for intervention at various levels including governmental, individuals, households, communities and workplaces. A number of targeted prevention programmes are already in place to mitigate the impact of HIV/AIDS but new infections are still increasing with no signs of winning the battle against the spread of HIV/AIDS.

1.2 Motivation for the study

According to Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organization (WHO), in several sub-Saharan countries such as Zambia, Namibia, Nigeria, including South Africa HIV/AIDS epidemic has hit the education sector hardest (UNAIDS/WHO, 2003). The human resource, infrastructure and services that constitute the education system are adversely impacted and this impairs the ability of the sector to undertake its

core functions. Amongst affected countries, there is congruence in that education for prevention is the most effective tool currently available to minimize the impact of the epidemic (Kelly, 2000).

The UNAIDS 2006 Global report cited in a AFSA report, which maintains that South Africa is the sixth highest HIV/AIDS prevalence country in the world with 18,1% of population estimated to be infected by the HIV virus. Amongst nine provinces in South Africa, Kwazulu-Natal is estimated to have the highest prevalence rate of 39,1% followed by Mpumalanga with the rate of 4,8% (AFSA , 2005).

The estimates made by UNAIDS (1999) are that one third of 33 million infected with AIDS in the world, were young people aged between 15-24. Such studies conducted in Sub-Saharan Africa clearly indicate that the learner population in schools is expected to decline. This is even more so because of the reasons that they are going to die of AIDS or they would have become orphans because of parents who died of AIDS hence heading the families and cannot attend school. This signals the message that schools in an AIDS-infected world cannot be the same as schools in an AIDS-free world. Dlamini (cited in Casey & Thorn, 1999) maintains that the threatening condition in education is the fact that learners' behaviour puts them at risk. Their involvement in sexual coercion, drug abuse, teenage pregnancies and other negative factors make them vulnerable to HIV/AIDS.

In 1999, the South African ex-Minister of Education, Kader Asmal, after consulting with Council of Education Ministers, published the first national policy on HIV/AIDS for learners, students and educators in ordinary schools and in Further Education and Training institutions in terms of section 3(4) of the national education policy Act, 1996 (Government Gazette, 1999). This was the response by the minister which seeks to contribute towards promoting effective prevention and care within the context of the public education system. The policy warrants a transformed curriculum which integrates life skills and HIV/AIDS education across learning areas or subjects.

The ex-Minister ordained the life skills education programmes which are recognized nationally and internationally as prevention programmes in an attempt to combat HIV/AIDS infection and its spread amongst learners from Grade R to students at tertiary education. There are specific aspects covered in the LSE Manual for schools to address the prevention of HIV/AIDS infection and coping with being affected by HIV/AIDS. The Life Skills Education (LSE) Manual for HIV/AIDS prevention cites, to mention a few, "promotion of self esteem, gender issues and value based sexuality education, general illness and disease, HIV/AIDS and its transmission" (LSE Manual, 2000, p. 83-91).

Simelela (cited in Deutsch & Swartz, 2002) maintains that the prevention of HIV transmission among youth calls for the collaboration of both scientific and creative measures. It is against this call that the Minister of Health and the departments of education and social development have initiated "Rutanang". This is a Sotho word meaning 'peers education'. Peers education has been initiated parallel to life skills programmes and it has its principles based on premises that "young people do most of their talking, listening, thinking and learning about sexuality with other young people". Therefore peer education is a crucial component of prevention programmes meant to address the impact of HIV/AIDS among learners (Deutsch & Swartz, 2002).

Peer education has gained recognition worldwide as one of the prevention programmes towards HIV/AIDS. The Population Council (1999) presented the report on a pilot project on peer education in Jamaica. Representatives who came from Africa, Asia, Latin and America, to mention a few, reported that peer education programmes are effective but were described as requiring high-quality co-ordination, leadership and supervision (Population Council, 1999). It is the intention of the researcher to investigate in schools whether the programmes have been implemented with such qualities mentioned above to ensure that they eventually bring about the HIV/AIDS knowledge to learners.

In South African schools, peer education programmes have begun. They receive the full blessing from the Department of Health, Education and Non-Governmental Organisations (NGOs) who have an interest in education. It was out of the researcher's interest to probe its effectiveness in

schools. If one talks about the South African education system today, it is characterized by diversity in terms of culture, age, race and gender.

The report by the Population Council (1999) reveals that there are certain factors like population and context which influence the effectiveness of peer education implementation. It is against this background that the researcher tries to investigate the impact of peer education in a school setting with learners of different levels of experience including sexually related issues. For example, learners who are in grade eight who have joined the secondary school life and who are at the onset of teen age have a different experience and understanding on matters of sexuality compared to learners who are in grade twelve who are almost leaving the school and who have gone through the stage of adolescence.

One needs to take into consideration the nature of training for these programmes. In most cases peer education training is abstract, characterized by training, taking place away from schools, for example in hotels and inns. The delivery mode of teaching is characterized by lessons on flip charts and games. It is good learning with the intention that learners who are peer educators will do implementation of what has been learnt to fellow learners when they go back to their schools, where the school environment is a totally different scenario from where training took place.

There has been also a concern about the standards of practice and sustainability of peer education programmes in educational institutions (Deutsch & Swartz, 2002). The school context is the most crucial environment for one to consider the effectiveness of peer education in bringing about awareness on HIV/AIDS. The school environment has an interaction of a number of stakeholders including parents and educators. Perceptions of educators and learners towards peer educators are areas of concern because they are to assist learners to train their peers. Peer education should not be seen as an isolated programme from all other programmes which are already in place including Love Life and Life Orientation.

These are other preventive programmes which are also meant to bring about HIV/AIDS awareness. All these are meant to give life skills and guidance within an education sector to deal with environmental crisis due to HIV/AIDS. In this study, peer education is investigated as a

preventive measure on its own so that it can be accredited as an effective tool to bring about knowledge on HIV/AIDS.

1.3 Statement of the problem

Peer education programmes are already implemented in secondary schools. A group of four to five learners called peer educators who are influential and possessing leadership qualities are recruited by the Life Orientation subject teacher and learners. It must be learners representing all grades except grade twelve who is exempted because of the tight schedule they have as they are writing external examinations which is their exit point. Deutsch and Swartz (2002, p. iii) highlight the fact that peer education is the means of "reaching many more students with meaningful knowledge and it goes beyond awareness level of HIV/AIDS education".

It is a proactive, flexible delivering mode of learning which stimulates memorable education to youth in a wide variety of settings while taking the advantage of the informal interpersonal influences, in their natural settings.

Ideally each class of 36 learners should have four to six peer educators. The research questions for this study are as follows:

- (a) Does peer education bring any knowledge about HIV/AIDS amongst learners in secondary schools?
- (b) Are peer educators able to implement peer education after training?
- (c) How do other learners view peer educators?

1.4 Aims of the study

- (a) To determine whether peer education brings about knowledge on HIV/AIDS amongst learners in secondary schools.
- (b) To establish whether knowledge gained by peer educators is implemented in schools.
- (c) To determine the attitudes of other learners in schools towards peer educators.

1.5 Hypotheses

- (a) There is a significant difference between learners who received information from peer educators.
- (b) Peer educators do not implement knowledge gained from the workshops.
- (c) Learners have a negative attitude towards peer educators in schools.

1.6 Operational definition of terms

The study aimed at investigating peer education as one of the intervention strategies to bring about knowledge on HIV/AIDS amongst the learners. In the following sections operational terms are defined.

1.6.1 Peer education

Peer education is when people who are of the same age as the target group, giving formal lectures using an implicit and explicit language adapted to the target group (Growney & Rickard, 2001). Peer educators have equal standing with their fellow learners and they belong to the same societal group based on a variety of similar characteristics. Peer education is a programme for learners to learn from peer educators and having to apply new insights to their daily life experiences. Learners are elected, trained and they are then called peer educators because they are assigned the task of educating their peers on HIV/AIDS, hence this is called peer education. Peer education inculcates both generic skills and skills specific to healthy living. Skills included are critical thinking, communication, assertiveness, decision making, positive self talk and health advocacy.

1.6.2 HIV/AIDS awareness

HIV/AIDS awareness in this study meant knowledge about HIV/AIDS. This knowledge in schools is marked by learners being able to say what they have learnt about HIV/AIDS and the positive attitude towards a healthy life style which is informed by behavioural change towards

sexuality-related issues among learners. Knowledge is also informed by participation in the care and support for people infected and affected by HIV/AIDS.

1.6.3 Secondary schools

In this study, 'secondary schools' meant grades 8 and 9, which is a General Education and Training phase and extends to Further Education and Training phase which starts from grade 10 to grade 12. This is how at present schools are graded by the National Department of Education in South Africa.

1.7 Value of the study

Secondary school learners are at very high risk of getting infected by HIV/AIDS. Peer education as one of the intervention programmes has a significant role to play in empowering learners with necessary knowledge, attitudes and life skills which will make them strong to make the decision when they are at risk of getting infected by the disease. From the results of the study the researcher aimed at equipping educators, education wards, provincial and the national department of education with scientific reliable information to inform them on the kind of support they need to provide to schools in terms of teacher-learner support material. The results of the study will be available to be used by departmental policy makers which in turn will influence the necessary support needed to strengthen HIV/AIDS intervention programmes planned by different departments.

1.8 Summary

The present chapter looked at motivation for the researcher to conduct a study on the impact of peer education in secondary schools. Secondary school learners are at the adolescent stage and exploratory stage. Fox, Oyosi and Parker (2002) emphasise the role played by the mass media and peer groups to adolescents to learn more about HIV/AIDS. Peer education ought to be seen as a vehicle to clear confusion about issues relating to HIV/AIDS. Therefore, the intervention programme hopes to assist learners and empower them with knowledge and skills so that they

can make informed decisions on HIV/AIDS prevention practices. The following chapter will focus on literature reviewed.

2. LITERATURE REVIEW

2.1 Introduction

HIV/AIDS is a pandemic that has a huge impact in all spheres of life. Education as one of the Government sectors has also been hit hard by this pandemic. Many schools are already experiencing the effects of HIV/AIDS epidemic, as teachers, learners and members of their families fall ill and die (Brown, Macintyre & Trujillo, 2001). The intervention to address the problem of the pandemic in schools has become the national emergency issue and all organs of different societies at different levels have joined hands in the struggle against the epidemic.

It is against this background that the impact of peer education as one of the programmes in place to bring about the knowledge to learners on HIV/AIDS was looked into. Peer education is run by peer educators. According to Adamchak (2006), peer education is the training provided by well motivated young people who undertake informal and organized educational activities with their peers similar to them in terms of age, background and or interests. In this case, peer educators who happen to be learners are interacting with all organized trainers on HIV/AIDS, other learners and educators whilst they are carrying this responsibility of educating other learners about HIV/AIDS. The study explores the extent of knowledge gained and the attitudes created between learners and peer educators as they interact and execute their tasks.

2.2 The impact of HIV/AIDS in education sector

In the overview study of the incidence and nature of chronic poverty in South Africa, groups of seriously HIV/AIDS impacted people have been identified. These groups include rural households, women headed households, households headed by elderly people and households headed by orphans (Aliber, 2001 p. Hi).

Recently there is a growing trend where young school going children become heads of families and have the responsibility of raising siblings in families where both parents have died of

HIV/AIDS. The state of orphan-hood and vulnerability of children is creating opportunities for the increased number of street kids and criminal activities.

The research conducted related to crime and conditions facilitating its occurrence, and highlights the fact that insufficient support and assistance to services like welfare, education and health compound social vulnerability position and increase children marginalization within the society (Caesar & Chirambo, 2003).

Within the education sector school going children are seriously affected in the era of HIV/AIDS. As a result of this, boys at their secondary school going age drop out or resort to drugs and crime. Girls are also victims and there is a growing trend that they are abused by elderly men and sometimes seriously involved in prostitution for an income. This in turn increases the prevalence of HIV/AIDS in the population of school going children. The survey conducted in Khutsong on high school attendance indicates that girls leave the school in significant numbers between the ages of 15 and 16 compared to boys (Campbell, Gilgen, MacPhail, Taljaard & Williams, 2000).

Campbell, *et al* (2000) show the extent of the prevalence of the disease between boys and girls at school going age between 12 and at most 21 years which is the latest exit age to some learners in secondary schools at Khutsong. The indication is that girls are more significantly affected by HIV/AIDS than boys. On the one hand, the number of boys affected range between the ages (16-21 years), of the same sample investigated in secondary schools at Khutsong.

The main reason for this occurrence is that girls are victims of rape and the growing trend of being sexually abused by elderly men, as well as their involvement in prostitution for an income. The report by UNAIDS (2003) highlights the impact of HIV/AIDS in children and maintains that this has resulted in the broken bonds of strong family and community cohesiveness and young school going children are preoccupied by more immediate challenges of physical survival and financial needs. Ndobu (2006) puts it clearly that this results in high levels of sexually active learner population group in schools which increases the rate of the spread of HIV/AIDS.

According to Kelly (2000), HIV/AIDS within an education sector, can be looked into affecting different mechanisms within an organization. Included in the list is the potential clientele for education who are learners. The processes of education including planning and the management of the education system are also affected. In an AIDS affected environment, fewer children want to be educated, because fewer are able to afford education irrespective of the fact that the Government calls for free education. In reality food, clothing and other household resources including electricity are unaffordable and this causes affected learners to be de-motivated and quit school. These are just basic needs for a living, and they cannot meet these basic needs if there is no one working in the family.

2.3 Initiatives to mitigate the impact of HIV/AIDS

A number of initiatives are in place both at governmental and non-governmental level to counteract the impact of HIV/AIDS. Different governmental sectors have joined hands to ensure that there is information dissemination on HIV/AIDS.

2.3.1 Government initiatives

The South African Government has acknowledged that HIV/AIDS is the Government's crisis. The cabinet had announced that the Government is responsible for a comprehensive HIV/AIDS care plan which includes the provision of antiretroviral drugs to infected South Africans (Khomanani, 2005). The Government has provided the management and treatment plan for all South Africans through government hospitals and clinics. The department of health in its initiative called Khomanani meaning “caring together for life” believes that the big solution South Africans have against HIV/AIDS is education. Hence the Department of Education has buckle-up in terms of its strategic plan to intervene in schools and reach out to learners and educators in fight against the spread and new infections in the sector.

Schools have collaborated with the Department of Health in ensuring that learners affected and or infected by HIV/AIDS have access to health services and also get support in the form of grants through the Social and Welfare Department. The Government is intervening in schools sometimes through the Social Justice Department for learners' protection in cases of abuse which

sometimes results in the transmission of HIV/AIDS and learners in most cases need to be protected and assisted against perpetrators.

Through the research there is a strong belief that the majority of people living with HIV/AIDS are between 20-30 years old (Khomeani, 2005). This says secondary school learners would have acquired the virus before they exit their secondary school period. Peer education hopes to spread the knowledge on HIV/AIDS to secondary school learners as rapidly as it possible so as to save the lives of learners.

2.3.2 Non-Governmental Organizations (NGOs) initiatives

The Non-Governmental Organization called 'Church and Aids in Africa' (2000) in its report emphasises the importance of all South Africans becoming involved in the social struggle against HIV/AIDS for the countries' heritage and future. It is overwhelming to realize that a number of non-profit, Non-Governmental Organisations have taken a stand and intervened to give a hand in ensuring that school going children in the schools and outside schools are mobilized, empowered and taken care of, to ensure that knowledge is disseminated to the maximum to effect their behavioural change towards HIV/AIDS.

The involvement of learners in peer education to bring about knowledge on HIV/AIDS has been explored by countries like Mozambique, Senegal, Tanzania, Zambia and South Africa (Bundy & Valerio, 2004). One of the examples the World Bank shares in the sourcebook of HIV/AIDS prevention programmes is the case of the Copper belt Health Education Project in Zambia which involves peer educators in schools. Learners are mobilized into clubs for different activities. Peer educators with different interactive methods are involved in debates, role players and picture codes. This has taught learners assertiveness techniques, decision making, survival techniques and negotiating skills. Issues of HIV/AIDS, gender and sexuality are discussed. The results of the survey conducted about the programme have shown that learners have developed positive attitudes towards safer sex and low-risk sexual behaviour (Bundy & Valerio, 2004).

The World Bank has developed a resource book to target all interested organizations intending to launch or improve HIV/AIDS prevention programs for school age children. This book

acknowledges the fact those countries which are affected including South Africa have realized that good education should include ways of helping young people to avoid HIV/AIDS new infection and spread hence knowledge, skills and values are needed to keep them away from getting infected or spreading HIV/AIDS (Bundy & Valerio, 2004). The source book talks of social vaccination to increase knowledge and skills. Other organizations carry the same vision. The Star School project based at UMkhanyakude District in KwaZulu-Natal has been founded and it emphasises mental vaccination in secondary school going learners. Their mission is implanting the knowledge, values and skills to secondary school going learners. Through music and dance, learners chant slogans like. "I decide. I go for my dream, AIDS free, that's me". The belief is to help learners to be mentally strong to make decisions on issues which make them vulnerable to HIV/AIDS. The results of survey conducted in one of the schools involved in the Star School programme in 2005, in three months time of running the programme showed a 30% decline on the percentage of students who had unsafe sex (Star School Report, 2005).

A number of programmes have been developed by different countries for school going learners to supplement education received from schools on HIV/AIDS through life skills and life orientation subjects. For example, Uganda has a Straight Talk Foundation, South Africa - Soul Buddyz: A Multimedia Edutainment Project and Youth-Friendly Health Clinics in Mozambique, to mention a few (Bundy & Valerio, 2004). Botswana and Zambia have initiated mainstreaming of HIV/AIDS curriculum where the Department of Education has developed and piloted outcomes-based HIV/AIDS curriculum (Batsalelwang, Kasosa, Kaulule, Konayuma & Kooneilwe, 2006).

In South Africa, programmes on HIV/AIDS are blooming especially those targeting youth. It is interesting to note that for the success of the programs on HIV/AIDS a lot of funds are accessed from countries abroad for intervention with the aim of mitigating the impact of HIV/AIDS. For example the Star School is funded by Christina and Dan Ohlifson who originate from Sweden.

2.4 Previous research findings related to the current study

Currently there are numerous studies that have been conducted regarding HIV/AIDS. The following sections look at the previous research findings in relation to the aims of the study.

2.4.1 The impact of peer education on HIV/AIDS awareness

Adolescents are at high risk for HIV/AIDS infection since studies conducted reveal that "over two-thirds of adolescents aged 15 to 19, males and females have had sexual intercourse" (World Health Organisation AIDS cited in Casey & Thom, 1999, p.9). The research conducted by (Alons, Brown, Kaufman, Macintyre, Magnani, May and Rutenberg, 2000) reveals that the prevalence of HIV/AIDS among South African youth continues to escalate regardless of the forces put in place to bring about knowledge about the disease, for example, information is disseminated through media, posters in places like in health institutions and youth mobilization programs.

The Department of Education in schools has life skills and life orientation programs as an intervention programme to educate learners on HIV/AIDS. Research was conducted in schools from Umthunzini District on the effectiveness of the life skills programme in changing behaviours of learners to reduce the risk of transmission of HIV/AIDS amongst learners (Alons, *et al*, 2000). In their findings they discovered that the coverage and content of life skills education vary greatly between schools, hence they could not ascertain the degree of information disseminated to learners. This is even more compounded by the fact that life skills as a subject in most cases is considered an unimportant subject and can be given to any teacher who is not capable of delivering in main subjects of the school. Intervention programmes are meant to educate learners about the disease and to prevent new transmission of HIV/AIDS. To achieve these goals, accurate information by people who have the vision about the programme, must be provided so as to influence learners positively and assist learners become aware of their risks status.

Peer education is the training provided by young people to their peers about HIV/AIDS, STIs and other health related topics. Some writers define it in operational terms as "counselling,

facilitating discussions, mobilizing for advocacy, lecturing, distributing materials, making referrals to services and providing support" to people who are of the same age range (Population Council, 1999, p.2). Peer education does not take place in a vacuum; rather is shaped by and responds to prevailing societal norms and community contexts. A peer educator must be a person who stands the same societal group in terms of age, grade or status. The rationale behind this is that peers can listen to each other since they have the same understanding about their way of life and beliefs. Some writers argue that using peers as a method of educating learners can lead to a long-term behaviour change. It can prove to be an effective peer education program provided there are clear aims and objectives and it is managed by highly skilled personnel with adequate training and support for peer educators (Svenson, 2002).

Secondary schools in an AIDS infected world will never be the same as school in an AIDS free world as it had been in the past. The seriousness of the need for intervention programs in schools is a state of emergency. HIV/AIDS seems to require emergency type efforts and responses. Peer education is a response which has its theoretical base in the knowledge, attitudes, behaviour, and practice model and the objective is to increase knowledge about the disease, its transmission, prevention and thus effecting positive changes in attitudes and beliefs of people. The knowledge learners acquire is age and context appropriate and they can adopt and maintain behaviour that will protect them from the transmission of HIV/AIDS (Population Council, 1999).

According to Simelela (cited in Deutsch and Swartz, 2002), peer education stands to be a practical, advantageous component of bringing knowledge about HIV/AIDS to learners. Young people do most of their talking, listening and learning about sexuality with people of the same age. With peer education in schools, learners similar (not top-down) to those they attempt to educate or influence are perceived as more competent or informed. This warrants that peer educators need to be trained to educate their peers in a structured manner. Simple learner-centred teaching information and resources could be used to achieve educational objective which is HIV/AIDS education. Apart from disseminating information, peer educators together with their educators have a role of recognizing and making referrals of other learners who need help and support to qualify service providers like teachers, social workers and healthcare personnel.

According to Ntombela (2005), in the research conducted on the effectiveness of peer education in higher education institutions, the results indicated that 96% of high school learners knew that HIV is mostly spread through heterosexual practice but the majority of learners stated that they continued to practice unsafe sex. This suggests that learners have not necessarily changed their sexual behaviours in response to HIV/AIDS information presented in their schools (Stine, 1995). A number of programmes in schools including life orientation are meant to address the issue of lack of knowledge about sexual health issues and HIV/AIDS in particular.

Learners need to know what HIV/AIDS preventive behaviours are and register that they are at risk of acquiring HIV/AIDS. They need to be convinced that their positive behaviour change will reduce the risks of HIV/AIDS infection, according to the National Department of Health mandated by the ex-Deputy.

According to the then deputy President of South Africa, Phumzile Mlambo-Ngcuka, one of the broad aims of the National Strategic Plan 2007-2011 on HIV/AIDS is to fight and reduce the number of new infections especially among the young people from age 15 to 24. Communication of HIV/AIDS information has been earmarked as one of the important weapons that can be used to fight and conquer the disease in the absence of the cure (Dube & Ocholla, 2005). Peer education in secondary schools provides horizontal communication between learners using the language that learners understand and appeal to them. This includes sharing information in gatherings like morning assemblies when ever peers have attended workshops. Schools also use organized days like Youth Day where learners use drama, poems and posters to disseminate information relating to HIV/AIDS.

According to the study conducted by Dube and Ocholla (2005) about the University of Zululand staff and students, results reveal that most institutions use Information, Education and Communication (IEC) strategy to unleash talents and potential that positively spread the news about the HIV/AIDS. This includes running competitions regularly on HIV/AIDS related topics. Dissemination of information on HIV/AIDS which will have a positive response amongst learners has been a matter of concern to the whole Sub-Saharan Region. In a study that was conducted in Tanzania among primary school going children, the results revealed that children in

small group discussions where they actively participated benefited on knowledge about HIV/AIDS and STIs transmission. Role playing was also used to add factual information on HIV/AIDS. The whole idea was to improve knowledge and attitudes of school going children (Brown, et al, 2001). With peer education the same effects are envisaged in secondary schools.

The cultural background of learners sometimes connotes that sexual issues are still a taboo between adults and learners. This is sometimes even so with teachers where cultural background and generation gap between adults and young ones still exist. This has been experienced when parents are invited to discussions on the curriculum which deals with sexual issues, for example in the Life Orientation subject. Parents are shy to be part of such discussions and eventually they entrust such issues with educators.

2.4.2 The implementation of peer education in secondary schools

Peer education has been introduced in schools when the department of education has already declared that schools need to establish a school-based support system because schools have a responsibility towards the well being of all their learners. Class teachers are expected to take responsibility and identify learners who are experiencing barriers to learning because they are sexually abused, parents have died or either infected or affected by HIV/AIDS.

Deutsch and Swartz (2002) suggest that the implementation of peer education requires that the educator who is responsible for it has a team of learners who are good at persuading others and learners should be credible people with influence. Rutanang, a peer education implementation guide for schools written by Deutsch and Swartz (2002) suggests the standards for sustainable peer education programme, its evaluation and programme improvement guidelines.

The HIV/AIDS pandemic is grossly affecting schools whilst the education system itself is unstable with a lot of changes it is undergoing. For example, changes from what was once called the traditional curriculum which was content-based to the new curriculum called national curriculum statement which is outcomes-based. Learners and educators are still trying to come to terms with these changes.

Challenges in implementing and sustaining effective peer education has been suggested by Deutsch and Swartz (2002, p.130). A number of reasons are cited in the light of the idea expressed above. Below are some of the suggested reasons:

- Inadequate resources
- Inadequacies in supervisor staffing
- Difficulty in teaching peer educators effective teaching methods.
- Personal (out-of-classroom) behaviour of peer educators.

Inadequate resources have been time and again quoted in the failure in the implementation of the new curriculum which is outcomes-based and learner-centred. Inadequately trained educators which results in ineffective delivery mode of teaching is also an issue. One could foresee the implementation of peer education being challenged if schools are not ready in the light of what is mentioned above.

Peer education is fairly a new concept and little literature is available which informs the success and the failures of the programme. There are no peer educators training manuals for the programme to be considered more structured. Quite seldom educators have been invited to the training where they were to learn the facts about HIV/AIDS and armed with the techniques that could be used in classrooms to educate learners on HIV/AIDS.

Small (cited in Tromp, 1995) felt it was difficult to project whether the knowledge gained by educators in the workshops would be implemented because educators upon returning to school may choose not to implement what was learned or may not have adequate time to teach aspects learn on HIV/AIDS, when priority is finishing syllabi on targeted time. She further suggests that there is always a gap between what is said and to be done practically. Peer educators who are learners stand to suffer the same conditions especially because their trainers can only speculate that they will be able to implement when in reality practice might be difficult for the same reasons suggested above for the implementation of knowledge gained on HIV/AIDS by educators.

Peer education is intended to supplement life skills programmes. It is important that educators understand that it does not replace the educator delivered curriculum which should integrate knowledge skills and attitude on HIV/AIDS. Implementing a peer education programme has the advantages as it assists learners to develop collective nouns and it affords learners role modelling and informal learning opportunities to influence their peers. It requires a lot of support from educators in terms of supervision and planned flexible schedules as peer educators are to perform learner-centred learning activities.

2.4.3 Learners attitudes to peer educators in secondary schools

Peer education strives to bring learners at the centre of the HIV/AIDS prevention strategy. One of the writers on effective HIV prevention measures advocates that most HIV infections occur during or after adolescence (Ramamurthy, 2004).

Learners who enter the secondary school phase at most are on the onset of the adolescent stage. Usually learners are from thirteen to eighteen years of age. Secondary school learners are seriously concerned about the concept of the self which results in the self image, that is, the learner's view of himself on the basis of self-knowledge which is acquired through self evaluation (Jordaan & Jordaan, 1989). In most cases teenagers carry out those actions which yield to pleasant positive feelings about themselves as determined by the significant others in their lives. Hence peer group pressure plays a significant role in their lives. It is against this background that peer education intends to mould learners who have knowledge about HIV/AIDS who are to influence their peers' behavioural stand which in turn can be acknowledged by significant others.

Peer educators are a small group selected from classes as class representatives to participate in peer education programme. For they are a minority of learner population; the possibility is to see them subjected to discrimination or alienation of some kind by other learners. This could mean attitudes portrayed by other learners towards them, which can be reflected in a particular behaviour towards them, an attitude being described as a settled or way of thinking reflected through behaviour towards some ones opinion or something (Edwards, Louw & Orr, 2001).

Secondary schools learners can reject or accept peer educators depending on the preconceived opinions or ideas or lack of knowledge about them. Attitudes and behaviours which could be displayed towards these learners include rejection, marginalization, isolation, avoidance, labelling, hate, disgust, alienation and discrimination (Edwards, *et al*, 2001). The important influence expected from these learners practicing peer education, is creating a platform within equals of disseminating and sharing information on HIV/AIDS. The essence of peer education is providing an opportunity for learners to learn and practice by doing amongst themselves and through this process knowledge is gained.

Mitchell, Moore and Rosenthal (1996) maintain that effective communication and the credibility of a source of information is an important factor affecting the persuasiveness of information being disseminated about STI's and HIV/AIDS. They maintain that one need to take into account the creditability peer educators have as sources of information, bearing in mind that highly credible sources are more effective in changing learners' attitudes and beliefs about HIV/AIDS. One needs to bear in mind that peer educators are also youngsters battling with the conflicts of being adolescents themselves. Hence, the possibility is that there are some peer educators who lose the battle and eventually find themselves trapped in the problems that lead to vulnerability towards HIV/AIDS, like girls getting pregnant or boys in the clubs drinking.

Wright (cited in Mitchell, *et al*, 1996), reports that the study conducted on secondary school and their sources of credible information suggests that secondary school learners believe in health professionals and school sources as the trusted sources of information. In peer education ideally the intention is to combine educator legitimacy with peer status for positive peer influence. In the era of HIV/AIDS peers education has been established as an earmarked intervention with a positive peer influence role in adolescents by health promoters. Some writers maintain that the method has been used in "Meta-analysis where 143 peer based programmes for adolescents were initiated and it showed to be the most effective tool in drug abuse prevention by students" (Mitchell, *et al*, 1996 p. 111).

According to Stevenson (2002), peer education has been practiced in Sweden and youth generally has a positive attitude towards peer educators as a result the mobilization programme

on HIV-STI resulted in a well established and sustained student-owned prevention programme which complemented well other initiatives which are addressing the problems of HIV/AIDS among learners. In Sweden the programme has received support from all the structures which are involved in the fight against HIV/AIDS. In South Africa the programme is fairly new and it is not so clearly defined to educators. Educators are to portion curriculum time to accommodate peer educators which does not give learners enough time to practice what they have been taught from peer education training sessions. Peer educators might not be influential enough to create a positive attitude towards their fellow learners hence the study explores what attitude is displayed by other learners in a school towards peer educators given that time is not really to their favour to own the programme.

2.5 Summary

The background underlying this research is focused on peer education as an intervention programme introduced by the Department of Education to mitigate the spread of HIV/AIDS among secondary school going learners. Previous studies show that more than 50% of learners began having sex before the age of 15. In most cases this resulted in high prevalence and incidence of unwanted pregnancies, abortions, sexually transmitted infections and cases of HIV/AIDS among adolescents (Casey & Thom, 1999). Peer education is meant to bring about shared knowledge amongst peers which needs to positively influence the behaviour of school learners.

Peer education is the programme which needed a buy in and support from all stakeholders including and fellow learners for it to be implemented, literature reveals that the programme needs a clear sense of ownership for it to succeed and to be sustainable. Programme activities are to promote and foster HIV-related behaviour change. Literature was also reviewed on learners' attitudes towards peer education. The next chapter will focus on research methodology.

3. RESEARCH METHODOLOGY

3.1 Introduction

The study conducted sought to explore the impact of peer education on HIV/AIDS awareness in secondary schools. It is for the researcher's interest to know whether peer education implemented in secondary schools as an intervention programme by the Department of Education brings about knowledge to targeted population. The researcher also sought to establish learners' attitudes towards learners who are peer educators at school. In this chapter various aspects of research processes for example, research design, data collection technique, sampling technique and data analysis technique were looked into. The researcher also outlined the rationale behind the methodology used in the study.

3.2 Ethical considerations

Based on the fact the Provincial Department of Education mandated secondary schools only to implement peer education, a decision was made that only secondary school learners would be used in the study. As it is explained in chapter two, grade nine to grade eleven learners were used as the targeted groups. A letter was written to the principals asking permission to conduct research at school where peer education is implemented. The principals granted permission to the researcher to conduct study. Following the informed consent by the Principal the questionnaire was administered to the learners.

According to Gray, Lysons & Melton (cited in Cromhout, 2005), when a younger population is to be used, it is important that the researcher follows legal guidelines and there must be informed consent. Participants were informed that participation is voluntary, which means that they were free to withdraw during the data collection process if they were no longer happy. According to Neuman (1997), confidentiality and anonymity of information must be guaranteed to the subjects. That was agreed upon between the principals and the researcher.

3.3 Participants

It is interesting to note that the three schools used in the study were township schools but learners were coming from the township and surrounding rural areas which had also squatter camp houses as well and the place called Tin town or Zone “O”. Fifty five percent (55%) of the participants were female and forty five percent (45%) of the participants were male. Ages varied between 12 and 23 years. Grade 9 to 11 groups were represented in the study. The sample of learners represented Xhosa language speaking group and learners were taking their lessons in English as the medium of instruction in classes.

3.4 Sampling technique

A simple random sampling technique was used to get three schools. Bless & Higson-Smith (1995) maintain that this technique provides equal opportunity of selection for each school in a population of six schools used. Names for six schools were cut and placed in a box. Whilst the researcher needed only three schools, this afforded each and every school in a box an opportunity of being selected.

The first school drawn had its grade nine section A used, the second school drawn had its grade ten section B used and the last school drawn had its grade eleven section C used. Grade nine section 0 of the first school drawn was used for pilot study. The researcher had to ensure that subjects used during research are not used for piloting. The pilot study was done in one class which had 60 learners whilst the research was done in three classes which had a sample size of 150 learners (n= 150).

3.5 Data collection method

For purposes of this study the researcher used a questionnaire technique. The rationale for the use of questionnaire was that it affords more than one participant the opportunity to respond to questions simultaneously. Behr cited in Govender (2004) also agrees that data is collected quickly and efficiently when this technique is used. The researcher had limited time to collect

data because teachers were coming from the 'strike action' and needed a lot of time to catch up. This kind of technique needed the researcher to administer clear and well formulated questions for best data gathering process.

Questionnaires were used to elicit the responses from the participants. In this study there were thirty five closed-ended questions. The rationale behind using predominantly closed-ended questions as suggested by Neuman (1997) was that they enabled learners to respond accurately on sensitive issues like sexual behaviour. For the first fifteen questions, learners were to respond by choosing between "do not agree, not sure or agree". From question number sixteen to twenty five, learners were to use the rating scale sliding from zero meaning 'never' to five meaning 'always'. From question number twenty six to thirty five, learners were to choose between "not true, not sure or true".

For the first set of fifteen questions, the researcher wanted to establish the extent of the knowledge gained by learners through peer education. For example a question like, "By looking at the person's body one can see if a person is infected with HIV virus" was included. For the next set of ten questions, from sixteen to twenty five the researcher had questions relating to the implementation of peer education in schools. For example one question was, "Since peer educators have learned about HIV/AIDS, they have the opportunity to inform others about how to protect themselves from getting infected". The last set of ten questions was to establish attitude secondary school learners have towards peer educators. One example of questions was, "Peer educators are friendly to other learners at school hence learners feel free to ask about HIV/AIDS".

The questionnaire also included two open-ended questions where learners were to give their views supporting whether knowledge on HIV/AIDS has been gained or not through peer education and also with regard to programme implementation in their schools. Learners were expected to respond with a wide range of possible answers.

3.6 Analysis of data

In this study Pearson Chi-square test was used to determine if the calculated χ^2 was significant. Goodwin (2005, p. 478) suggests that this test is used when more than one sample of frequencies exists. The results about each hypothesis were summarized in the table form. The calculated (observed) value for χ^2 was compared to the level of significance (alpha) value on a particular value for the degree of freedom (df) for a decision whether to reject or retain the null hypothesis.

3.7 Summary

The researcher intended to know whether peer education is effective to bring about knowledge on HIV/AIDS, its implementation process and the attitudes other learners develop towards peer educators in secondary schools. The study was on three schools where the programme is already implemented. Grades nine, ten and eleven learners were used in the sample which had 130 learners. A questionnaire was used for data collection. A pilot study was conducted first for the validity and the reliability of test items.

The chapter focused on the ethical considerations, sampling technique and data collection method. The next chapter will focus on data analysis and interpretation of results.

4. DATA ANALYSIS AND INTERPRETATION OF RESULTS

4.1 Introduction

The main focus of this chapter is on the analysis and the interpretation of data that was collected from secondary school learners on the impact of peer education as one of the programmes for HIV/AIDS awareness. The researcher agrees with Goodwin (2005) that the initial step for any research is an empirical question that needs to be answered. It is the results from data analysis that outlines the achievement of objectives in relation to the research question. The three hypotheses cited in chapter one will be tested.

4.2 Closed-ended questions

The responses to the empirical question posed in this research investigation are extracted from closed-ended questions put forward to the respondents. This section therefore deals with the analysis of data, which is presented in tabular form.

4.2.1 Hypothesis one

There is a significant difference between learners who received information from peer educators.

Table 4.1.

	Calculated Value	Degree of Freedom	Asymp Sig (2 sided)	Exact Sig (2 sided)	Exact Sig (1 sided)
Pearson Chi Square	9.844	1	.002		
Continuity corrections	8.736	1	.003		
Likelihood Ratio	10.029	1	.002		
Fisher's Exact Test				.002	.001
Linear-by-linear Association	9.768	1	.002		
No. Of valid Cases	130				

The hypothesis above has been analysed as depicted in Table 4.1. In this table the calculated (observed) value for $\chi^2 = 9.844$, at the level of significance (α) = 0.002, when the degree of freedom (df) = 1 are shown. Since the calculated value is 33 greater than the value of alpha, the decision is therefore to reject H_0 which says, there is a significance difference between learners who received information from peer education.

Peer education in secondary schools supplements a number of programmes that begins way back in primary schools. Learners are taught life skills as a subject where HIV/AIDS is part of the syllabus. For example, a government report was released on life skills and HIV/AIDS education programme – perceived impact and weaknesses. A response to a survey on a question seeking the extent primary school learners felt at risk of getting HIV/AIDS showed that primary school learners were aware about their own chances of becoming infected with the virus (Final Report: Pilot Project, 1999, p.63). As learners come to secondary school they significantly have knowledge on HIV/AIDS.

Whilst the results of the study claims that there is a significant difference between learners who received knowledge on peer education, gender stereotypes has an influence on how knowledge is utilized by learners for their survival in the era of HIV/AIDS. Adamchak (2006) conducted a study between males and females on exclusive gains with regard to number of partners and condom usage, the results reflected that men were greatly difficult to change in their sexual practices than females. With black African culture, this is more so because in olden days polygamy was a tradition which today is looked into as multi-partner-relationships which has been identified as one of the determinants of the spread of HIV/AIDS.

A study conducted by Mashabela (2006) showed that girls and boys in secondary schools admit that they know that having sex with no condom, sleeping around with many boys or girls can result in HIV infection. According to Aggleton and Boler (2005), HIV/AIDS is a strongly gendered phenomenon, which is the reason why one will hear comments like "I cannot eat a sweet in a plastic" from the boys. This implies that with male learners there is little or no significant difference on knowledge about HIV/AIDS whether they received through peer education or not.

The calculated (observed) value for $\chi = 5.408$, at the level of significance (α) = 0.067, when the degree of freedom (df) = 2. Since the calculated value is greater than the value of alpha, the decision is therefore to reject H_0 which says, there is a significant difference between learners who received information from peer educators. Learners who are at secondary school age had already existing knowledge on HIV/AIDS. The survey conducted in the Northern Province for grade 6 and grade 7 showed that learners for those grades "have slight increases in knowledge" as 35 compared to grade 3 and grade 4 learners who still believed that they can get infected by virus by being bitten by the mosquito (Final Report: Pilot Project, 1999, p. 63) . Mashabela (2006) maintains that learners enter secondary school with some background information on HIV/AIDS from primary school and home.

This study included learners from grade 9 in secondary schools which means that they were at +1-15 years of age. This is a very inquisitive age bracket since they are teenagers. One could expect that already they are engaged in discussions about their sexual orientation. Topics of HIV/AIDS are quite common in youngsters of this age and they share myths about HIV/AIDS. Age is really a factor which the researcher can ascribe to the reason why learners showed no significance difference as to whether they received information through peer educators or not.

In the above table the calculated (observed) value for $Y = 6.500$, at the level of significance (α) = .039, when the degree of freedom (df) = 2. Since the calculated value is greater than the alpha value, the decision is therefore to reject H_0 which says, there is a significant difference between learners who received information from peer educators.

Research was conducted with learners who are from three grade categories, that is, grade 9, grade 10 and grade 11. It was interesting to note that when learners were taken from different grades, the results showed no significance difference in the knowledge as training was provided by peer educators. This is due to the fact that learners at primary school have an in-depth programme on life skills and HIV/AIDS education but also, in secondary schools, Life Orientation is a formal subject which encapsulates the in-depth knowledge on HIV/AIDS. Research findings by Final Report: Pilot Project (1999) showed that there was no significance

difference between knowledge acquired on HIV/AIDS through peer facilitators and adults. This affirms the value of peer education with other intervention programmes in bringing knowledge on HIV/AIDS regardless of the grade learners are doing.

4.2.2 Hypothesis two

In the above table the calculated (observed) value for $\chi^2 = 7.043$, at the level of significant (α) = 0.134, when the degree of freedom (df) = 4. Since the calculated value is greater than the value of alpha, the decision is therefore to reject H_0 which says, peer educators do not implement knowledge gained from workshops.

Peer education implementation requires a supportive environment which will assist to enhance the programme. Therefore implementation requires intensive planning, coordination, supervision and resources. Since this has been the Department of Education initiative, implementation is expected in secondary schools irrespective of whether schools meet the above mentioned criteria or not. But for the schools where the research has been carried out, peer educators enjoyed the support from educators even though there was little time and inadequate resources available, peer education was implemented. They planned their learning sessions with the support, the supervision and the collaboration of the Life Orientation educators.

Adamchak (2006, p. 19) in the study conducted in Addis Ababa concluded that "girls in general and especially those at risk were the hardest to be reached by peer educators although most in need." Whilst this is the case above, in this study gender was found to have no influence in the implementation of peer education and the way peer educators managed to impart their knowledge to other learners. This is due to the fact that learners recruited peer educators democratically on the basis that they were people who can express themselves; they had leadership qualities and influential to fellow members.

The same view on the criteria for peer educators' selection is held by other researchers. They are perceived as learners with good personal skills, confidence to work with others, high level of responsibility, willingness and motivated to participate in the programme. Visser (2007) in the study conducted on HIV/AIDS prevention through peer education in secondary schools at

Tshwane in South Africa concluded that , whilst gender equity has been taken into consideration when selection was done, but there was no significant difference between peer educators who were girls and those who were boys in the manner implementation was done.

In the above table the calculated (observed) value for $\chi^2 = 7.030$, at the level of significance (α) = 0.533, when the degree of freedom (df) = 8. Since the calculated value is greater than the *value* of alpha, the decision is therefore to reject H_0 which says, peer educators do not implement knowledge gained from workshops. Methods used by peer educators to implement the programme are selected to fit the context culture of the targeted group (Shepherd & Tumer, 1999). In the study with the three schools that were used, peer educators were given slots during learners' assembly, they had group discussions in classes, had informal tutors and activities like dramas and poems with message about HIV/AIDS. Participants' ages ranged from 14 to 17. They were in the same age bracket of adolescents. When learners were elected democratically, their age appeared to have no effect on peer education implementation process.

In the above table the calculated (observed) value for $\chi^2 = 13.486$, at the level of significance (α) = 0.096, when the degree of freedom (df) = 8. Since the calculated value is greater than the value of alpha, the decision is therefore to reject H_0 which says, peer educators do not implement knowledge gained from workshops. Peer educators were selected as class representatives from three different grades, for example, some peer educators were selected from grade 9, some selected from grade 10 *and* some were selected from grade 11. Like in the case of the age with regard to implementation, the grades for learners do not have an influence in the manner peer educators do their training in the school. This is because recruitment is based on how clear the learner can express himself or herself as well as the leadership ability she or he shows and the degree of the influence he/she has over peers. Each grade will always have learners who have these qualities and hence they will always be able to implement the programme with the necessary support *and* opportunity provided by educators. The representation of the grades used in the research afforded, as Visser (2007) suggested, the opportunity for learners to share their knowledge in the language easily understood by age mates. This has likelihood to change learners' behaviour since they trusted their peers.

4.2.3 Hypothesis three

In the study conducted by Mashabela (2006) secondary school learners showed a positive attitude and willingness to listen to other learners who were involved as peer educators in this intervention programme for HIV/AIDS in a school. From the study the researcher concluded that learners showed interest in HIV/AIDS education. From the results of this study learners also showed a positive attitude towards learners who were peer educators.

For the implementation of this programme schools involved had really taken equity into consideration. Boys and girls were selected in more or less fifty percent basis. As a result the researcher could not pick gender biasness and its influence in the attitude displayed by learners. In similar studies where equity was not considered when sampling was done, for example where women only were used in an intervention programme for HIV/AIDS comments like, "because the programme is run by women, it has no chance to succeed..." We live in a man's world, its men who have to agree on things first were verbalized (Campbell & Mzaidume, 2001, p.11).

Swenson and Burke (cited in Adamchak, 2006) emphasized the importance of gender equity as a component of successful peer education programme. In the study results were that learners have a positive attitude towards peer educators because gender representativeness was taken into account in the selection of subjects.

In the calculated (observed) value for $-2 = 7.169$, at the level of significance (α) = 0.028, when the degree of freedom (df) = 1. Since the calculated value is greater than the value of alpha, the decision is therefore to reject H_0 which says, learners have a negative attitude towards peer educators in schools.

In this study age of learners did not have an influence in their attitude towards peer educators whereas in the study that was conducted on young learners on their attitude towards people living with AIDS, attitude was reported to be significantly more negative than that of the older learners (Fox, Oyosi & Parker, 2002). This was ascribed to the fact that young learners are exposed to a lot of confusing information about HIV/AIDS.

In the study conducted, learners are at secondary school and formal AIDS education has begun either as Life Skills subject or Life Orientation subject. Peer educators who are trainers in a fun way with music, drama, poetry and discussions pass on information to fellow learners. Well planned sessions with the support of educators, supplementing what learners have been taught in classes about HIV/AIDS would result in peer educators being well accepted by other learners in a school. In the three schools used for the research, learners had significantly positive attitude towards peer educators irrespective of the age.

In the above table the calculated (observed) value for, $(2 = 10.38)$, at the level of significance $(\alpha) = 0.006$, when the degree of freedom $(df) = 2$. Since the calculated value is greater than the value of alpha, the decision is therefore to reject H_0 which says, learners have a negative attitude towards peer educators in schools. UNAIDS Technical update (1998) warns that peer education can result in burnout to peer educators because of attitudes displayed by learners. The report suggests that programme supervisors need to support peer educators and ensure that this does not happen. The selection of peer educators from almost all grades resulted in the programme being rendered in the scope of understanding that it was accommodative to age mates. Peer educators felt that peer education through the support of their educators had offered them an opportunity for team building and it also fostered commitment and trust from fellow learners and that yielded to a positive relationship between them and other learners. Hence learners showed a positive attitude towards peer educators.

According to the Final Report: Pilot Project (1999) on the research conducted on HIV/AIDS education programmes, as learners grow older they are more prepared to talk about HIV/AIDS and welcome opportunities for such discussions and show evidence of being assertive. This could be the reason why peer educators were positively accepted in the three schools where research was conducted.

4.3 Open-ended questions

Respondents were provided with two open-ended questions, following is the analysis of the responses from learners.

4.3.1 What kind of knowledge on HIV/AIDS have you gained through peer education programme in your school?

This question probed learners to tell about the knowledge they had gained through peer education implemented in their school. Ninety nine percent (99%) of learners indicated that they had learnt about the role of peer educators and again ninety nine percent (99%) indicated that they accepted peer educators and liked training they provided to them. Through peer education, they gained knowledge about support groups for HIV infected people from communities and the importance of joining them if a person is HIV positive. Again Ninety nine percent (99%) of learners were happy to learn that they are no symptoms of an HIV infected person. It is only the results from HIV/AIDS test which can tell whether a person is positive or not. For them this was very informative because it has become a myth from many communities that a person who falls ill and lose weight, is then associated with being HIV positive.

Learners indicated major learning from peer education implementation. Ninety eight percent (98%) said they had learnt about taking care of themselves against HIV infection and positive life style which includes eating vegetables and doing regular exercises. From the programme they learnt to live, accept, take care of and love people who are HIV positive. Ninety five percent (95%) said now they know how one gets infected by HIV virus and thus they can protect themselves by abstaining from sex or use a condom. Again ninety five percent (95%) said peer educators reinforced the knowledge that there is no cure for AIDS.

It was also interesting to note that learners already had knowledge on HIV/AIDS as it came out in the interpretation of findings before. Ninety percent (90%) of learners said they had already gained knowledge on HIV/AIDS through their Life Orientation subject educators. A small percentage of learners which was twenty percent (20%) said they did not gain any knowledge from peer educators. This could be because the question needed learners to state themselves what they gained from peer education and some learners did not take the exercise seriously and also could not engage themselves in an exercise which needed them to think and respond. For them it was easy to say I did not gain anything.

4.3.2 What is your opinion in the use of peer education in your school?

Explain your answer. The question was quite open and needed learners to give their opinions in the use of peer education in the school. The findings were such that a wide range of responses were found as the researcher needed a person's view from 130 participants. A number of learners ranging from ninety five percent (95%) to ninety nine percent (99%) were for the opinion that the use of peer education in schools is to benefit learners. They felt it afforded their fellow learners an opportunity to teach them on HIV/AIDS .They were also able to discuss things and expressed their opinions freely especially about issues they find difficult to discuss with parents and educators.

Although thirty percent (30%) of learners believed that some peer educators did not have sufficient knowledge on HIV/AIDS and did not always have answers to all questions asked, the researcher finds it normal because even for adults to respond to a question sometimes needs consultation. Eighty percent (80%) of learners believed peer educators have a positive influence on other learners and they felt they could be used to talk about HIV/AIDS even in the community.

Whilst ninety percent (90%) of learners felt peer education is a good programme for their schools because peer educators advised their fellow learners on how they could behave in terms of sexual relations eighty percent (80%) felt they were encouraged to abstain from sex or use a condom, fifty percent (50%) of learners felt peer educators were not practicing what they taught them because some peer educators fell pregnant whilst they were the participants of the programme. Learners were of the opinion that peer education is important to them because it is supplementing information which the curriculum does not cover because of time factors. For that reason ninety nine percent (99%) of learners indicated that they had learnt to live with people who are HIV positive. Ninety percent (90%) indicated they appreciated peer educators.

Ten percent (10%) of learners indicated that they did not need peer education, they already knew enough. As it had been indicated that they are already quite a number of intervention programmes in place to address the problem of HIV/AIDS including life orientation and life skills programmes, some learners believed they had gained enough.

Learners had opinions also with regard to what their expectations were about peer educators. Ninety nine percent (99%) felt it was to be the people they trust because they needed to disclose to them as immediate people to talk to about their health related issues even if it is for referral purposes. Some learners also felt some peer educators did not have time as a result they could not listen to them and did not give the support that was most needed by learners.

4.4 Summary

Analysis and interpretation of results have been looked into in this chapter. Analysis was done on closed-ended questions. Using the Pearson Chi-Square tables a decision was taken whether to reject or retain the null hypotheses. Therefore it was rejected that there is no significant difference between learners who received peer education and those who did not. It was also rejected that peer educators do not implement knowledge gained from the workshops. Lastly, it was rejected that learners have a negative attitude towards peer educators in schools. Open-ended questions were also analyzed. Learners explained the kind of knowledge they have gained through peer education and were also required to state their opinion in the use of peer education in their school. Frequency tables were used to summarize this data. The next chapter will be on the limitations, recommendations and conclusion of the study.

5. LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

5.1 Introduction

This study set out to investigate the impact of peer education in bringing about awareness on HIV/AIDS in secondary schools. It was the intention of the researcher to find out the effectiveness of peer education in the light of the intervention programmes for HIV/AIDS such as Love Life that had been implemented in schools to bring about knowledge on the disease. The knowledge obtained through this research was meant to fill the gap that exist in previous research conducted around the issues of HIV/AIDS in younger population within the Department of Education sector and more specifically in secondary schools.

The aims of the study were:

- To determine whether peer education brings about knowledge on HIV/AIDS amongst learners in secondary schools.
- To establish whether knowledge gained by peer educators is implemented in schools.
- To determine the attitudes of other learners. In schools towards peer educators.

This chapter discusses the limitations of the study and recommendations that can be made based on the results of the study. The chapter will also draw a conclusion for the study.

5.2 Discussion of the results in relation to the aims of the study

In the following sections the results of the study are discussed in relation to the aims of the study.

5.2.1 To determine whether peer education brings about knowledge on HIV/AIDS amongst learners in secondary schools.

The research findings were that there is no significant difference between learners who received peer education. Whilst that has been proven so but peer education does bring about awareness of HIV/AIDS to learners. Parents are to play a critical role in educating their children about sex related topics and HIV/AIDS. Kelly and Parker (2000) feel that parents in most cases talked about sex and HIV/AIDS related issues in the form of warnings when their children were at risk

of getting pregnant or in the risk of impregnating girls. Peer education afforded learners the opportunity to talk, discuss and debate and learn about HIV/AIDS related topics and sexually related matters, such as, sexually transmitted diseases. In the three schools where peer education was implemented, learners showed enthusiasm and commitment. They enjoyed being educated by school mates and also enjoyed discussions which were encouraged by the fact that they share same context, culture, age and experiences which resulted in learners sharing personal experiences.

5.2.2 To establish whether knowledge gained by peer educators is implemented in schools

In the previous chapter, the hypothesis that peer educators do not implement peer education in their schools was rejected. Learners are invited to attend workshops where they are being trained as peer educators. Deutsch and Swartz (2002) recommended seven suggested standards for peer education programme and they emphasized that trainees are to feel that training is special and based on their existing needs. It must encourage fun, enjoyment, involvement and self management. It has also to include role rehearsal. For peer education implementation, learners must have the support of educators, administrators, parents and other stakeholders in learner management including prefects and monitors.

Although time has been found to be a challenge, because of the current changes in the curriculum in secondary schools, learners enjoyed all the necessary support from the above mentioned stakeholders. This was so because the schools which had chosen to have programme implemented were passionate about it. The programme was fairly implemented. In their planned assemblies and on specially celebrated event days, peer educators with the help of life orientation educators had activities to be performed.

5.2.3 To determine the attitudes of other learners in schools towards peer educators

According to the results of the study, learners have a positive attitude towards peer educators. With the previous studies, negative attitudes were sometimes gender based, for example, one would find men who claim they could not be told by peer educators who are females about how to behave. Backett-Milburn and Wilson (2000, p 10) affirm this in the research they conducted on understanding peer education. "Girls expressed awareness that many boys dislike being told

anything by girls and boys acknowledged that". In a very tight learning schedule which runs from eight o'clock to fourteen hundred hours, learners enjoy activities which relaxes the learning programme and for them, peer educators' activities were like entertainment and learning. This could be the reason why they had a positive attitude towards them.

5.3 Limitations of the study

The research was conducted in three schools from Khayamandi Township, grades nine, ten and eleven were the only participants in this study. An approach in which a number of schools with a widespread geographical area, and all grades in high schools used would have provided more information on the effectiveness of peer education as an intervention programme. The analysis was a basic descriptive statistics and drawing out comments in both qualitative and quantitative forms.

The study needed the researcher to fit himself in the normal school routine. Time for the research coincided with students writing common monthly tests. Questionnaire could only be done when learners had finished writing tests for the day. That had an impact on the quality of responses, especially with the open-ended questions. The researcher felt that if it had been possible to get students early in the day and when learners are still fresh, that could improve the quality of response especially because the two open-ended questions needed their opinions.

The questionnaire was written in English which is not the mother tongue for learners. In some way that disadvantaged learners and the researcher could not conclusively say all questions were well understood. This is even more difficult when they are to respond to open-ended questions because apart from understanding the question very well also a student need to be able to express himself/herself which needs the language command. The researcher very often interpreted some of the questions in the mother tongue of the learners.

5.4 Recommendations on the study

Peer education has been the initiative intervention programme initiated by the Department of Education in the Western Province. According to the Strategic Plan 2005-2010, Strategic goal 7 emphasis that the Department is to deal urgently and purposefully with the HIV/AIDS pandemic as part of an integrated provincial response with objective 7.2 which spells out clearly that, they are to develop programmes to counter the negative effects of HIV/AIDS in schools and colleges. It is registered as a concern that a lot of schools do not honour the Departmental call hence the programme is not implemented in quite a number of schools. It is recommended that the Department of Education develop a monitoring system and evaluate programme implementation in schools.

Parents are an important stakeholder in all school related events. Peer education should be seen as a programme which supplements information already shared between parents and children especially adolescents at secondary school. Parents seem to have no role to play in the programme implementation. Therefore it is recommended that parents also participate in the programme so that the school and home are to be seen singing the same tune about learners behaviour that put them at risks in the era of HIV/AIDS. Full time student support educators who are specifically responsible for learners and peer educators guidance and support should be employed in schools. This will ease the responsibility to educators who are responsible for Life Orientation subject. Life Orientation is assessed formally in schools and requires a lot of time and formal preparation; hence educators pay less attention to the subject that does not require assessment. This causes the programme implementation to suffer because it does not have formal assessment.

HIV/AIDS is a health issue when learners fall ill, are contracting STIs and need condoms to protect themselves. Up until today the Department of Education has refused schools from keeping condoms. HIV/AIDS is also a social and welfare issue when learners are sexually abused or orphaned by HIV/AIDS. Therefore, it would be recommended that schools should team up with other departments to create a strong front to bring knowledge and fight the spread of HIV/AIDS amongst learners.

5.5 Conclusion

The study was conducted to investigate the impact of peer education on HIV/AIDS awareness in high schools. The results of the study confirmed that peer education brings about knowledge to secondary school learners. It also came out clearly that subjects like Life Orientation and Life Skills also play an important role *supplementing* knowledge gained by learners on HIV/AIDS. Peer education implementation is taking place in schools. It was eye opening to learn that, not all schools are implementing a programme introduced by the Department of Education.

But then this emphasized the importance of monitoring and evaluation periodically for the success of any programme implemented. Learners' attitudes were explored in the study. Peer educators activities and topics were appealing to adolescents because in most cases it bridges the gap created when parents do not discuss HIV/AIDS and sexual related issues with their children.

The findings were that learners generally have a positive attitude towards peer educators. The topics discussed which are at their level and the activities which relax the formal comprehensive classroom learning could be ascribed to the positive attitude learners displayed to the peer educators. Peer educators are people of their choice and one would expect that they considered learners who are capable of making a positive impact to them. The study also reflected a shift towards a positive view of people living with HIV/AIDS by learners. This was captured when learners were to give their opinions on the knowledge gained from peer education implementation and the care and support they are willing to offer to people living with HIV/AIDS.

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