

**The perceptions of teachers at Kylemore High School  
regarding the teaching of HIV/AIDS education to learners**

by

Carmen Denise Jordaan



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degree of Master in Philosophy (HIV/AIDS Management) in the Faculty  
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Supervisor: Prof. Elza Thomson  
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## **DECLARATION**

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## **ABSTRACT**

The national Department of Education prioritised their HIV/AIDS response; implementing HIV/AIDS education within the subject Life Orientation for all phases.

The study focuses on establishing how teachers perceive HIV/AIDS education since their perceptions affect effective implementation of related content. A qualitative research approach was used for data collection from a sample of 16 teachers at Kylemore High School; convenience sampling technique was used. The data collection method was semi-structured individual interviews together with qualitative content analysis. Discussions of the findings was based on the following themes: The research environment, demographic profile of the participants, career and education background of participants, the school environment and HIV/AIDS, the HIV/AIDS knowledge of participants and the concept of HIV/AIDS education.

Findings indicate the different perceptions of teachers, which are impacted by various factors. Teachers were unanimous regarding the importance and needfulness of HIV/AIDS education. Recommendations were subsequently made that will influence how teachers perceive this content.

## OPSOMMING

Die nasionale Departement van Onderwys het hul MIV/VIGS reaksie geprioritiseer; implimentering van MIV/VIGS onderwys binne die vak Lewensorientering vir alle fases.

Die studie is gefokus daarop om vas te stel hoe onderwysers MIV/VIGS onderwys bespeur, siende dat hul persepsies effektiewe implimentering van verwante inhoud affekteer. `n Kwalitatiewe navorsingsbenadering was gebruik vir data invordering van `n steekproef van 16 onderwysers by Kylemore Hoërskool, gerieflikheidsteekproefneming tegniek was gebruik. Die data invorderingsmetode was semi-gestruktureerde individuele onderhoude tesame met kwalitatiewe inhoud analise. Besprekings van die bevindinge sal gebaseer wees op die volgende temas: die navorsingsomgewing, demografiese profiel van die deelnemers, loopbaan en opvoeding agtergrond van deelnemers, die skoolomgewing en MIV/VIGS, die MIV/VIGS kennis van deelnemers en die konsep MIV/VIGS onderwys.

Bevindinge dui aan die verskillende persepsies van onderwysers, wat geïmpakkeer word deur verskeie faktore. Onderwysers was eenparig rakende die belangrikheid en noodigheid van MIV/VIGS onderwys. Aanbevelings was gevolglik gemaak wat `n invloed sal hê hoe onderwysers die inhoud bespeur.

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## CHAPTER 1

### INTRODUCTION

#### 1.1 INTRODUCTION

The fatal HIV epidemic has plagued the world for the past 30 years with known devastation. HIV/AIDS is the one disease that induces on-going intricate challenges for not solely the global medical world but also for the world's socio-political and economic settings. The disease has touched all sectors of society and those infected suffer the most, *inter alia*, an entire family, community and eventually a nation. Due to its destructive aftermath and far-reaching impact, the HIV epidemic has necessitated appropriate action from all spheres of society. Since the world still awaits a cure, the best means to mitigate and hinder the spread of the HIV virus is to have effective prevention measures in place. Prevention aimed at youth is especially critical seeing that HIV is cause for great concern among this population group.

The world committed in 2001 according to UNICEF (2011) to reduce the global HIV prevalence among young people and to increase their access to fundamental prevention information, skills and services by 25% within a period of nine years in order to reach 95% of those in need. It is unfortunately evident from the high number of young people living with HIV that the world has failed in its efforts to keep its 2001 promise. Admittedly, some countries did see positive changes in its HIV situation with reduced prevalence and incidence rates, which can be greatly attributed to youth-directed prevention efforts. UNICEF (2011), however, argues thus far the world has not paid satisfactory attention to the transition of young people to adulthood with regard to HIV/AIDS. UNESCO (2003) indicated those in the age group 15-24 experience the highest HIV prevalence, with South African youngsters in this age category encountering according to Harrison et al. (2010) one of the peak HIV incidences globally.

UNAIDS (as cited in the Human Science Research Council, 2005) reported approximately 11.8 million youth in the mentioned age group are living with HIV/AIDS and about half of all people who are HIV positive acquired the virus between the ages of 15 and 24. Regardless of the worrisome HIV situation among young people, the World Health Organization (2006) believes the youth possess the greatest potential to alter the devastating trend of this epidemic. The effectiveness of youth-directed interventions is according to the World Health Organization (2006) subject to young people being reached in a timely manner and with suitable prevention interventions. The prevention efforts targeted at youngsters

present advantageous opportunities for halting the spread of HIV because they are the ones most open to behaviour modification. The earlier youth are reached with HIV/AIDS preventive information, the more responsible and informed their sexual choices will eventually be. Avert (n.d.) believes schools are the most appropriate venue for conveying accurate HIV/AIDS information since audiences of vulnerable youngsters can be easily reached, while these institutions also play an important part in shaping the beliefs, opinions and conduct of this group.

The worldwide HIV crisis compelled education departments globally to recognise the crucial role it can play in curbing the spread of HIV infections. Kelly (as cited in Tayob, 2010) went so far as to propose education might be the possible “vaccine” for the HIV epidemic. The education sector can ensure with the delivery of accurate HIV/AIDS education that school-going youngsters are equipped with critical preventive knowledge that will enable them to protect themselves as well as others against contracting the virus. Avert (n.d.) believes an increase and the reformation of HIV/AIDS education worldwide are vital endeavours worth pursuing toward the prevention of this epidemic. The Department of Education in South Africa reacted to the country’s severe HIV situation by introducing according to Visser (2004) related education in the school curriculum of all public centres. According to Visser (2004) this action was a response to ward off the transmission of HIV among specifically school-going youth. HIV/AIDS education is being taught as a component of the compulsory subject Life Orientation in all public schools. South Africa does have a national policy on HIV/AIDS for learners and educators but the Department of Education decided according to SACMEQ (2011) to provide education around the HIV epidemic in the National curriculum statement via the mentioned subject. According to Visser (2004) the Department of Education initially joined forces with the country’s Health Department and Department of Social services to develop and implement life skills training, sexuality education, and HIV/AIDS education in secondary schools. Education on HIV/AIDS in all South African public schools has been according to Ahmed et al. (2009) mandated since 2000. Ahmed et al. (2009) denote the new revised curriculum, which mandated the subject Life Orientation, set out to instill within learners the abilities to live purposeful lives in a dynamic society and to equip them to make responsible life choices.

## **1.2 BACKGROUND TO THE STUDY**

Ahmed et al. (2009) state although the aims of HIV/AIDS education is commendable, numerous teachers have met this endeavour with wariness and uncertainty since some

perceive sex education, which is inevitably linked with HIV/AIDS education, to be the responsibility of parents and not the school system. According to Ahmed et al. (2009) there is a general disinclination to discuss sexual issues and with this, the moral standpoint of teachers regarding sexuality results in HIV/AIDS education being a challenge to teach. Mathews et al. (2006) believe HIV/AIDS as well as sexuality and reproductive health are difficult and contentious matters; educators and schools are normally hesitant to tackle these issues. Determining the perceptions of teachers regarding HIV/AIDS education is needful and important since this education is a positive response toward the epidemic among particularly school going young people. Ahmed et al. (2009) state although there may be a reluctance to teach the content of HIV/AIDS education, teachers in the school system are in a favourable position to facilitate the diffusion of knowledge and proficiencies that will equip youngsters for proper sexual decision-making. Establishing the perceptions of teachers around HIV/AIDS education allows to ascertain possible hindrances more effectively and the requirements for effective implementation of prevention efforts within the subject Life Orientation.

It was established the highest HIV/AIDS prevalence is found among young people between the ages of 15 and 24 years. The Reproductive Health Research Unit (2004) indicated South Africa could alter the course of its HIV epidemic over the coming five to ten years by focussing on the prevention among the identified age group in order to achieve lasting behaviour modification. The country's Department of Education embraced the challenge to avert infections among youth via school-based HIV/AIDS education in order to bring about the required sustained conduct change among school-going youth. Visser (2004) revealed the commendable goal of HIV/AIDS education is to encourage the knowledge and abilities required for healthy relationships, to enhance effective communication and responsible decision making skills and to develop positive attitudes toward those living with the infection. The intentions of HIV/AIDS education is undeniably worth the pursuit but due to its sensitive content, education aimed at it is not being optimally implemented as envisaged. Esau (2010) found in his research there is a "culture of silence" in schools when it comes to the discussion of issues pertaining to sexuality. According to Esau (2010) the silence surrounding sexual issues continues due to the lack of proper and guided information which unfortunately reinforce the myths and misconceptions around HIV/AIDS and sexuality. Esau (2010) believes one manner of breaking the prevailing silence is for the school system to effectively address the matter of HIV/AIDS and sexuality via a path of education. Esau (2010) further argues education is mainly a socio-political act since teachers cannot teach in

isolation but should take into account the social issues such as HIV that could affect the lives of learners. According to Jennings (2006) teachers should seek to implement HIV/AIDS education throughout the curriculum, although it is primarily part of the subject Life Orientation.

According to Coombe and Kelly (2001) school-life presents the routines and procedures that assist learners to develop valuable habits that will shape their future conduct in years to come. Coombe and Kelly (2001) denote learners who finished their school career usually possess the qualities that equip and motivate them to protect themselves against contracting the HIV virus. This viewpoint of Coombe and Kelly emphasise the relevance and importance of schools to convey accurate HIV information and to impart crucial knowledge to those potentially at risk of acquiring the virus. HIV/AIDS education within the school system is an efficacious means whereby this dreadful disease can be averted among the vulnerable young school-going population. It was established, young people when reached with suitable and opportune interventions might curb the spread of the HIV virus. According to the Human Sciences Research Council (2005) schools were cited as the key venue for delivering critical education around HIV/AIDS. School-based HIV/AIDS education is apart from its effectiveness also economical; a responsive audience of youngsters according to Ahmed et al. (2009) is easily accessible within an established structure. The Department of Education (2000) explained teachers have an unmatched opportunity to influence the sexual conduct of learners prior to the onset of their first sexual experience or to influence their existing related behaviour; teachers play a vital role in altering the course of the HIV epidemic.

UNAIDS (as cited in Boler et al., 2003) indicated prevention endeavours to avert the spread of HIV have been based on the connection between education and behaviour modification. Boler et al. (2003) argue there is an assumption that HIV/AIDS education result in a reduction in risk conduct and therefore a decrease in the prevalence of the infection. It is, however, imperative according to the Department of Education (2000) that teachers are prepared to teach HIV/AIDS education in order to ensure that learners acquire accurate information in an age appropriate and timely manner; acquire the correct knowledge on how to protect them against the infection. According to Avert (n.d.) HIV/AIDS education requires discussions on sensitive matters, which Ahmed et al. (2009) argue make the teaching of this related education a challenge for most teachers. Boler et al. (2003) found due to the sensitivity of HIV/AIDS and sexuality, teachers find it difficult to teach the content of this infection, resulting at times in the occurrence of selective teaching. Boler et al. (2003) argue selective teaching takes place when teachers select which content of HIV/AIDS education to

teach, or more worrisome when they decide not to teach the topic. HIV/AIDS education unequivocally has a crucial role to play in combating the epidemic hence selective education should be discouraged at all times. HIV/AIDS education additionally plays a critical part in lessening stigma and discrimination (Avert, n.d.). The reduction of HIV stigma and discrimination positively influences prevention efforts as people will be more willing to seek treatment and be ready to determine their status through testing. There is evidence that school-based HIV/AIDS education is not only effective; it is a vital requirement for a youth-targeted HIV response effort.

### **1.3 BACKGROUND AND RATIONALE**

Kylemore High school is the only secondary institution found in Kylemore, a small previously disadvantage town situated on the outskirts of Stellenbosch. The school caters for learners in Kylemore as well as those from neighbouring communities and farms. Kylemore offer its residents no recreational or other community facilities apart from the sport fields and community clinic. It is a common occurrence that the youth in this community are reluctant to visit the clinic for their reproductive health needs or any assistance pertaining to their sexual well-being. This unfortunate reality can be ascribed to the perceived lack of privacy at the clinic as well as due to fear of gossip and stigmatisation. Teenage pregnancies are present which emphasise they in the community practice unprotected sex; they do not take cognizance of possible HIV infection. Free condoms are only available at the community clinic, which many youngsters unfortunately do not frequent. Most of the townspeople lack the financial resources that would enable them to visit private health services or to go to community clinics in Stellenbosch to address their health needs and/or access sexual and reproductive health services. Kylemore experience an overall silence among residents with regard to HIV/AIDS; there are no opportunities for youth to discuss their fears, uncertainties, and misconceptions around this epidemic. The persistent silence surrounding this disease reinforces the stigma and discrimination concern regarding this fatal disease.

There is a clear indication how critical the HIV/AIDS education component in the subject Life Orientation is for learners at Kylemore High school and in effect their broader communities. It is the intention to determine how teachers at Kylemore High School perceive HIV/AIDS education to learners. Schools play in any community an essential role in shaping learners for the world outside of the classroom. This responsibility is much more vital and relevant toward learners from previously disadvantage communities who may not receive guidance from their parents or caregivers. Due to the widespread societal ills found among

the young people in Kylemore it can be believed that their parents/caregivers lack the necessary abilities and resources to efficiently steer their youngsters toward positive behaviours, and/or to convey crucial HIV information that may well protect their adolescents from acquiring the virus.

Establishing how teachers perceive HIV/AIDS education is important since teacher's perceptions of this topic affect the effective implementation of the related content within the subject Life Orientation. According to Ahmed et al. (2009) the cultural and social context in which HIV/AIDS education is implemented impact how thorough a teacher's approach is toward teaching HIV/AIDS education. The context in which Kylemore High school is located, as well as the scarcity of resources in the community and its lack of discussions and interventions related to the disease compels teachers to adequately address HIV/AIDS within the school system. HIV/AIDS education was according to Visser (2004) implemented in schools as a response to this epidemic; hence schools and therefore teachers have as indicated by Schenker and Nyirenda (2002) a vital responsibility to teach learners HIV preventive behaviour. Determining how the teachers at the school perceive HIV/AIDS education may encourage the subject Life Orientation to be more effectively taught, and the institution may in general start to respond to the epidemic by developing and executing extracurricular activities to address relevant issues within the school environment; which will have ripple effects throughout the community.

#### **1.4 AIM AND OBJECTIVES**

The aim of this study is directed to benefit not only the learners who will eventually receive adequate teaching on HIV/AIDS, but the entire school community. The study will allow neighbourhoods from where the learners come to ultimately reap the benefits derived from well-informed young people regarding HIV. The desired result is to further motivate teachers to go for training in order to learn more of HIV/AIDS, even the ones who do not teach Life Orientation. It is essential to formulate what the desired result of a research project will be in order to develop the strategic plan that will ultimately lead to successful implementation and formulation of related policies.

The aim of the research study is to ascertain the perceptions of teachers toward HIV/AIDS education in order to provide guidelines for effective implementation of this content within the subject Life Orientation.



The problem statement related to this study is: What are the perceptions of teachers regarding the teaching of HIV/AIDS education to learners?

The objectives of the research study are:

1. To determine the teacher's knowledge about HIV/AIDS.
2. To determine the perceptions of teachers regarding the content of the Life Orientation curriculum related to HIV/AIDS.
3. To establish what HIV/AIDS content in Life Orientation is taught at Kylemore High school.
4. To provide guidelines regarding effective HIV/AIDS education within the subject Life Orientation.

## **1.5 LIMITATIONS OF THE STUDY**

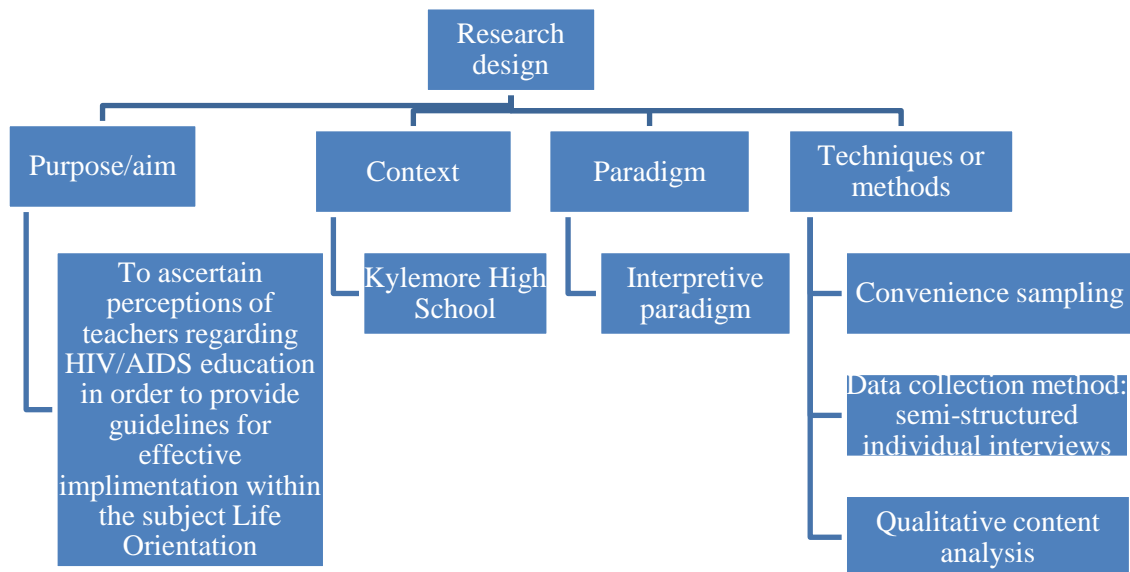
The qualitative study was restricted to only one school and employed convenience sampling to secure its sample of 16 teachers. The characteristic of the study makes it impossible to generalize the results from the study to the broader population. The study employed only semi-structured individual interviews as data collection method. Teachers were identified in a limited particular category.

## **1.6 RESEARCH METHODOLOGY**

The paradigm that will be used is directed towards the qualitative approach. According to Strydom (2011) qualitative research methodology is the process whereby the researcher tries to comprehend how research participants make sense of their environment by observing and interacting with them. It is through this according to Maree (as cited in Strydom, 2011) that the researcher attempts to gain greater understanding into the process, and how the observed and identified patterns were affected by social and cultural influences. This approach endeavoured to gain insight into the perceptions of teachers at Kylemore High School with regards to HIV/AIDS education. The research instrument used was semi-structured individual interviews conducted by means of a general interview guide. Research participants were selected with aid of a non-probability sampling method; convenience sampling. A sample of 16 teachers were utilised for this study. Figure 1.1 depicts the research design for this study,

which is according to Strydom (2011) a vital feature of any study since it provides an outline of the planned research process.

**Figure 1.1**  
**Research Design**



Source: Adapted from Strydom (2011).

## 1.7 OUTLINE OF CHAPTERS

Chapter one provided the background and supports the motivation of the study in the chosen context. It gave a description of the significance and rationale of the study, the problem statement, limitation of the study, as well as the aim and objectives of the research.

Chapter two depicts an in-depth literature review. This will provide an intensive integration into previous research findings relevant to this study. The subject Life Orientation will be explained as well as school-based HIV intervention based on literature evidence.

Chapter three provides a comprehensive outline of the research methodology process. The research instrument, sample procedure and interpretation procedures will set the scene for gathering relevant information from respondents.

Chapter four gives a broad description of the results derived from the research that was conducted at Kylemore High School. Relevant information will be reported and various trends will be emphasised.

Chapter five contains concluding remarks and provides the recommendations following the research findings. Recommendations for further research were formulated.

## **1.8 CONCLUSION**

Chapter one provided the backdrop to the study and set the tone for the rest of this research report. It further discussed the aim and objectives of the research study and outlined the study's limitations. A detailed discussion on related topics based on existing literature will highlight the relevance and importance of this subject matter.

## CHAPTER 2

### REVIEW OF LITERATURE

#### 2.1 INTRODUCTION

The literature review is according to Taylor (n.d.) a report of what recognized scholars and researchers has published on a specific topic. Strydom (2011) denotes the review of literature is a core aspect of any research study since it contextualise the research and permits the researcher to communicate with previous related literature. According to Taylor (n.d.) the purpose of the literature review is not only to relay to ones readers the established knowledge and ideas on one's topic, it additionally wants to convey the strengths and weaknesses. Henning et al. (2004) state a review of literature is also convenient when you want to explain your data, since in discussing ones data one needs to demonstrate how ones findings is relevant in relation to the body of literature that already exist. Shuttleworth (2009) refers to this part of the research study as a serious and thorough assessment of earlier research and define it as a recapitulation and summary of a specific area of research.

A comprehensive review of previous related literature will be provided. The literature review depicts a broad overview of the epidemic, HIV and youth's sexual behaviour and the importance of school-based HIV/AIDS education. The review of literature additionally includes an in-depth look at teachers and HIV/AIDS education and the possible barriers to HIV/AIDS education in schools. It concludes with a detailed discussion on the subject Life Orientation based on established literature.

#### 2.2 THE GLOBAL HIV EPIDEMIC

The World Health Organization (WHO) (n.d.) defines HIV as a retrovirus that infects the immune system's cells, consequently destroying or weakening their function. The immune system becomes more impaired as the infection progresses and causes the person to become more susceptible to infections; taking normally 10-15 years to develop AIDS (WHO, n.d.). The different routes whereby the virus gets transmitted are according to the WHO (n.d.) unprotected sex, mother to child transmission, sharing contaminated needles and transfusion of infected blood.

HIV and AIDS is the one disease posing an unprecedented threat to the development of nations, since its onset three decades ago the epidemic has impacted every sphere of the global society and was responsible for immense devastation. According to the WHO,

UNAIDS and UNICEF (2011) globally approximately 34 million individuals were living with HIV at the end of 2010, 3.4 million was children less than 15 years. WHO, UNAIDS and UNICEF (2011) report that in 2010 2.7 million people were newly infected worldwide, 390 000 was children less than 15 years. Sub-Saharan Africa, the region with the gravest HIV epidemic experienced approximately 1.9 million new infections in 2010, a decline of 16% since 2001; nearly half the countries in this region experienced a decline (WHO, UNAIDS and UNICEF, 2011). The Middle East and North Africa, however, encountered according to WHO, UNAIDS and UNICEF (2011) an increase in new HIV infections since 2001 and after experiencing in the early 2000s a drastic decline in HIV incidence, Eastern Europe and Central Asia are being confronted with a rise in new infections since 2008. Table 2.1 illustrates the global HIV/AIDS statistics at the end of 2010.

**Table 2.1****Global HIV/AIDS**

<b>Region</b>	<b>Adults &amp; children living with HIV/AIDS</b>	<b>Adults &amp; children newly infected</b>	<b>Adult prevalence*</b>	<b>AIDS-related deaths in adults &amp; children</b>
Sub-Saharan Africa	22.9 million	1.9 million	5.0%	1.2 million
North Africa & Middle East	470,000	59,000	0.2%	35,000
South and South-East Asia	4 million	270,000	0.3%	250,000
East Asia	790,000	88,000	0.1%	56,000
Oceania	54,000	3,300	0.3%	1,600
Latin America	1.5 million	100,000	0.4%	67,000
Caribbean	200,000	12,000	0.9%	9,000
Eastern Europe & Central Asia	1.5 million	160,000	0.9%	90,000
North America	1.3 million	58,000	0.6%	20,000
Western & Central Europe	840,000	30,000	0.2%	9,900
<b>Global Total</b>	<b>34 million</b>	<b>2.7 million</b>	<b>0.8%</b>	<b>1.8 million</b>

Source: Avert (n.d).

The collective response of various countries has successfully caused the worldwide incidence of HIV infection to stabilize and decline in several nations with generalized epidemics (WHO, UNAIDS and UNICEF, 2011). According to UNAIDS (2010) the world has seen a

decrease of 19% in HIV incidence since 1999. Antiretroviral therapy is making a huge impact on the progress experienced; 6.65 million people received according to WHO, UNAIDS and UNICEF (2011) treatment at the end of 2010, 2.5 million lives were subsequently spared in low-and middle income countries since 1995; 1.8 million in Sub-Saharan Africa. WHO, UNAIDS and UNICEF (2011) report globally there has been a reduction in the number of people succumbing to AIDS-related causes from 2.2 million in 2005 to approximately 1.8 million in 2010; 20% less children younger than 15 years died from AIDS. UNAIDS (2010) indicates the number of people accessing treatment has grown 13-fold but 10 million eligible under the new World Health Organization guidelines are still awaiting treatment. Treatment 2.0 is a recent approach consisting of five pillars (optimise drug regimens, provide point of care diagnostics, reduce costs, adapt delivery systems, and mobilize communities) geared at providing treatment with more ease and scaling up access, intending to prevent 10 million mortalities by 2025 and reducing the number of new infections by up to one million yearly, granted countries provide antiretroviral medications to all in need (UNAIDS, 2010).

It is clear significant progress has been made in the global efforts to halt HIV/AIDS. WHO, UNAIDS and UNICEF (2011) argue despite the turn in the tide too many people are still acquiring the virus, getting sick and succumbing to AIDS. According to UNAIDS (2012) stigma, discrimination, punitive laws, gender inequality and violence persist to incite the epidemic and frustrate the world's best efforts to "get to zero". Sub-Saharan Africa is still the region experiencing the most new infections among adults and key populations at higher risk, such as sex workers, injected drug users and men who have sex with men are still not encountering a sufficient decline in HIV infection (UNAIDS, 2012). The world's attempts to ensure a HIV free generation will only be realized once HIV programmes are according to UNAIDS (2012) established in right-based approaches. UNAIDS (2012) indicates promoting gender equality, human rights and strengthening communities are the necessary elements for an effective HIV response; social transformation is fundamental to curb and reverse the epidemic.

### **2.3 SOUTH AFRICA AND THE HIV EPIDEMIC**

South Africa remains the country with the highest HIV prevalence globally. According to the WHO, UNAIDS and UNICEF (2011) in 2009 approximately 5.6 million South Africans were living with HIV, which equals the number of those with HIV in all of Asia. Avert (n.d.) indicates in that same year approximately 310.000 individuals died of AIDS-related causes;

premature mortalities due to HIV/AIDS has increased greatly over the last ten years from 39% to 75% in 2010. Children are the hardest hit by this epidemic, those under 15 living with this disease was approximately 330.000 in 2009, nearly double since 2001 (Avert, n.d.). The main routes whereby the virus is transmitted are heterosexual intercourse followed by mother-to-child transmissions. HIV/AIDS is responsible for half of South Africa's orphans; according to Avert (n.d.) the country has approximately 1.9 million AIDS orphans. The Economist (2012) reports adults aged 15-49 accounts for 17% of those living with HIV; more than triple the rate for the entire Sub-Saharan Africa region. It is known that HIV disproportionately affects women; race seems to also be a factor in South Africa. According to the Economist (2012) Blacks who constitute four-fifths of the population carry the greatest HIV burden with a prevalence of 13%, compared to coloureds and Indians 3% and whites 1%. The Economist (2012) argues poverty is not the real factor but rather the sexual behaviour of blacks in general causing their HIV situation.

The at risk groups in the country include gay men, sex workers and their clients, injected drug users, people with disabilities, youth not attending school and those who live in informal settlements (Avert, n.d.). The new national Strategic Plan 2012-2016 had identified additional at risk groups, including women in the age category 15 and 24, orphans and other vulnerable children and young people, alcohol and substance abusers and migrant workers (UNAIDS, 2012). The country's HIV efforts intends to specifically address its socio-economic conditions since this incite HIV transmissions; the National Strategic Plan is such a means. Avert (n.d.) indicates South Africa, however, lack national services to address the needs of men who have sex with men, a worrisome fact seeing that 9.2% of new infections occurred among this group. According to Avert (n.d.) sex workers accounted in 2010 for approximately 19.8% of the country's HIV incidence, thus the need for specific HIV programmes among this risk group. Gender inequality and violence against women is an alarming stimulator of HIV infections. Avert (n.d.) indicates approximately one in seven cases of women contracting the HIV virus could have been averted if she had not been a victim of violence.

South Africa has implemented in 2010 a national HIV counselling and testing campaign that resulted in a significant number of people knowing their HIV status, however, Avert (n.d.) denotes greater uptake of testing should form part of the country's overall efforts to address HIV/AIDS. Globally the country has the largest antiretroviral therapy programme; following the national testing campaign access to treatment increased from 923.000 people in February 2010 to 1.4 million in May 2011 (Avert, n.d.). It is evident South Africa has put measures in

place to effectively address HIV/AIDS and progress has been made to reduce new HIV infections specifically among young people. The country, however, should be more concerted to meet its targets regarding halting the spread of HIV.

## **2.4 HIV/AIDS AND THE SOUTH AFRICAN YOUTH**

The HIV epidemic instigated its necessity to be an insistent public health priority for the past three decades. The elusiveness of a cure or vaccine emphasise the need for effective prevention efforts that will produce lasting results to curb the epidemic's destructive onslaught. Averting HIV infection amongst youth is crucial since a nation do not only strive to secure its stable and healthy future, it more importantly set out to halt the effects and spread of HIV/AIDS. According to Visser et al. (2004) HIV/AIDS awareness programs with the focus of delaying first time sexual intercourse, and encouraging safe sex behaviour among youngsters, continue to be the country's principal method of warding off HIV infections. Although youth are the most vulnerable and carry the greatest burden of HIV infection, USAID (2003) believes this particular population group present the best opportunity for hindering the spread of HIV since they are open to behaviour modification. According to USAID (2003) prevention efforts with a focus of developing and/or altering conduct and values are the most suitable means of responding to the HIV crisis, which in effect hold great promise for youth directed interventions.

The adolescent years are generally the period during which time HIV risk behaviour like substance abuse; sexual experimentation, promiscuity, and unprotected sex are common occurrences. The South African Medical Research Council (2003) indicates the behaviours learned during adolescence often continue into adulthood, although in most cases negative conduct can be averted. The risky sexual conduct of youth causes them to be extremely vulnerable to acquiring the HIV virus, which makes timely HIV interventions a matter of urgency. The benefit herein according to Ghukasyan (n.d.) is it is normally simpler to alter the risky behaviour of adolescents than that of adults with established behaviour patterns. In South Africa HIV is predominantly transmitted through penetrative heterosexual sex. According to a nationwide study conducted amongst grades 8-11 public school learners, the South African Medical Research Council (2003) found 41% of adolescents had had sex, 54% had more than one sexual partner, a mere 29% used condoms consistently and 14% of pupils had a unplanned sexual encounter after consuming some form of narcotics or alcohol. The average age for first time sexual intercourse in South Africa can be as low as fourteen years old, which significantly increase youth's risk of HIV infection since in most of these cases



the sex is unprotected. Peer pressure plays a pivotal role in when youngsters start their first sexual relationship.

According to USAID (2003) many adolescents lack the advantage of essential information, skills, and services to protect themselves from acquiring HIV. The study of the South African Medical Research Council (2003) found a great many youngsters practise unprotected sex and one in three 19 year olds have been pregnant. USAID (2003) denotes unprotected penetrative sex among youth is mainly expedited by their immature physical and psychological development. According to UNICEF (2011) adolescents who experienced early sexual relationships and pregnancies increase their risk of contracting HIV mostly due to their lack of HIV knowledge and because they do not view themselves as susceptible to the disease. According to UNAIDS (as cited in USAID, 2003) only a few sexually active adolescents use contraceptives, with repercussions that may include not merely unwanted pregnancies, increased abortions and sexually transmitted infections, but more detrimental, HIV infection. The aforementioned research studies clearly corroborate each of its findings regarding the danger inherent to the sexual behaviour of youth.

An unfortunate encumbrance in South Africa's response to HIV/AIDS is its youth's complacency to protect them against HIV infection. Research shows an unfortunate number of South African youth, although aware of the peril inherent to HIV are entangled in risky sexual conduct. The study conducted by the Reproductive Health Research Unit (2004) revealed an alarming fact, despite youngster's knowledge regarding the HIV epidemic; a great majority do not perceive themselves at risk of acquiring HIV/AIDS, thus resulting in lackadaisical HIV protective behaviour. The aforementioned confirm the remark of Coombe and Kelly (2001) HIV/AIDS knowledge does not instinctively bring about behaviour adjustments to protect one against contracting HIV. Coombe and Kelly (2001) believe knowledge needs to be reinforced with attitudes and beliefs that will result in the making of responsible and correct choices.

The present situation necessitated appropriate action from government, the private sector as well as civil society organisations to put preventive measures in place in an attempt to curb the spread of HIV amongst South African youth. According to Coombe and UNESCO (as cited in Visser, 2004) a multi-sectoral response to the epidemic is currently the main approach used, in which the education sector features noticeably. It is believed timely and effective prevention efforts geared at school-going young people have a significant possibility of altering the damaging course of the HIV epidemic in the near future. School-

age children represent according to the World Bank (as cited in Visser, 2004) the “window of hope” for several countries in responding to HIV/AIDS since education present an established infrastructure for delivering HIV/AIDS education to a great number of uninfected individuals.

According to Harrison et al. (2010) countries that experienced a lowering in HIV prevalence at population level accounted a change in sexual conduct as a critical contributing element. Harrison et al. (2010) state further previous interventions that set out to alter sexual behaviour revealed a need to modify population norms relating to sexual risk conduct and to address various interpersonal, cultural and structural aspects that are at the bottom of HIV risk. According to Esau (2010) motivating behavioural alteration is, however, a complicated task and arduous to accomplish. Kirby (1995) denotes there are normally difficulties in altering the conduct of people, but changing the sexual conduct of adolescents may be especially challenging. It is therefore essential that prevention efforts speak to the value and belief system of the individual as an attempt to ensure that each person act responsible and accountable in their sexual activities.

## **2.5 GOVERNMENT’S RESPONSE TO THE HIV/AIDS CRISIS**

The seriousness of HIV/AIDS and its impact on South African youth necessitated the South African government to respond with multi-sectoral actions. The education sector is a suitable and invaluable avenue to impart critical HIV/AIDS information and develop values that will empower and equip youngsters to avert HIV infection. The important role of the education sector is further accentuated by the research of M.J. Kelly. According to Kelly (as cited in USAID, 2003) the education sector has the potential to create hope in the face of HIV due to its possibility to work at the three core levels where HIV/AIDS related interventions are required. The three core levels are according to Kelly (as cited in USAID, 2003): When infection has not occurred, when infection had taken place, and thirdly when an AIDS-related death occurred. These three levels present the education sector with great opportunities to respond to HIV/AIDS and to empower and equip those infected or affected by the disease. The education sector undeniably has instrumental capacity to effectively address HIV/AIDS. It does not merely have the potential to influence young people who are according to the World Health Organization (2006) in a period of swift “physical and psychosocial development”, its influence will extent to the community at large.

A statement made by a former minister of education, Prof Kader Asmal (as cited in the South African Medical Research Council, 2003) indicates early HIV intervention is the most cost effective and certain means of aiding and guiding youngsters to self-fulfilment through education. The Department of Education has recognised the irrefutable influence education could have on preventing HIV/AIDS and as a result had notably put intervention strategies in place in an attempt to contribute to South Africa's HIV response. Stadler (2003) states school-based HIV/AIDS education was one of the strategies the Education Department employed as its youth-directed prevention response to the HIV epidemic. According to Stadler (2003) the Education Department implemented in 1997 a national school-based life skills, sexuality and HIV/AIDS education programme. Stadler (2003) indicates many teachers during that time, however, encountered hurdles implementing the programme due to a lack of support from their principals and them not understanding the teaching material. During the implementation of the aforementioned programme Stadler (2003) denotes several teachers were opposed to the idea of teaching their learners sex and HIV/AIDS education and as a result did not implement the programme in their classroom. It was established HIV/AIDS education, however, became in the year 2000 according to Ahmed et al. (2009) mandatory in all public schools in South Africa.

The Department of Education implemented in 2000 its five-year implementation plan for Tirisano, 2000-2004 in which the Minister of Education stipulated nine priorities that would help enable the development of an education and training system that would contribute to a prosperous and healthy South Africa that is fully geared for the 21<sup>st</sup> century (Department of Education, 2000). According to the Department of Education (2000) two of the nine priorities included the stipulations that "schools must become centres of community life" and the education and training sector must speedily and with earnest address the country's HIV/AIDS crisis. The Department of Education (2000) indicates the Minister subsequently structured the nine priorities into five essential programme areas, with HIV/AIDS taking the number one position. The HIV/AIDS programme involved according to the Department of Education (2000) the following three projects, "Awareness, information and advocacy", "HIV/AIDS within the curriculum", and "HIV/AIDS and the education system". The HIV/AIDS projects in Tirisano according to the Department of Education (2000) set out to ensure every school pupil comprehend the causes and repercussions of the HIV epidemic and learn how they can practice healthy lifestyles, which include responsible sexual conduct.

According to the South African Medical Research Council (2003) Tirisano covered both the educational and health needs of learners to incorporate sexuality, gender, substance abuse and

HIV/AIDS. The Western Cape Education Department (2002) states both the Department of Education's Tirisano plan and National Curriculum dictated that information about HIV/AIDS as well as age appropriate sexuality education must be incorporated into the school's curriculum at all levels. The Western Cape Education Department (2002) denotes the National Curriculum do not solely set out to convey basic HIV/AIDS facts, it simultaneously wants to impart vital knowledge that will aid learners to develop competencies that will motivate a healthy self-esteem and self-knowledge. The South African government additionally address HIV/AIDS through its National Policy on HIV and AIDS for learners and educators in public schools and students and educators in further education and training institutions of 10 August 1999 Volume 410 Number 20372. The policy require school-based HIV/AIDS education and life skills education to be a permanent feature in the curriculum of schools, conveying accurate and age-appropriate HIV/AIDS education to all learners through the subject Life Orientation.

## **2.6 SCHOOL-BASED HIV/AIDS EDUCATION STRATEGY**

According to SACMEQ (2011) the United Nations recognized the education sector has a critical role to play in the delivering of sufficient HIV/AIDS awareness and prevention educational programmes. UNICEF (2011) states HIV/AIDS programmes offered as an integral part of the school curriculum is more cost-effective and provide more potential for scale-up. The World Health Organization (2006) acknowledged schools are central locations for conveying HIV information and teaching youth the life skills needed to avert HIV infection. School-based HIV/AIDS education is of paramount importance in order to impart vital and comprehensive information prior to youth starting their sexual relationships. According to UNICEF (2011) 120 out of 137 countries started in 2007 to include HIV/AIDS education as part of its secondary school curriculum, this number increased significantly between 2007 and 2009. According to Reddy et al. (2005) schools present ample possibilities for critical HIV prevention among a great number of youngsters likely to be at risk of contracting the HIV virus. James et al. (2006) denote the development of an efficient HIV/AIDS education programme is a good investment toward the sexual health of youngsters, schools offer the most suitable and practical venue for imparting HIV/AIDS knowledge. According to Griffiths (2005) schools have an important responsibility to present a safe and sheltered learning environment in an attempt to enhance HIV/AIDS education among learners. Schools are for a great many learners their foremost source of knowledge on the HIV epidemic (Human Sciences Research Council, 2005).

According to Ghukasyan (n.d.) schools have access to adolescents at vital stages in their development, are well-established, have the capacity to teach youngsters and can present HIV prevention efforts that will have ripple effects in communities. UNESCO (2003) states it is, however, imperative for schools to convey accurate and complete HIV information since young people may have the incorrect notion that they are not susceptible to HIV. In reality there is a time elapsed between HIV infection and the appearance of first AIDS symptoms. According to Paul-Ebhohimhen et al. (2008) HIV prevalence rates at present indicates most HIV infections occurred during adolescence, with AIDS manifesting in most cases only ten years after infection. Avert (n.d.) believes school learners are especially open to new knowledge, hence the value and benefit of efficient school-based HIV/AIDS education. UNICEF (2011) states age-appropriate HIV/AIDS education does not only increase HIV/AIDS knowledge it also results in responsible sexual conduct. Schools as avenues for sexual health promotions are according to Ahmed et al. (2009) widely known and school-based prevention programmes have been recognised for its great importance. Ahmed et al. (2009) believe school-based HIV/AIDS education as an HIV intervention strategy should be especially directed at learners in early grades since in South Africa; 60% of those who enrol in grade 1 neglect to complete their schooling. James et al. (2006), however, indicate an increase in the number of learners who do enrol in secondary schools. According to Schenker & Nyirenda (2002) school-based HIV/AIDS education reach youth between the ages of 5 and 18 and are therefore significant for hampering the spread of HIV among this vulnerable group. Visser (2004) denotes by focussing especially on children between the ages of five and fourteen, the age group with the lowest HIV prevalence rate, school-based HIV/AIDS education may have great potential to influence their health and social conduct.

Ahmed et al. (2009) state school-based HIV/AIDS education is a favourable and economical HIV response in many countries since it allows intervention programmes to be implemented among easily reachable audiences. Mathews et al. (2006) believe HIV/AIDS education is especially beneficial and of necessity for South African youngsters seeing they account globally for half of all new HIV infections; establishing an invaluable opportunity to decrease according to Mathews et al. (2006) the incidence of sexual risk conduct as well as prevent the outset of unsafe sexual activity. The studies conducted in England and America, as referred to by Kirby (1995) found school-based HIV/AIDS education did not incite the onset of sexual relations, as many assume it might. According to Kirby (1995) the studies done by Mellanby et al. and Wellings et al. indicate school-based HIV/AIDS education delay first time sex and may have caused an increase in condom use with first sexual activity. Kirby (1995) also

referred to studies done in America where they found school-based HIV/AIDS education brought about a decline in sexual activity and a reduction in the number of sexual partners. UNAIDS (2003) corroborate previous research findings, which revealed HIV/AIDS education lessen the risk of HIV by postponing the age of first sexual encounter, increase the use of condoms, reduce the number of sex partners and encourage the prompt treatment of sexually transmitted infections. Kirby (1995) believes the effect of HIV/AIDS education on the sexual conduct of youngsters will, however, not be instantaneously dramatic but will have an expected moderate effect.

Schools have the vital opportunity to reinforce in an opportune manner according to Schenker & Nyirenda (2002) positive health conduct, as well as change risk behaviours among children and young adults. Schenker & Nyirenda (2002) state by providing learners knowledge on the HIV epidemic and its prevention, the Department of Education help learners to develop constructive attitudes and essential skills that will assist them to successfully ward off HIV infection. UNICEF (2011) denotes school-based HIV/AIDS education addresses values and teaches critical thinking skills that encourage and help learners to question the mind-sets and conduct that may threaten their health.

## **2.7 THE IMPORTANCE OF SCHOOL-BASED HIV/AIDS EDUCATION**

The global HIV prevalence rates compel each nation to have prevention efforts targeted at youth as a constant priority. UNESCO (2006) believes it is necessary for young people to possess all the information and skills needed to make informed choices. According to UNESCO (as cited in Aggleton and Warwick, 2002) young people have an unequivocal right to knowledge and resources that will allow them to avoid HIV infection as well as prevent transmitting the virus to others. Since youngsters will make proper choices given the correct information and suitable environment, UNESCO (2006) believes school-based HIV/AIDS education can be the social vaccine that may reduce the effect of HIV and hinder its spread. According to Oshi and Nakalema (2005) HIV/AIDS education is vital in altering risk conduct in the transmission of HIV, seeing worldwide adolescent's sexual activities is on the increase as the age for first time intercourse is declining. Although school-based HIV/AIDS education can appear to be a daunting endeavour because of its sensitive content, Ghukasyan (n.d.) believes youth targeted interventions must be at the core of strategies to halt HIV/AIDS. According to UNICEF (2011) age-appropriate school-based HIV/AIDS education is crucial for the development of self-efficacy in youngsters since this proficiency is critical in helping



them to recognize HIV risk and reducing their vulnerability in the event of dangerous situations.

According to Peltzer & Promtussanonon (2003) school-based HIV/AIDS education has been strongly recommended as a primary strategy for increasing youngster's HIV knowledge and for preventing risk conduct. According to Kinsman et al. (1999) adolescents are on the brink of a vulnerable stage in their sexual development with unique needs that require specific interventions. Kinsman et al. (1999) believe school-based HIV/AIDS education is one means whereby to meet the particular needs of adolescents. Kinsman et al. (1999) state although the knowledge acquired through school-based HIV/AIDS education may necessitate reinforcement over the coming years, it does provide a good foundation for safer sexual behaviour patterns which may inhibit risky conduct in learner's adult years. According to Marsh et al. (2002) HIV/AIDS education will ensure learners receive accurate information around the epidemic, which will simultaneously encourage a decline in stigma, and discrimination since misconceptions will be eradicated and fears addressed.

According to Avert (n.d.) HIV/AIDS education should start as early as possible since this will prevent ignorance regarding the different ways whereby the HIV virus can be transmitted. Avert (n.d.) states early exposure to age appropriate HIV/AIDS information lays the vital groundwork for accurate HIV knowledge and the acquiring of suitable skills that will assist youngsters on how to protect themselves best against HIV. UNICEF (2011) found at the start of secondary school most learners do not possess basic HIV knowledge and although parents from Southern African countries believe adolescents should learn about HIV prevention they do not necessarily provide their children the required information on the disease. According to UNICEF (2011) school-based HIV/AIDS education is critical not only for these reasons but because many learners will become sexually active and start several relationships during adolescence, increasing in effect their vulnerability to HIV. HIV/AIDS education within a supportive school environment ensures according to UNICEF (2011) access to accurate information, the development of responsible sexual conduct and assist with the uptake of HIV services such as HIV testing. According to UNICEF (2011) findings from a study conducted in Kenya clearly illustrates the important impact school-based HIV/AIDS education could have, findings indicate an increase in especially girl's condom usage and fewer learners having intercourse, as well as more putting off the start of their first sexual relationship.

## 2.8 TEACHERS AND HIV/AIDS EDUCATION

According to Peltzer & Promtussanonon (2003) teachers have an important part to play in the diffusion of HIV/AIDS information within a successful school-based program. James-Traore et al. (as cited in Vethe, 2011) denote teachers are a critical link in communicating information around HIV/AIDS and sex to their learners as they are apart from parents or caregivers the only adults learners have daily contact with. Aggleton & Warwick (2002) state it should not be assumed that teachers are well prepared for their role of delivering HIV/AIDS education since most enter their profession untrained to teach sexual issues. According to Peltzer (2000) findings from previous research studies revealed teachers at different educational levels do not possess basic factual knowledge regarding the cause, transmission and prevalence of HIV/AIDS. Peltzer & Promtussanonon (2003) indicate despite teachers possessing adequate knowledge on HIV/AIDS, they are often reluctant and uncomfortable to have classroom discussions pertaining to matters such as safer sexual behaviour and homosexuality.

The research findings of Ahmed et al. (2009) revealed teachers are often differed about HIV/AIDS education as it may be contradictory to their personal values and beliefs. According to the research findings of Ayo-Yusuf (as cited in Tayob, 2010) 42% of teachers stated not teaching HIV/AIDS education in their classes, of which 41.2% mentioned it was because they felt their learners were too young for the content of the curriculum. The study of James et al. (2006) found when HIV/AIDS education was implemented in 11 classes in schools in Kwazulu-Natal only seven of the 11 classes thoroughly implemented the HIV/AIDS curriculum. Tayob (2010) denotes despite the high HIV prevalence in South Africa a great number of teachers unfortunately do not successfully teach HIV/AIDS education to their learners.

Life Orientation is a compulsory subject in all public schools in South Africa, unavoidably compelling the teacher of this subject to teach HIV/AIDS education despite their personal preference. Boler et al. (2003) state although there is not enough information on how HIV/AIDS education is being implemented in schools, research propose teachers generally neglect to implement this section of the education curriculum as was intended. The reluctance of teachers to efficiently teach HIV/AIDS education is a great hindrance to the successful implementation of this important content within the subject Life Orientation. Ahmed et al. (2009) believe there has not been sufficient research done to determine how teachers feel toward their responsibility to teach HIV/AIDS education. There is therefore a need for more



research seeing that teacher's perceptions of HIV/AIDS education affect how successful they convey its content. According to Floors (2009) the success of school-based HIV/AIDS education hinges on educators whose importance cannot be overly stressed. According to Avert (n.d.) the perceptions of teachers regarding HIV/AIDS education are influenced by the general viewpoint that discussions around sensitive issues inherent to HIV/AIDS education are improper for youngsters and might tempt them to indulge in risky conduct. Avert (n.d.) states this perception is often based on the moral and religious beliefs of teachers and not so much on research findings. According to Grant and Summerfield (as cited in Tlakula, 2011) apart from teachers having to have correct HIV information in order to effectively teach the topic, teachers must be willing to handle the emotional responses, stereotypes, taboos, and biases that so often frame the general views of HIV/AIDS.

According to Prinsloo (2007) a teacher's intentness, personal morals and self-discipline have an impact on their perceptions regarding HIV/AIDS education. Mathews et al. (2006) denote student-centred teachers will normally be more aware of the need for HIV/AIDS education; hence, they will be more inclined to teach its content. Mathews et al. (2006) indicate the factors psychosocial, HIV/AIDS related environmental factors, the broader institutional environment, as well as the school climate greatly influence a teacher's inclination to teach HIV/AIDS education. The support teachers receive from parents and the community was stressed as an imperative in an UNESCO (2006) newsletter seeing that teachers do not operate in isolation, hence the support received from the mentioned role players also influence their perception of HIV/AIDS education.

Mathews et al. (2006) believe adequate training of teachers will normally cause a greater willingness among them to implement and effectively teach HIV/AIDS education. Adequate teacher-HIV-training influences the perception of the educators regarding their instruction of this epidemic. According to Mathews et al. (2006) teacher HIV training raises the awareness among teachers which improves the implementation of related education since they consequently have a greater understanding of the epidemic and the need to respond to the disease. The perceptions of teachers regarding HIV/AIDS education are according to Mathews et al. (2006) also affected by their self-efficacy. Mathews et al. (2006) denote teachers will generally be more willing to teach HIV/AIDS education when they are self-assured about their ability to teach the content of the curriculum.

According to Oshi and Nakalema (2005) cultural, religious and social beliefs regulate largely what teachers are prepared to teach. Chabilall (2012) denotes due to the possibilities of the cultural differences of learners, teachers have an epic task to teach the sensitive content of

HIV/AIDS since it is such a complicated undertaking to incorporate the various cultural influences into the curriculum. According to Esau (2010) it is especially challenging to teach HIV/AIDS education in religious schools, as discussions around sex and sexuality are considered as taboo. According to Visser (2004) most societies are essentially against teaching children about HIV/AIDS since sex is a forbidden topic around which discussions should be prevented at any cost.

Apart from these factors affecting the teaching of HIV/AIDS education Esau (2010) states teachers need to break the culture of silence regarding sexuality and HIV/AIDS. According to Esau (2010) this entails querying what and how they teach, who controls existing knowledge at schools and for what intention that control is exercised. Esau (2010) denotes due to the challenges of the day the traditional way teachers perceive their roles has changed, compelling them to expand the confines of critical educational principles, making teaching one of the most challenging professions. According to Hargreaves (as cited in Rooth, 2005) research findings increasingly illustrate the significance and leading role of teachers in educational change. Visser (2004) states teachers are mainly responsible for encouraging change through the education system. Hargreaves (as cited in Rooth, 2005) states teachers do not just deliver a curriculum, they interpret, develop and redefine it since it is what they think, believe and do at classroom level that eventually produce the type of education learners will receive. The importance of teachers in effectively implementing the HIV/AIDS education curriculum can therefore not be overly emphasized. The influence teachers have on the learning experience of learners and their role in the community; provide an invaluable opportunity for HIV/AIDS conversations and education. According to Visser (2004) open discussions around HIV/AIDS is extremely vital since the silence of the disease promotes the spread of the HIV virus and are responsible for the persistence of its stigma. Kelly (as cited in Visser, 2004) indicates there are researchers that therefore argue HIV/AIDS education should not be regarded as optional but must be viewed as critical.

## **2.9 BARRIERS TO HIV/AIDS EDUCATION**

School-based HIV/AIDS education is of utmost necessity for an efficacious youth-directed HIV preventive effort. There are, however, obstacles that impede this endeavour. According to James-Traore (as cited in Griffiths, 2005) the HIV/AIDS situation among young people compel teachers to be role models, mentors, advocates for safe school environments and trustworthy sources of accurate information and referrals to appropriate services. Griffiths (2005) denotes there are teachers who are regrettably not fulfilling this role since some of

them are involved in transactional sexual relationships with learners as well as other criminal acts that result in reduced credibility among learners. Boler et al. (2003) refer to a study conducted among teachers in Kenya that found the appropriateness of teachers as positive sexual role models was queried due to the occurrence of sexual relationships between the two parties. The learner's perception of their teachers, especially their Life Orientation teacher's questionable moral standards and behaviour unavoidably influenced their learning experience, which surely has a hampering effect on school-based HIV/AIDS preventive efforts and teacher's perception of teaching HIV/AIDS education.

Griffiths (2005) believes for HIV/AIDS education to be successful it is imperative that schools not only establish a safe environment for learners, it should also create the necessary space where teachers receive the needed support. It was established Life Orientation has the potential to contribute in a significant way to the development of South African youth; hence, Strydom (2011) believes the support the Life Orientation teacher receives is critical to ensuring the benefits that could be derived from the subject are not lost. School principals are a main source of support for their teachers. According to Strydom (2011) the attitudes of principals regarding the subject Life Orientation are, however, negatively influenced by their often-limited knowledge of the subject's content. The principal's knowledge and understanding of the subject impacts according to Strydom (2011) to a great extent the Life Orientation teacher's attitude and opinion of the subject since the support received from their principal affect how teachers experience and perceive the subject they teach, which may very well affect how effectively they implement its curriculum. This is especially relevant with regard to the HIV/AIDS curriculum due to its sensitivity and often taboo topics. According to Pillay et al. (as cited in Strydom, 2011) the type of feedback given to staff by the principal affects their perception regarding worth and usefulness to the school, hence affecting their motivation.

According to Strydom (2011) a principal's limited understanding of Life Orientation result in them appointing and allocating non-specialist teachers to teach the subject, which consequently affect this educator's development of proficiency and therefore their perception of the subject and its content. The general modus operandi according to Van Deventer (2009) is teachers that are non-specialist are teaching Life Orientation. Strydom (2011) denotes some teachers may well be trained in certain Life Orientation learning outcomes, but the expectation is that they teach all outcomes despite inadequate training in all the required outcomes of the subject. Strydom (2011) refers to the study done by Visser to illustrate the aforementioned were Visser's study found numerous teachers had difficulty implementing

the life-skills component within Life Orientation, specifically with the focus on HIV/AIDS due to their insufficient knowledge of the subject matter. According to Christiaans (2006) principals oftentimes do not recognise the value of employing specialist teachers to teach Life Orientation, which is a great concern since this hampers effective implementation of the curriculum. Christiaans (2006) denotes a lack of sufficient support from the Department of Education add to this unfavourable situation.

According to Van Deventer (2009) earlier research findings stress the teaching of Life Orientation by non-specialists teachers is a critical aspect, seeing that the epistemology and proficiencies of the teacher who teach a subject has an impact on the subject's status and how it is delivered in the classroom. Van Deventer (2009) states non-specialist teachers involved with Life Orientation do not only affect the stress level of the teacher, it simultaneously influences the view learners have of the subject. According to Van Deventer (2009) learners will question the value of Life Orientation when it is taught by a teacher who seemingly lacks the required ability to present the lessons or when there is annually a different one teaching the subject. Van Deventer (2009) points out with the appointing of non-specialist Life Orientation teachers, learners fail to experience the importance of the subject resulting in the failure to add value to their lives.

According to Visser (2004) previous research findings revealed several teachers lack the information, training, or assistance they require to effectively implement HIV/AIDS education. Visser (2004) denotes teachers usually depend on the academic or scientific explanation of the subject without ensuring that learners understand the causes of HIV transmission, hence leaving them still rather inept to prevent infection. According to Kelly (as cited in Visser, 2004) teachers are normally cognisant of the knowledge and information gap that exist between home and school but are usually incapable to make provision for it. Kelly (as cited in Visser, 2004) states a tension emerges between how disease is defined in terms of values, attitudes and beliefs in the home environment compared to the scientific way in which it is introduced in schools. Schenker and Nyirenda (2002) state it is required of teachers to acquire additional skills, instructional methods and models, as well as alter some of the traditional ways of teaching in order to effectively implement school-based sex and HIV/AIDS education. Boler et al. (2003) concur the perception of teachers regarding this topic are influenced by gender dynamics, insufficient training and a lack of support and resources, which are barriers to the effective implementation of the curriculum.

According to the findings of UNESCO (2004), teacher training in South Africa seems to be rather meagre for ensuring the effective implementation of HIV/AIDS education. UNESCO (2004) indicates teachers are generally positive regarding HIV/AIDS education but personally think they are lacking the necessary knowledge and proficiency to teach its content. According to Visser (2004) there is overall a greater realization that teachers lack the necessary skills to address the challenges posed by HIV/AIDS through the curriculum. According to Avert (n.d.) teachers may lack the required experience to teach sensitive and taboo matters, such as that found in HIV/AIDS education and therefore need specialised training in order to ensure the comfortable communication of difficult topics, without allowing personal values to conflict with the health needs of learners. Prinsloo (2007) stresses further the need for teachers to be sufficiently trained in comprehending the content, goals, results and didactic methods of Life Orientation programmes. According to Van Deventer (2009) the review committee for curriculum 2005 confirmed the findings of previous studies; South African Life Orientation teachers are not sufficiently trained. Van Deventer (2009) denotes teachers will feel aggrieved to teach Life Orientation, knowing they lack the adequate knowledge of the subject's content, hence the obvious need for specialist Life Orientation educators.

According to Strydom (2011) the following factors also influence the effective implementation of Life Orientation: A lack of learning material and resources, concerns regarding time allocation for Life Orientation and the size of the classes, absence of Departmental support and problems with learners and discipline. According to Boler et al. (2003) the teaching of HIV/AIDS education will not be successful with large classes since effective communication in such conditions is impossible. Boler et al. (2003) denote teachers find it challenging to approach HIV/AIDS professionally since they are already overwhelmed with other responsibilities. The perception of teachers regarding HIV/AIDS education is according to Strydom (2011) also influenced by the challenging teacher-learner relationships since they do not perceive their role as one including discussions around sensitive or emotion laden issues.

## **2.10 LIFE ORIENTATION**

The Department of Education (2003) defines Life Orientation as the study of the self in relation to ones fellow man and to society. The subject implement according to the Department of Education (2003) a holistic approach and focus on the personal, social, mental, temperamental, spiritual, physical growth and the development of learners. The purpose of

the subject, as stated by the Department of Education (2003) is to instil in learners abilities to respond effectively to the challenges and pressures of life, as well as foster in youngsters a willingness to positively influence their community and country presently as well as in the future. The subject Life Orientation furnishes learners with good problem solving and decision-making proficiencies and assists them to engage in proper actions for purposeful and successful living in a dynamic society. According to USAID (2003) learners are taught compassion and are empowered with abilities to cope effectively with their mental state as well as peer pressure, which is more forceful at the different stages of adolescence. According to the Department of Education (2000) Life Orientation addresses deeply sensitive issues that relate to the psychosocial and physical development of learners.

According to UNESCO (2003) the subject Life Orientation was structured for public schools in South Africa with the intention to equip youth with the knowledge and proficiencies needed to make educated and sound choices. UNESCO (2003) denotes Life Orientation can only contribute to HIV prevention when learners are able to obtain functional information about this epidemic, when they are able to contemplate their choices, which support good and fitting conduct and when they have the opportunity to develop and cultivate the competencies that will aid sound decision-making. These outcomes assist according to USAID (2003) youngsters to apply their HIV knowledge as means to protect themselves against contracting the disease. Avert (n.d.) states the knowledge and skills obtained through Life Orientation enable youngsters to purposefully avoid HIV risk conduct and prepare those not yet entangled in unsafe sexual behaviour how to effectively deal with risky predicaments.

Through the subject Life Orientation young people are subjected to invaluable knowledge that promotes the development of suitable life skills empowering them to negotiate safe sex options or delay the onset of their first sexual activity. According to Advocates for Youth (2002) the possession of life skills causes young people to be more optimistic and hopeful about their future and enhance their abilities to withstand lives pressures. HIV/AIDS education within a compulsory school subject helps with the important endeavour to dispel the misconceptions around the HIV epidemic. Avert (n.d.) states by conveying accurate HIV/AIDS information, fear, shame and blame are eliminated, which in turn positively influence efforts to reduce stigma and discrimination. Life Orientation as subject promote inclusive education by allowing adaptability in the teaching and assessment since it takes into account the unique abilities of every learner. This ensures that each learner will understand the content of the curriculum. According to Schenker & Nyirenda (2002) a prerequisite for

behaviour alteration and attitudes to progress requires Life Orientation to be singled out as a unique subject in the school curricula.

According to Morena (as cited in Vethe, 2011) Life Orientation is the single school subject that can best empower learners. Vethe (2011) denotes Life Orientation is in a favourable position to address the majority of difficulties faced by young people. Avert (n.d.) states the Life Orientation class present opportunities for group work and role-play activities, which are vital and efficacious strategies since learners participate actively and are able to engage with the information while applying the knowledge they obtained. According to Avert (n.d.) the active learning is an effective means for learners to cultivate social skills and to practice and build competencies on how to be assertive in their choices. These advantages derived from the subject Life Orientation are undoubtedly beneficial to the HIV response efforts among South African youth. The benefits that can be derived from Life Orientation, when effectively implemented in the classroom, will have positive ripple effects not only in the lives of young people, but eventually throughout the community. According to Van Deventer (2009) it will be a great loss of an educationally effectual opportunity if Life Orientation fails in its ability to have an essential impact on the successful living of learners, as well as on their learning and overall health.

## **2.11 LEARNING OUTCOMES OF LIFE ORIENTATION**

The subject Life Orientation has a unified and holistic nature, thus as stated by the Department of Education (2005) the subject's different learning outcomes operate interdependently and should enjoy equal consideration by the teacher. According to the Department of Education (2005) the integrated nature of Life Orientation causes the practical, foundational and reflective abilities to coincide in order to accomplish the use of the capabilities the subject set out to develop. The Department of Education (2002) indicates the following Life Orientation learning outcomes for grades eight and nine: Health promotion, social development, personal development, physical development and movement and orientation to the world of work. The learning outcome health promotion for both grades includes lessons on personal health. According to the Department of Education (2002) these learning outcome focuses on diseases including HIV/AIDS, as well as how to prevent disease and make informed and responsible choices regarding health and safety. The grade nine curricula additionally focus on health services in South Africa and the various treatment options that are available including HIV/AIDS.



According to the Department of Education (2003) the Life Orientation learning area for the Further Education and Training Band (grades 10-12) focus on the following four focus areas: Personal well-being, citizenship education, physical and recreation activity and careers and career choices. The focus area personal well-being according to the Department of Education (2003) is essential to realising a person's potential and gives learners the competence to effectively take part in inter-personal relationships, community life and society. The Department of Education (2003) indicates this focus area concentrates on important topics like substance abuse, teenage pregnancy, sexuality, sexually transmitted infections and HIV/AIDS, as well the health of the person, society and environment. According to Vethe (2011) learners will gradually develop assertiveness, build character and learn how to make knowledgeable and responsible choices regarding sexuality due to the valuable knowledge they have obtained in the area of personal well-being. The area of personal well-being furnishes learners according to the Department of education (2003) with the much-needed groundwork for competent and efficient life management.

Citizenship education on its part deals according to the Department of Education (2003) with antidiscrimination, upholding of the country's Constitution, human rights and responsibilities, acceptance of diversity, social service, volunteerism and the prevention of violence and abuse. Through the area of citizenship education learners receive knowledge on politics as well as societal and environmental matters, which includes the HIV epidemic. According to the Department of Education (as cited in Vethe, 2011) citizenship education teaches HIV affects not only those infected with the virus but influences an entire society. According to Vethe (2011) learners will acquire competencies in supporting and protecting those who disclose their HIV status, while learning to respect and understand the rights of the person who choose not to disclose their status. Vethe (2011) states these will help prevent or at least lessen discrimination and stigma as well as prejudicial attitudes towards those infected and affected by HIV/AIDS.

## **2.12 LIFE ORIENTATION: TEACHERS AND LEARNERS**

According to Jacobs (2011) the goal of Life Orientation is to educate healthy and responsible youngsters who are able to be productive individuals in a democratic South Africa. The goal of this unique subject is undoubtedly admirable but teachers and learners can experience its intended impact differently. According to Jacobs (2011) Life Orientation is in theory a promising concept but there are various problems in its practical application, which cause doubt regarding its effectiveness.



### **2.12.1 TEACHERS AND THEIR EXPERIENCE OF LIFE ORIENTATION**

According to Panday (2007) the onus is largely on teachers to successfully implement the curriculum in their individual classrooms. Teachers undoubtedly have a vital function of transferring knowledge about sex and HIV to their pupils. Panday (2007) denotes it is, however, imperative to acknowledge the attitudes of teachers since it affect the manner in which they deliver the curriculum as well as how effective it is implemented. Teachers are according to Panday (2007) in essence human beings with unpredictable and uncontrollable conduct. Vethe (2011) agree with Panday the attitudes and experiences of teachers may influence their chance to effectively implement specifically the HIV/AIDS education content within the Life Orientation curriculum.

According to Chabilall (2012) many Life Orientation teachers do not regard the subject as serious in comparison with other school subjects and oftentimes are absent from lessons. Vethe (2011) denotes teachers are less enthusiastic about the instruction of Life Orientation since they feel obligated to teach the subject despite their lack of training or interest. According to Vethe (2011) teachers who have knowledge regarding the former Guidance and Physical education subjects and those who are familiar with Psychology experience Life Orientation in a positive light. Van Deventer (2009) states Life Orientation as new compulsory subject is faced with a great challenge of overcoming the set notions regarding the non-examinable status of previous segments like Guidance and Physical education, as this also impacts how teachers perceive the subject. According to research findings of Rooth (2005) 30% of teachers in the Western Cape and Northern Limpopo experienced difficulty implementing the Life Orientation curriculum and 19% indicated that the misperception between Guidance and Life Orientation was problematic.

According to Rooth (2005) Life Orientation is indisputable linked with values, which is the reason why the Life Orientation teacher's personal values and beliefs affect how well and comprehensive they deliver the curriculum according to its required norms. The research findings of Rooth (2005) revealed the majority of teachers in the Western Cape and Northern Limpopo failed to teach the entire Life Orientation curriculum as they leave out the aspects of the subject that conflict with their values. Rooth (2005) found the close correlation between HIV/AIDS and sexuality education, community taboos, parent's disapproval, gender inequality and the misconceptions around HIV is all concerns that affect how teachers deliver the Life Orientation curriculum. The research findings of Rooth (2005) reveal there are teachers who prefer nurses or social workers to convey information to learners regarding

HIV/AIDS and sexuality, whereas a few feel that the serious nature of HIV/AIDS education is too great for school-going young people. According to Mosia and Prinsloo (as cited in Chabilall, 2012) several teachers do not comprehend and effectively implement HIV/AIDS education within the Life Orientation subject as they are normally unhappy with the content and objectives as well as the training they received from the Department of Education. Vethe (2011) indicates findings of prior research studies corroborate that Life Orientation teachers had not implemented the subject in its entirety, hence neglecting in essence the opportunity to successfully attempt the threat of HIV/AIDS particularly in secondary schools. The findings of Rooth (2005), however, pointed out that several Senior Phase teachers in the Western Cape and Northern Limpopo indicated a high inclusion of HIV/AIDS education as part of their lessons in Life Orientation.

According to Vethe (2011) teachers acknowledge the importance of Life Orientation and the subject's relevance to convey vital information. The research findings of Panday (2007) concur; teachers recognise the importance of Life Orientation and their role in the subject's success. Vethe (2011) found teachers are in agreement that effective implementation of Life Orientation can have a positive effect on curbing the spread of HIV, reducing teenage pregnancy, and preventing school dropout among particularly girls. The research findings of Chabilall (2012) reveal some teachers indicate that their teaching of the HIV/AIDS education content did not have a lasting affect since it was evident that learners fail to apply the acquired knowledge when challenged by situations outside the school environment. It is clear the experiences of teachers varies, which influence their perception of Life Orientation and the subject's successful implementation.

### **2.12.2 THE EXPERIENCE OF LEARNERS**

Life Orientation's primary objective is to produce well-balanced young people who possess the necessary skills to successfully avert dangerous and risky behaviour, as well as make responsible life choices. Preventing the spread of HIV/AIDS is one of the core goals of Life Orientation. Irrespective of the commendable aims of the subject, learners who are the objects of Life Orientation have varied experiences of the subject. According to the research findings of Jacobs (2011) learners from previously disadvantage schools were found to be generally positive about Life Orientation but unfortunately neglect to apply the knowledge gained to their everyday lives. The finding of Jacobs (2011) clearly indicates the knowledge obtained through Life Orientation remained unused since the subject seemed to have failed to encourage learners to alter their potentially risky behaviour. The findings of Jacobs (2011)

with regard to learners from former model-C schools revealed although expressing a positive view about Life Orientation it was not for its educational value but rather due to the learner's notion that the subject has a less than serious nature compared to others. Jacobs (2011) also found learners from former model-C schools felt the teaching of Life Orientation programmes were done inadequately, insufficient teaching occurred and the Life Orientation teachers did not have an interesting approach to the subject's content. According to Vethe (2011) learner's experience of Life Orientation programmes are directly influenced by how zealous the teacher is about the subject.

According to Prinsloo (as cited in Jacobs, 2011) learners from previously disadvantage schools indicated they benefit from the content of Life Orientation programmes since they generally lack parental guidance regarding the issues covered in the subject. According to Jacobs (2011) this is, however, not applicable to learners from former model-C schools that experience the Life Orientation content as irrelevant seeing the belief they already possess the skills and knowledge the subject promotes. Jacobs (2011) also found many learners would prefer other topics to be covered in the Life Orientation curriculum. According to Vethe (2011) grade 12 learners in general feel Life Orientation teachers introduced the component of sex education too late since by grade 12 most learners are already sexually active and are not prepared to defer from having sexual relationships. According to North (as cited in Prinsloo, 2007) the socio-economic conditions, cultural backgrounds and dissimilarities of pupils in the school system are the cause of great challenges for the curriculum developers as well as the schools that have to put the Life Orientation programmes into practice. A contributing factor is because the difference between schools and the learners influence a learner's experience of the subject; correlates with the findings of Jacobs. Prinsloo (2007) states the common deterioration of morals in the post-modern South African societies also cause a hampering in the internalisation of the values of the Life Orientation programmes by pupils.

Life Orientation aims to develop and equip young people with the competencies required to effectively withstand and cope with the pressures of modern day living. According to Reddy et al. (as cited in Jacobs, 2011) societal ills like substance abuse, sexual abuse, and other risky conduct, however, remains problematic in our societies. Although Life Orientation set out to ward off the negative behaviours, it can be assumed according to Jacobs (2011) the subject unfortunately fails to bring about the much-anticipated alteration in the belief system and conduct of learners. According to Rooth (as cited in Jacobs, 2011) learners generally do not perceive Life Orientation as a serious subject, which probably add to the reasons why the

societal ills persist since the young people generally neglect to apply the knowledge gained. It was found by Vethe (2011) although learners participate in the Life Orientation classroom discussions they neglect to prepare adequately for examinations, resulting in often-poor academic performance in the subject. It is evident learners have different views and experiences of Life Orientation, which indubitably add to the perception of some that the subject does not successfully meet its objectives.

## **2.13 CONCLUSION**

The literature provided an exhaustive look at previous literature as it pertains to the subject matter. HIV/AIDS is a worrisome reality in the lives of young people and the consequent action of the education department that implemented a school-based intervention by means of the subject Life Orientation, more particularly the content of HIV/AIDS education within the mentioned subject. There are different factors that influence the perception of teachers regarding HIV/AIDS education and the successful implementation in the subject Life Orientation. Life Orientation as experienced by teachers and learners provided further insight into the situation at schools.

Chapter three provides a look at the research design and methodology used to investigate the problem and steer the research in order to eventually arrive at feasible recommendations.

## **CHAPTER 3**

### **RESEARCH DESIGN AND METHODOLOGY**

#### **3.1 INTRODUCTION**

The perceptions of teachers at Kylemore High School regarding the teaching of HIV/AIDS education as a component in the subject Life Orientation was placed in a research context. The aim of research was to solve a problem through procedures related to design and related methods together with an instrument to measure the intensity of responses within a particular sample. Ethical procedures were addressed to place the study within a framework of acceptable criteria. The ultimate research product was designed to achieve the desired end result within proposed limitations.

#### **3.2 RESEARCH PROBLEM AND QUESTION**

The main aim of research is to solve a problem and produce guidelines for recommendations to be ultimately implemented to bring about change in the lives of individuals. A research problem is formulated to focus on methods that can be used to generate answers. According to Kerlinger (as cited in Christensen et al., 2011) a research problem is “an interrogative sentence or statement that asks what relation exist between two or more variables?” Kerlinger (as cited in Christensen et al., 2011) states a good research problem must meet the following three conditions: There should be a relationship between the variables in the problem, the problem should be presented in the form of a question, and thirdly a problem statement should be as such to indicate possibilities for empirical testing.

The core of the research problem focuses on the lack of knowledge concerning how the teachers at Kylemore High School perceive the teaching of HIV/AIDS education to learners. It is important to establish the perceptions of teachers regarding HIV/AIDS education where this particular content within Life Orientation may be the only exposure learners have to accurate facts and information. Kylemore High School is situated in a community with limited resources and no opportunities for public discussions on the HIV epidemic. It is believed the majority of parents lack factual HIV/AIDS knowledge and are not adequately equipped to provide their children the required guidance. Establishing how teachers perceive HIV/AIDS education is therefore necessary since their perceptions of this content affect the effective implementation of the topic within the subject Life Orientation.

The problem statement is: What are the perceptions of teachers regarding the teaching of HIV/AIDS education to learners? The statement coincides with the definition of Kerlinger since it consists of the following two variables: The perceptions of teachers at Kylemore High school and regarding HIV/AIDS education to learners. According to Christensen et al. (2011) the formulation of an exact statement assists the researcher to comprehend the problem and make the required choices regarding participants, devices, research instruments, and measures. Christensen et al. (2011) denote the main reasons for formulating the problem in the form of a question are to guarantee that the researcher has a clear understanding of the variables to be examined and to help the researcher in designing and executing the research.

### **3.3. RESEARCH PARADIGM**

The research study is positioned in an interpretive research paradigm. According to Henning et al. (2004) this approach is primarily interested in meaning and set out to comprehend how social participants define and grasp a situation. Henning et al. (2004) denote this specific paradigm endeavours to generate descriptive analyses that highlight profound comprehension of social phenomena. This is relevant to the present study as its aim is to gain an understanding of the teacher's perceptions on HIV/AIDS education to learners from the viewpoint of their individual circumstances and history. Individual semi-structured interviews, as indicated by Henning et al. (2004) revealed deep descriptions of the teacher's perceptions as affected by each of their unique experiences and backgrounds.

This paradigm is directed towards the qualitative research approach. According to Henning et al. (2004) the interpretive paradigm typically points to the employment of qualitative research methods in the collection as well as analyses of data. According to Maree (as cited in Strydom, 2011) the implication therefore is this study and qualitative research in general, focuses on gaining greater insight and comprehension into the activities and situations that affect the teachers as research participants and how they make sense of their experiences, specifically how they perceive teaching HIV/AIDS education. According to Merriam (2002) an interpretive qualitative approach is regarded as the process of learning how people experience and connect with their social environment, and the meaning they attach to that world.

### 3.4 RESEARCH METHODOLOGY

Research methodology enables according to Cohen et al. (as cited in Tayob, 2010) the researcher to circumscribe the process and the outcome of an inquiry in a systematic manner. The term research method indicates a manner of focussing on one object whereas methodology implies a coherent group of methods that complement one another and that have the “goodness to fit” to generate data and findings that will reflect the research question and suit the research purpose (Henning et al., 2004). The suggested research question normally establishes according to Tayob (2010) the choice of methodology.

The research paradigm for this study is directed towards a qualitative research approach. Hoepfl (as cited in Vethe, 2011) describe it as “an interpretive character, aimed at discovering the meaning events have for the individuals who experience them and the interpretations of those meanings by the researcher”. According to Henning et al. (2004) the qualitative paradigm is different from a quantitative approach where the distinction lies in the search for comprehension and an in-depth study. Henning et al. (2004) state in a quantitative study the focus is on controlling the variables and the research will be directed with a focus on how the variables relate to each other. A qualitative study according to Henning et al. (2004) differs where the “variables” are normally not controlled since the researcher specifically intends to capture the freedom and spontaneous development of action and depiction. Henning et al. (2004) further describe qualitative studies as aspiring for depth instead of “quantity of understanding”. According to Henning et al. (2004) qualitative researchers by means of the literature and utilising proof from the data, set out to comprehend and illustrate in line of reasoning the aspect or event they are investigating.

According to Denzin and Lincoln (as cited in Christensen et al., 2011) qualitative research is an interpretive research approach that depends on different types of subjective data and study people in specific situations in their everyday environment. According to Christensen et al. (2011) qualitative research is most beneficial for comprehending and describing local settings. Christensen et al. (2011) further denote qualitative research is interpretive, multi-method and can be conducted in natural real-world environments. It answers vastly distinct questions from that which quantitative research is directed. Barbour (2008), however, argues irrespective the two approaches seek to answer diverse questions; the different researchers have a shared interest of comprehending a specific phenomenon; qualitative research often complement a quantitative research approach.



According to Merriam (2002) qualitative research has apart from numerous other characteristics four primary features. The four main qualities entail according to Merriam (2002) “understanding the meaning” individuals have formed in order to make sense of their personal environment and experiences; secondly, the researcher is seen as the main instrument for collecting and analysing data. Merriam (2002) describe the third quality of qualitative research as being an inductive process and fourthly it sets out to generate rich descriptive findings. Strydom (2011) additionally indicates that a qualitative researcher must display flexibility seeing that there may be a change in the research circumstances. Strydom (2011) also denotes qualitative research usually employs non-random sampling techniques and it is anticipated the researcher and the participants will spend more time in contact during the conducting of fieldwork.

Qualitative research aims according to De Vos et al. (as cited in Tayob, 2010) to communicate someone else’s story from their personal reality. Merriam (2002) denotes the goal of this research approach is attempting to understand and grasp phenomena from the individual’s viewpoint. Qualitative research also set out according to Babbie et al. (as cited in Tayob, 2010) to comprehend and describe instead of to predict human conduct. According to Christensen et al. (2011) qualitative research can employ six data collection methods namely, tests, questionnaires, interviews, focus groups, observation, and existing or secondary data. The collected data are subsequently used and analysed in order to identify according to Strydom (2011) frequenting themes which ultimately become the research findings. The nature of qualitative research deemed it most fitting for the research that was conducted. Qualitative methods allowed to gain a greater understanding of how the teachers at Kylemore High School perceive HIV/AIDS education and how their personal experiences and backgrounds affect their perception of this content in Life Orientation. Barbour (2008) explained the researcher could investigate how the teachers understand concepts and gain a better understanding of the research participant’s behaviour in their natural environment. The qualitative approach additionally allowed a peek into the personally expressed viewpoints of the teachers.

An additional aspect of research is according to Christensen et al. (2011) the purpose of scientific research which is to understand living environments. Therefore scientific understanding requires four objectives: Description, explanation, prediction and control. Christensen et al. (2011) indicate explanation as requiring knowledge or the cause why a phenomenon exists, prediction is the ability to anticipate happenings and control entails the manipulation of the conditions that dictate an event. Christensen et al. (2011) refer to



description as the goal of accurately describing the event or phenomenon. The description objective is relevant where the need is to ascertain and describe the teacher's perception of HIV/AIDS education in order to explain and understand how this content is being implemented in Life Orientation.

### **3.5 RESEARCH DESIGN**

The research design is according to Durrheim (as cited in Strydom, 2011) "a strategic framework for action that serves as a bridge between research questions and the execution or implementation of the research". Mouton (as cited in Christiaans, 2006) refers to a research design as a set of guidelines and directives to be adhered to in addressing the research problem. According to Strydom (2011) the research design is thus a critical aspect of any study because it provides an outline of the planned research process. A main function of an effective research design is according to Schumacher and McMillan (as cited in Christiaans, 2006) to furnish research results that are considered to be credible and valid. Durrheim (as cited in Strydom, 2011) reveals the following four principles that aid design coherence and help to answer the research question. They are the purpose/aim of the research, its paradigm, the context in which the investigation occur and the techniques or methods. The aim and context of the research places the predetermined problem in perspective and guides the direction of the collection and analysis of responses.

#### **3.5.1 THE AIM OF THE RESEARCH**

The aim of the research study is to ascertain the perceptions of teachers toward HIV/AIDS education in order to provide guidelines to effectively implement this within the subject Life Orientation.

#### **3.5.2 CONTEXT OF THE RESEARCH**

Durrheim (as cited in Strydom, 2011) acknowledges the part context plays in the choices of research design and states these decisions are impacted by the purpose and paradigm of the research. Durrheim (as cited in Strydom, 2011) further argues these choices influence the degree of control the researcher has over the context. Semi-structured individual interviews were employed, thus control was limited to the structure of the interview guide and schedule.

The research took place at Kylemore High School, one of two located in Kylemore, a little town situated on the outskirts of Stellenbosch. The school falls within the jurisdiction of the Cape Winelands Education District. Table 3.1 illustrates a contextual view of the school.

**Table 3.1**

**Contextual description of Kylemore High school**

Language of teaching	Number of learners	Total number of learners for Life Orientation grade 10-12	Number of Life Orientation teachers
Afrikaans medium	752	391 – grades: 10 (183), 11 (100), 12 (108)	5

Source: <http://wcedmis.wcape.gov.za/wced/findaschool.html>

### **3.6 RESEARCH METHODS**

The research methods employed in this study include convenience sampling; the data collection method was semi-structured individual interviews together with qualitative content analysis. The ultimate methods selected were the best suited because of their correlation with the research design and question.

#### **3.6.1 SAMPLE OF THE STUDY**

Sampling indicates according to Strydom (2011) the action performed by the researcher to identify a population of interest, or unit of analysis that becomes the aim of the research. Strydom (2011) denotes sampling also concerns the choices the researcher makes regarding what aspects of behaviour or events needs to be studied. The population of interest in this study was 25 teachers at Kylemore High School. The school was selected due to the concern if the community's school going youth are adequately equipped with HIV/AIDS knowledge.

Selecting the participants focused on a non-random sampling technique also known as non-probability sampling method; convenience sampling. A non-random sampling technique is a feature of qualitative research and is according to Merriam (as cited in Strydom, 2011) normally implemented with small samples. It was decided to use convenience sampling since all 25 teachers are employed at Kylemore High School and therefore familiar with the

environment in which the instruction of HIV/AIDS education occurs. The sample of participants could therefore be easily selected, which is a characteristic of convenience sampling as explained by Christensen et al. (2011). According to Christensen et al. (2011) when using convenience sampling individuals are asked who are most accessible or who can be the most easily selected to participate in the research study. The sample consisted of sixteen selected teachers (seven female and nine males) including the five Life Orientation teachers of which the school principal was one.

According to Laerd dissertation (n.d.) caution must be exercised when using convenience sampling since it can oftentimes have the following biases; the sample is not chosen at random and it is improbable that it will be representative of the population researched. It was further indicated it has the advantage of being inexpensive and easy to execute and assist in gathering data and information that would not have been possible with probability-sampling. The sample of research participants were knowingly not a representation of the population seeing that teachers as indicated by Christiaans (2006) differ in several aspects. There was an awareness of the dissimilarities among teachers regarding their qualifications, education level, training, experience, character traits, availability of school resources, and the school environment.

### **3.6.2 DATA COLLECTION PROCESS**

According to Strydom (2011) the data collection methods employed during the research process needed to be compatible with the chosen research paradigm and methodology of the study. Henning et al. (2004) indicate the methods of data collection and analysis will be coherent because the researcher has philosophised in a certain manner about them and precautions have been taken that will ensure they are congruent. The data collection method that was most suited for the present study was semi-structured individual interviews. Field notes were employed to support the data collection process; observations of the school, learners, and the interaction between learners and teachers in the hallways.

#### **3.6.2.1 RESEARCH PROCEDURES**

The first step in conducting fieldwork for this study entailed getting access to the school. According to De Vos et al. (as cited in Mpangana, 2012) the success of fieldwork is determined by how accessible the setting is and how proficient the researcher is in building and maintaining a relationship with the relevant gatekeepers. Johl and Renganathan (2010)

believe the failure to obtain access to the research field is one of the greatest difficulties in conducting successful research. According to Gummesson (as cited in Johl and Renganathan, 2010) there are three types of access namely physical access, continued access, and mental access which refers to the researcher's ability to understand the particular research setting. Permission to conduct the research at Kylemore High School was requested from the Western Cape Education Department's Directorate: Research; Dr A Wyngaard, Head: Education from the Western Cape Education Department granted the required permission (Addendum 1). The principal Mr A de Vries was telephonically contacted to explain the intended research. Formal written request were made to the school to obtain the school's permission to conduct the research (Addendum 2). The last avenue of application for permission was made to the Ethics Committee of Stellenbosch University that was subsequently granted to conduct the study (reference number DESC64/2012, Addendum 3).

Access was obtained to the school and the initial meeting with the principal was to finalize the logistics of the fieldwork. It entailed selecting the research sample, scheduling the interviews (dates and time) for each individual teacher and ensuring each one of them received a participant information sheet that explained the research aims and objectives. This meeting was only with the principal and the deputy principal who was responsible for providing the interview schedules; no meeting with the selected sixteen teachers. The principal and his deputy subsequently informed the sixteen teachers that were selected and handed each a participant information sheet with the researcher's contact details in case of any queries. The school was contacted following this initial meeting; all sixteen teachers voluntarily agreed to partake in the study; interviews were set to commence two weeks after the first meeting. A period of four days was scheduled for the sixteen semi-structured interviews that took place on the school premises. Each participant signed the consent form, gave their full cooperation during the interviews and expressed no problem with being tape-recorded. One interview had to be conducted telephonically due to time difficulties; the particular teacher, however, signed the consent form.

### **3.6.2.2 THE RESEARCH INSTRUMENT**

The method used to collect data entailed semi-structured individual interviews. According to Merriam (as cited in Strydom, 2011) semi-structured individual interviews are conducted with the aid of a general interview guide to facilitate a conversation that is purposeful and intended for posing questions related to the aim of the specific study. The interviews were tape recorded to ensure accurate data collection and were subsequently transcribed without

any reference to participant's names or personal identifiers. Merriam (as cited in Strydom, 2011) depicts the nature of semi-structured interviews, highlighting the use of questions that were formulated beforehand and areas to be explored during the interviews which are adjustable in order to permit the researcher to shed light on uncertainties and allow a less formal and inflexible interview situation. According to Strydom (2011) this assists the researcher in maintaining uniformity between interviews of research participants, while permitting a degree of freedom to delve and elucidate for more in-depth information.

Denscombe (as cited in Christiaans, 2006) refers to semi-structured interviews as a means whereby respondents are allowed time to think through their answers, responding in their own words while permitting the researcher to uncover meaning via in-depth studies of experience and emotion. Christensen et al. (2011) mentions interviews allow reasonably high response rates and can furnish information-rich data. According to Christensen et al. (2011), interviews are also effective for measuring attitudes and nearly all other content of interest and it is convenient for exploration and hypothesis-testing research. Christensen et al. (2011) denote interviews, however, have the following weaknesses: Data analysis can be slow for open-ended questions, respondents might regard anonymity to be low, measures need validation and personal prejudices from the researcher might occur. Christensen et al. (2011) also point out the limitations of reactive effects, in-person interviews that are normally costly and time consuming and that interviewees might not remember vital information and might lack self-knowledge.

The field notes provided a written account of the impressions of the school set-up, teacher demeanour and body language during the interviews and an overall observation of the school environment.

### **3.6.2.3 DATA ANALYSIS**

According to Henning et al. (2004) qualitative research's data analysis is a continuous, emerging and interactive or non-linear process. Prior to commencing with an analysis Henning et al. (2004) denote data are transcribed, thus all the recorded data from the interviews, as well as the researcher's field notes had to be typed into a word-processing document. The transcriptions can be manually analysed according to Henning et al. (2004) or a computer program Atlas.ti. can be utilised alternatively, winMAX. Barbour (2008), however, argues irrespective of the mentioned choices of analysis method the conceptual journey one has to undertake is similar. According to Henning et al. (2004) to analyse simply

means to take apart words, sentences and paragraphs, which are a vital action in the research study in order to understand, interpret and theorise the data. Henning et al. (2004) indicate this is done by organising, reducing and giving description to the data. It is in this regard that Schwandt (as cited in Henning et al., 2004) states an analysis needs to be exact, orderly, disciplined and carefully methodologically documented. According to the researchers Tesch (1990) and Smit (2001) (as cited in Henning et al., 2004) the following seven principles are applicable to most types of analysis for qualitative research:

1. Qualitative analysis takes place during the entire data collection process, thus looking for similarities, differences, categories, themes, concepts and ideas are part of an on-going process.
2. An analysis starts with reading all the data, after which the data are divided into smaller and more significant units.
3. Data segments are grouped into a system that is primarily derived from the data, which indicates that the analysis is inductive.
4. The researcher utilises comparisons to develop and refine categories, to illustrate conceptual similarities and to uncover patterns.
5. Categories are adjustable and may be changed during the analysis.
6. It is important that the analysis accurately express the respondent's perceptions.
7. The result of an analysis is a type of higher-order synthesis that is in the form of a descriptive picture, patterns or themes, or emerging or substantive theory.

Open coding according to Strydom (2011) is the first step in an inductive process. This is where the researcher reads according to Henning et al. (2004) the entire transcribed text in order to get an overall impression of the content and while some themes already emerged; coding process will commence at a later stage. Henning et al. (2004) indicate after the initial reading the researcher reads it again and begin to identify units of meaning. According to Henning et al. (2004) codes in open coding are identified as the researcher go through the data and the greater the knowledge acquired the easier it is to label units of meaning. Neuman (as cited in Strydom, 2011) suggest once the process of open coding has been complete the researcher should compile a list of themes from the data. According to Strydom (2011) this will help the researcher to establish a "database" of themes that can be added or referred to as the analysis process continues and it may contribute to the identification of themes as they

start to appear. The next step after codes have been assigned to the various units of meaning Henning et al. (2004) indicate the related codes can be subsequently categorised. According to Henning et al. (2004) a category will already start to reveal the themes that will be formed from the data and which the researcher will use in the discussion of the research question. Strydom (2011) and Henning et al. (2004) indicate the final step in the analysis process entails orderly discussing the themes that emerged during the analysis, which became a discussion that is following in answer to the research question.

The present research utilised content analysis of the information obtained via the interviews conducted; data analysis process was utilised. The interviews were transcribed and subsequently used to generate hard copies that were safely stored. The transcribed interviews were repeatedly read and a process of open coding then followed working at sentence level as suggested by Henning et al. (2004). The final step involved categorisation and the labelling of themes.

### **3.7 DATA VERIFICATION**

According to Strydom (2011) reliability and validity can be associated with quantitative research, however, the contrary is valid when qualitative research approaches are considered. Golafshani (2003), Merriam (2009) and Morse et al. (2002) (as cited in Strydom, 2011) denote terms such as credibility, transferability, dependability, and confirmability refer to the exactness and reliability of qualitative research. According to Merriam (as cited in Strydom, 2011) the different strategies available to do this include triangulation, peer examination, an audit trail, reflexivity, engaging with the data and the use of vivid descriptions.

### **3.8 ETHICAL CONSIDERATIONS**

Ethics are a critical component of the research process specifically when humans are involved. According to Gravetter and Forzano (as cited in Christiaans, 2006) the researcher has a responsibility towards the participants as well as those who will read and be influenced by the study's research results. Barbour (2008) denotes the researcher must also calculate the likely effect the study could have on the broader academic community. Gravetter and Forzano (as cited in Christiaans, 2006) believe these different groups are in their right to expect truthfulness and respect from the researcher, who must attempt in all circumstances to display ethical conduct throughout the research process.

According to Barbour (2008) ethical review proceedings cannot promise the same in research practice, however, they can encourage the researcher to consider the ethical implications of the study. The principal ethical consideration made involved gaining approval from the school principal, the Western Cape Education Department and acquiring written informed consent from the teachers who participated. Prior to obtaining consent the purpose of the study was explained and participants were made aware they could withdraw from the study. The necessary precaution was taken to ensure the confidentiality and anonymity of the participants and since there was restricted access to the data the privacy of those involved was secured. The fieldwork only commence once ethical clearance was obtained from the Research Ethical Committee of Stellenbosch University granting permission to conduct the research. Barbour (2008) believes there is, however, no room for complacency although there was adherence to ethical guidelines.

### **3.9 CONCLUSION**

The present chapter explained in detail the process of research design and research methods used for this study. Chapter four will provide a discussion on the research study's findings subsequent to the analysis process



## **CHAPTER 4**

### **REPORTING OF RESULTS AND DISCUSSION**

#### **4.1 INTRODUCTION**

The research question was: What are the perceptions of teachers regarding the teaching of HIV/AIDS education to learners? The findings of the study are derived from the data collected from the 16 teachers at Kylemore High School and analysed by the methodological approach.

#### **4.2 RESEARCH FINDINGS**

The data collected from the 16 participants during semi-structured interviews were analysed and discussions will be based on the themes that emerged. The themes are: The research environment, demographic profile of the participants, career and education background of participants, the school environment and HIV/AIDS, the HIV/AIDS knowledge of participants and the concept of HIV/AIDS education.

##### **4.2.1 THE RESEARCH ENVIRONMENT**

Kylemore High School is situated in a small previously disadvantage community on the periphery of Stellenbosch. It was ascertained the majority learners come from Kylemore and surrounding farms and neighbourhoods stretching as far as Simondium and the outskirts of Paarl. Considering the low socio-economic status of many families in these areas the school is being confronted with difficulties mainly induced by the socio-economic conditions of learners. It was ascertained apart from impoverished households, single parent, foster parent and grandparents headed households are common. During the interviews some teachers pointed out several learners struggle with learning difficulties and psychological problems, cases of depression and suicidal tendencies are present; the school had lost learners to suicide in the last few years. It was established the normal social ills exist, such as teenage pregnancies, alcohol and drug abuse, disciplinary problems and social misconduct, learners, however, encounter added pressures and difficulties brought on by their circumstances that in many cases incite these unruly conduct. One participant pointed out learners with disciplinary problems mainly come from single parent households. During the interviews it became apparent the school's student population has changed in terms of social and psychological elements in the last 21 years. It was established there are currently three grade eight learners

who became mothers this year; 31% of the participants pointed this out and 6% mentioned there are girls in grade 11 who fell pregnant in 2012. A total of 13% of the female participants conveyed there are girls who admitted being sexually involved in intergenerational relationships.

It was determined the personnel corps of 25 educators is responsible for their normal workload as well as being confronted with many difficulties; 44% of the female participants admitted they are not equipped to handle the social and psychological problems of learners. It was established learners share their problems with these participants and since their primary task is that of an educator it is not always easy to listen or to offer the best guidance. The school does not have a School Psychologist, except the Education Department's assigned individual who comes to the school on request of the principal. The interviews revealed this person are, however, not fluent in Afrikaans, although she has understanding of the language learners expressed hesitancy talking to her. One participant pointed out the School Psychologist unfortunately takes too long to address the identified problems. The school, however, have access to social services and the interviews revealed for 2012 the school had opportunity to refer struggling learners to postgraduate students from Stellenbosch University who did the practical component of their degree programs at Kylemore High School. It came to light these students were at the school on certain days; educational psychology students were there four days a week until September whereas clinical psychology students were there only on Mondays. Learners identified by the class teacher were referred to the principal who requested these university students to council and assist struggling learners. It was established this assistance was helpful but unfortunately not sufficient and sustainable to effectively address the existent issues.

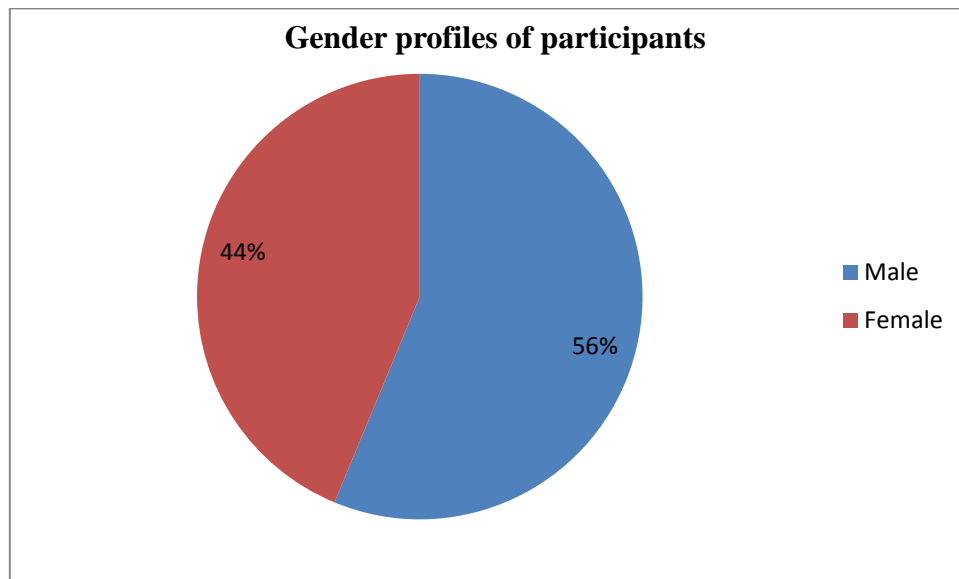
It was established the lack of support from parents cause disgruntlement among staff. A staggering 100% of the participants mentioned most parents expect the school to tackle the concerns while not reaching out with help. One participant expressed his displeasure at the lack of parent involvement this way: *"Many parents display apathy to the school, the school has to do everything during fundraising events; only parents from the school governing body are involved because they are compelled. Parents do not address their children's behavioural problems."* Parent's lack of support was also expressed by another participant: *"It is very sad, parents do not take an interest in what is happening in their children's lives."* One participant stated: *"The lack of support and involvement of majority parents are one of the main concerns at our school."* It became apparent the school lack adequate resources, also in terms of personnel, to tackle with efficiency its needs and learner-problems. During the

interviews one participant pointed out there is a great need for support from parents but also from the Western Cape Education Department. He stated: *“The Education Department needs to offer more assistance to our school...they can implement programs at Kylemore High school to address specific issues such as the suicide tendencies...We as teachers lack the proficiencies to effectively tackle the prevailing matters.”*

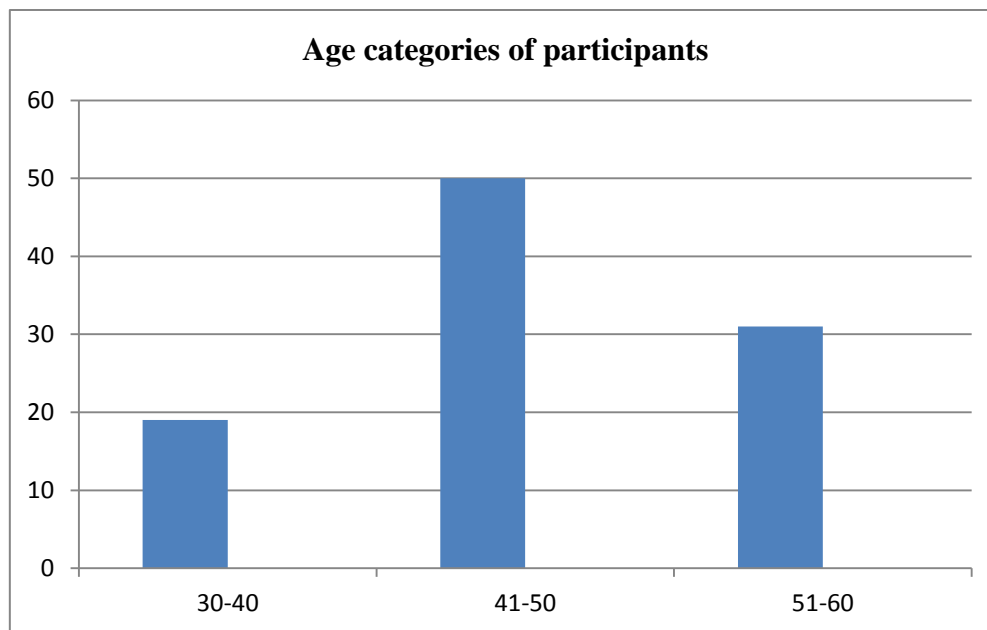
During the interviews it was established the risk behaviours of learners are more evident and worrisome than ten years ago and learners are showing less respect for authority. It was found an astonishing 94% of the participants, however, indicated despite the vast problems they come across, learners at Kylemore High school are somewhat better disciplined and exhibit a demeanour of pride in their person compared to previous experiences and knowledge of situations at other schools. One female participant stated: *“The majority of our children are really good children, compared to the terrible children at my previous school...I never had a learner who was blatantly rude to me.”* A male participant noted: *“Our children are manageable but we do not accomplish with them what we believe we can and what we believe they are capable of.”* It was ascertained due to disquiet over evident problems and pressing workloads, HIV/AIDS does not receive attention from the school community, apart from within the Life Orientation curriculum. During the interviews it was established Kylemore High School has not been confronted as yet with an HIV/AIDS-related matter regarding a pupil, parent or educator. The issues identified in the interviews were, however, of such a nature that risk of HIV infection among learners is a threat deserving of the school's heedfulness. The interviews revealed 100% consensus regarding the need to do more to improve learner's overall development and not merely to focus on academics. One participant made reference to the school's 2012 Whole School external evaluation report that revealed Kylemore High School focus mainly on academic performance while it neglects to focus on the social and economic problems of learners.

#### **4.2.2 DEMOGRAPHIC PROFILE OF TEACHERS**

The demographic profile of participants reflects their age, marital and family status as well as indicates their place of residence. A feature of the participants is one (6%) was a white female whereas the other 15 (94%) represented the coloured population. The participant's gender profile consisted of 56% males and 44% females, the five Life Orientation teachers constituted three males and two females. Figure 4.1 is an illustration of the gender composition of the 16 participants.

**Figure 4.1****Gender profiles of participants**

A total of 81% of the participants are married with biological children. The three (19%) single teachers do not have offspring and are not responsible as caregivers for other children. The age categories of the participants are reflected in figure 4.2. It shows 19% of the participants represent the age category 30-40, 50% the 41-50 age group and 31% are between the ages 51-60 years. This is a significant profile since HIV/AIDS is a critical problem in these age categories; of the country's highest HIV prevalence are found in these age groups and the incidence of new infections in these age categories are a serious matter for South Africa's human development and economic progress.

**Figure 4.2****Age categories of participants**

The participants who are residents of Kylemore and the immediate neighbouring town constituted 31% of the participants, the other 69% hails respectively from Paarl, Stellenbosch and Wellington. It was established during the interviews all 16 participants are aware of the scarcity of community resources in Kylemore. The need for recreational facilities and a community library with internet facilities were identified as a great need by an astonishing 100% of the participants. Three (19%) participants pointed out the need for social services within the community in order to address the social development needs of residents, leadership facilities geared at youth development were regarded as needed by one (6%) participant. The lack of educational facilities, such as a school of skills for out of school youth were identified by 6% of the participants. The findings indicate the realization of a great resource need in Kylemore, which definitely impact on the school environment and the overall development of learners. It was established during the interviews, majority townspeople do not have the financial means to allow their children to visit Stellenbosch to meet the resource needs pointed out by the participants. A 100% of the participants mentioned the school through its sport codes and cultural activities (specifically its school choir) address in a limited manner the recreational needs of school children. A total of 19% of the participants conveyed a greater variety of sport codes are, however, needed to meet the interest of more learners; rugby, soccer and netball are currently the main sport codes. One

participant stated the sport codes and cultural activities Kylemore High School offer seem to contribute to the discipline of many learners.

#### 4.2.3 CAREER AND EDUCATION BACKGROUND OF PARTICIPANTS

Table 4.1 depicts the career and training background of the 16 participants and illustrate their years teaching at Kylemore High School as well as the subjects they are responsible for. The participants included three (19%) teachers who are part of the school`s personnel for less than ten years, 50% has taught at the school for ten years or more and five (31%) teachers are part of the school for a period of 21 years. It is clear the majority participants are familiar with the school environment and the type of learner Kylemore High School encounters. The participants are all trained educators with years of experience, 38% obtained a postgraduate qualification in education.

**Table 4.1**

**Career and education background of the 16 participants.**

<b>Participant</b>	<b>Qualifications</b>	<b>Years of experience</b>	<b>Years teaching at Kylemore High School</b>	<b>Subjects being taught</b>
1	BA & Postgraduate certificate in Education (PGCE)	8	4	English & Life Orientation (LO)
2	BSc & PGCE	9	5	Math, Natural Science & Physical Sciences
3	BA & HOD	16	9	Afrikaans
4	BA, HOD & BEdHons	38	10	LO & Social Sciences

5	Three year Education Diploma & Advanced Certificate in Education	29	10	Art and Culture
6	BSc & HOD	11	11	Life Sciences & Natural Science
7	BA & HOD	20	12	Afrikaans & LO
8	HOD, BEdHons	14	14	Mathematics & Life Orientation
9	BSc, HOD, BEdHons	24	17	Math & Physical Sciences
10	BComm & HOD	19	18	Accountancy
11	Higher Education Diploma (HOD) & BEdHons	18	18	English & Mathematics
12	BAHons, Secondary Education Diploma & BEdHons	32	21	Afrikaans
13	BScEd	21	21	Natural Sciences & Life Sciences
14	BA & HOD	27	21	Social Sciences & Tourism
15	HOD Four years, BEdHons	21	21	Social Sciences & Geography
16	BA & HOD	27	21	LO & English

#### 4.2.4 THE SCHOOL ENVIRONMENT AND HIV/AIDS

During the interviews the 16 participants indicated Kylemore High School does not celebrate World AIDS day. The interviews revealed one (6%) participant did not know when this day is being celebrated. A percentage of thirty one participants stated they make reference to World AIDS day in their classes, one participant (6%) pointed out the school's newspaper used to write an article on this day, another participant acknowledged the principal used to lit a candle during assembly with special reference to HIV/AIDS. It was established apart from individually mentioning World AIDS day in class, the other references to this day happened in the past and do not occur any longer, no reasons were given why it ceased to happen. The 1<sup>st</sup> of December was pointed out by 25% of participants as a time when most learners are already at home since examinations are completed. The 16 participants were unaware the school could celebrate World AIDS day at a more opportune time during the school year.

It was established the school does not have any extracurricular activities in support of HIV/AIDS awareness or prevention. One participant mentioned people of the organisations Wagon of Hope and Love life volunteer at the school; when awarded the opportunity they present HIV awareness lessons in the Life Orientation class but do not run any programs after school. It was established only three Life Orientation teachers have used these individuals during a lesson whereas the other two Life Orientation teachers commented they are not familiar with the services of these groups. It was stated by one teacher: *"These people seem to merely oversee classes in the absence of teachers. I have no idea what they actually do at the school."* Hence, 81% of the participants are not aware of the opportunity for HIV awareness within the school environment. It was ascertained the personnel were never formally introduced to the volunteers. It was established Kylemore High School has a program dedicated to cancer awareness since cancer is a disease some learners and teachers encountered. One participant pointed out because the school was never confronted with known cases of HIV/AIDS among learners and teachers the school community do not deem the disease important enough to start a HIV/AIDS program.

A lack of support from the Western Cape Education Department was pointed out by 19% of the participants as a reason why the school have no after school activities geared at HIV/AIDS, 25% of participants pointed out the majority teachers stay outside Kylemore and seem to be unwilling to do more, infrastructure concerning the learners was indicated as a hindrance by 6% of the participants and 25% felt the school management fail to initiate after school projects. The rest of the participants (25%) did not identify a reason for this gap.

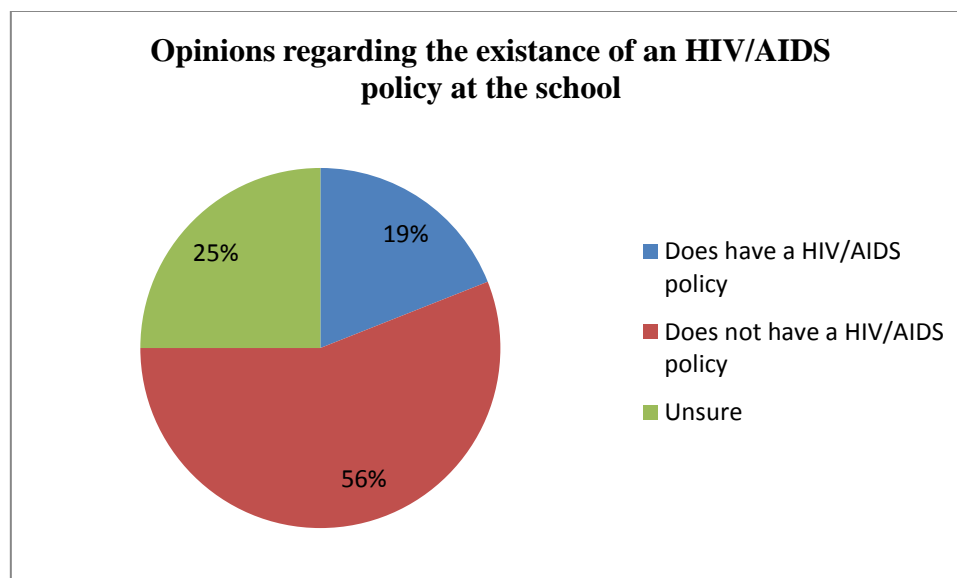


During the interviews all the participants commented Kylemore High School is not involved in partnerships with community organisations; one participant expressed a need for the school to partner with specifically the community clinic whereas another teacher mentioned partnering relationships with the churches is required in order to put youth-directed programs in place. A total of 25% of specifically male participants conveyed the school fail the community since it neglects to reach out to other community institutions in an attempt to address the known social issues within Kylemore.

During the interviews it became clear the participants held different opinions regarding the question if the school had an HIV/AIDS policy. Figure 4.3 illustrates 56% of the participants stated the school does not have a policy, 25% indicated uncertainty and 19% mentioned the school does have a policy but it is not implemented. According to the 19% this is a generic policy from the Education Department, the school never formulated an HIV/AIDS policy as it relates to its particular situation. It was established no teacher up to date was involved in discussions regarding the formulation and implementation of a HIV/AIDS policy for Kylemore High School.

**Figure 4.3**

**Opinions regarding the existence of an HIV/AIDS policy**



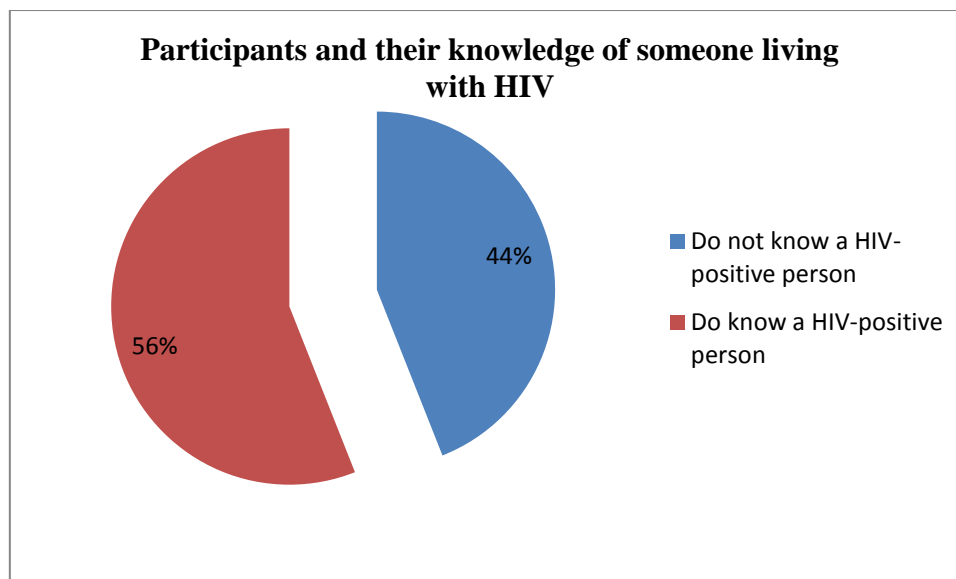
A total of 100% of the participants admitted the personnel corps never discussed the need for HIV/AIDS policy formulation and was never presented copies of the generic policy; it was established no one is familiar with its content. During the interviews it was revealed three teachers (included in the research sample) went for training offered by the Western Cape

Education Department regarding HIV/AIDS, they, however, neglected to report to the rest on the knowledge obtained. The 56% who indicated no policy exist highlighted the absence of internal communication and leadership from senior staff as well as a lack of planning and crisis management as main reasons why the school seems lax to formulate a HIV/AIDS policy. One participant argued co-operation among teachers is a great problem. It was determined nobody is willing to initiate the process in fear they may be solely responsible to put a policy in place. A percentage of fifty six participants deemed the principal responsible to put the necessary structures in place. It was expressed by one participant: *The school's disregard for HIV/AIDS policy formulation may be ascribed to the absence of known HIV cases. The school as institution has never been confronted with a situation where it had to handle an HIV-positive individual. It is unaware of known HIV cases within the school community, hence there is not a great demand for a policy...Ignorance is the reason.*” This opinion is shared by another teacher: *“The main reason why the importance of an HIV/AIDS policy has not received the attention it deserves is because we as a school has never been confronted with AIDS cases...Until we are confronted with HIV/AIDS I do not think formulating or implementing a HIV/AIDS policy will be a priority for the school.”*

A total of 56% of the participants know the country has a national policy on HIV/AIDS for learners and teachers, all admitted they have no knowledge of its content and neglect to take the necessary action to obtain this document. The remaining 44% admitted they have no knowledge of this policy.

#### **4.2.5 THE HIV/AIDS KNOWLEDGE OF PARTICIPANTS**

It was established 100% of the participants know HIV transmission occurs through unprotected sexual intercourse. Transmission via contaminated blood was identified by 81% of the participants, the use of contaminated needles by 56% and 44% mentioned mother-to-child transmission. During the interviews all 16 participants expressed knowledge regarding the availability of HIV treatments and its ability to prolong quality of life, all knew there is no cure for the disease. The interviews revealed 100% of the participants are aware symptoms of infection do not appear immediately and the infected person does not feel sick directly after contracting HIV. It was determined 81% of the participants are aware South Africa has the highest HIV prevalence globally, 19% had no knowledge thereof and expressed shock. Figure 4.4 depicts the participant's knowledge of someone living with HIV. A total of 56% of the participants are aware of someone living with the virus, the remaining 44% do not know anyone living with HIV.

**Figure 4.4****Participants and their knowledge of someone living with HIV**

There were three (19%) participants who knew an individual who succumbed to the disease, 6% revealed one was a family member. The participants expressed different reactions toward HIV-positive people. Sympathy was a reaction indicated by 38% of the participants, pity was mentioned by 25%, showing support for those infected/affected by the disease was conveyed by 19% and 6% mentioned not handling the person with apathy but holding those with reckless lifestyles accountable for their choices. The remaining 12% respectively pointed out not being judgemental and approaching an HIV-positive person the same but with greater caution, stating: *“I will be cautious giving this person a hug.”*

A total of 63% of the participants indicated the use of condoms (male and female) to prevent HIV transmission. The other prevention measures suggested included, abstinence (44%), education (38%), HIV medications to prevent mother-to-child transmission (6%), awareness campaigns (13%), one sex partner (6%) and HIV testing (13%). The participants provided various intervention options to halt HIV/AIDS. The importance of awareness and prevention campaigns at schools was identified by 56% of the participants, 6% identified the need for schools to annually celebrate World AIDS day with a specific HIV/AIDS program. A compulsory AIDS subject with one period a week for all grades was suggested by 25%; it was established this will highlight the seriousness of the epidemic. The need for more support structures for those infected and affected by the disease was pointed out by 6% of the participants, 25% indicated opportunities must be made available for youth to see the

negative effects of HIV/AIDS and hear the stories of those living with the virus. One participant emphasized the need for more funding to support HIV research and making affordable medications available to all HIV patients, 6% conveyed churches must take an active role in responding to the epidemic and youth must have access to more activities to occupy their time and interest. The necessity to address the problem of poverty and violence against women was highlighted by only 6% of the participants; this is noteworthy seeing these two ills in society greatly instigate the spread of HIV. Advancing family ties in order to ensure youth has a stable and healthy support structure was pointed out by 6% of the participants, connected to this is the need to instill accountability in youth; mentioned by another 6% of the participants. One participant tentatively expressed making condoms available at school, emphasizing the requirement for effective structures to successfully implement this intervention strategy. It was established 6% of the participants felt disheartened by the current situation among the youth. It was argued sufficient measures are already in place it merely has to be accentuated. *“South Africa is already doing so much; I really do not know what more can be done to solve the HIV problem (sighing)...youth need to be made aware of what is available...”*

#### **4.2.6 THE CONCEPT OF HIV/AIDS EDUCATION**

It was established 44% of the participants regard HIV/AIDS education as a content of Life Orientation where learners learn about the virus and awareness is being instilled. During the interviews it came to light a total of 25% have no knowledge of the content and 6% mentioned this curriculum is not practical since learners do not seem to apply the knowledge. This finding correlates with the literature of Chabilal (2012). HIV/AIDS education is regarded by 13% of the participants as a vital content within Life Orientation that should be consistently impressed on learners, 6% stated it forms part of only the grade eight curriculum and the remaining 6% argued it is a means whereby HIV/AIDS is appropriately introduced to all learners in the different grades. A staggering 100% of the participants conveyed they would not have a problem to address sensitive and taboo issues within HIV/AIDS education and were unanimous on the importance and necessity of this topic. During the interviews it was determined 63% believe this content was made compulsory because of the country's high HIV prevalence, 31% mentioned its purpose is to make learners aware of the dangers of this disease and 19% indicated its goal is to help learners develop healthy lifestyles. These findings correlate with the findings of Schenker and Nyirenda (2002). It was further established 6% is of the opinion HIV/AIDS education aims to empower school-going youth,

13% think it is to halt the spread of HIV, another 13% indicated it aims to curb the vast impact of the epidemic and 6% mentioned schools are suitable avenues for HIV/AIDS educations since the communities lack the necessary structures. This finding correlates with the research findings of Ghukasyan (n.d.).

During the interviews 19% of the participants not responsible for Life Orientation expressed a need to know the content of HIV/AIDS education in order to incorporate this knowledge within their own subjects. The opinion expressed was the Life Orientation teachers do not share what their lessons on HIV/AIDS entail. It was established 6% belief this topic should be implemented with balance but not lose its seriousness. It was voiced by another 6% of the participants, HIV/AIDS education is not sufficient to effectively address HIV among the youth, too little is being done within the current Life Orientation curriculum. The participant stated: *“They (referring to the Education Department) must really do much more than what is presently being done in the curriculum if they want to tackle this disease among our young people...HIV/AIDS education must be reinforced with school programs facilitated by professionals.”* A total of 25% of the participants stated learners seem less interested in this topic since they regard the information as banal, 13% of the participants pointed out the need for new mind-sets and a fresh approach to convey HIV/AIDS knowledge.

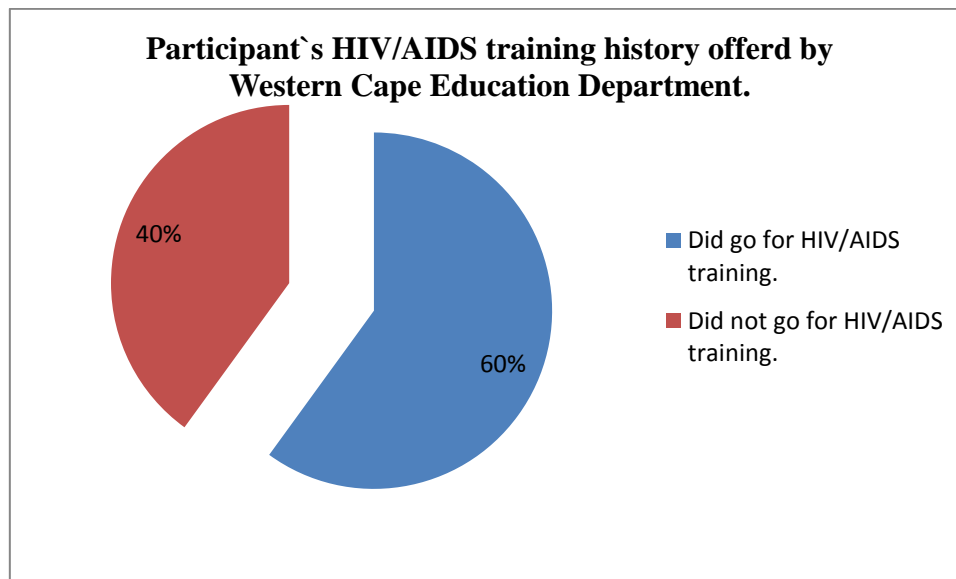
#### **4.3 THE EXPERIENCE OF THE FIVE LIFE ORIENTATION TEACHERS**

The five Life Orientation teachers at Kylemore High School differ in terms of qualifications and years of experience. It was established only 60% of the Life Orientation participants are qualified to teach the subject, 20% has training in Sport science and 40% had psychology as their major subject. One participant has been responsible for the subject since its inception in 2000 whereas the remaining 80% has taught Life Orientation for less than five years. During the interviews it was determined 60% has an interest to teach the subject and 40% of the participants admitted teaching Life Orientation merely out of obligation. It was established these teachers regard the subject as an additional responsibility with less importance than their main subject since the curriculum requirements of their primary subject are more time consuming. Figure 4.5 illustrates the participant's HIV/AIDS training history. A total of 60% of the participants went for this training offered by the Western Cape Education Department and 40% never had training in HIV/AIDS. It was established all five participants are willing to go for training. During the interviews it was revealed by 60% of the participants communication on training opportunities never occurred at school. One participant mentioned the Life Orientation teachers only met once at the start of the school year and no subsequent

meetings were scheduled. During the interviews 40% of the participants stated they underwent HIV/AIDS training as part of volunteer work at community organisations.

**Figure 4.5**

**Participant`s HIV/AIDS training history offered by the Western Cape Education Department**



It was determined 80% are comfortable to teach HIV/AIDS education and 20% stated not always being at ease to address the content of the curriculum. The interviews revealed 100% of the participants are confident in their abilities to effectively teach this topic, 40%, however, mentioned they lack the latest information on HIV/AIDS. It became evident from the interviews the school have limited learning support material in the Life Orientation class. A staggering 100% pointed out text books are their main resource and only 60% mentioned they have posters. During the interviews the participants expressed different views on receiving support from the school to aid their lessons on this topic, 40% acknowledged they received support but with intervals whereas the remaining 60% argued there is no support at the school regarding HIV/AIDS education. The support needs identified during the interviews were, funding for educational fieldtrips, visual aids, access to suitable professionals to address learners at the school, educational videos, posters and the need for more guidance from the Western Cape Education Department. It was established only grade eight and nine learners have a HIV/AIDS text book. During the interviews 100% of the participants revealed due to the lack of resources at Kylemore High School they must personally obtain extra

resources if they want to reinforce the information in the text books. Participants responsible for grades eight and nine indicated they try to cover the entire lesson plan but due to time constraints some topics are not being addressed in detail. One participant pointed out Life Orientation only has two periods a week compared to the four/six periods dedicated to other subjects. It was established HIV/AIDS is not adequately covered in the other grades (ten – 12); 40% conveyed they have not referred to HIV/AIDS in their lessons as yet although they are aware they can incorporate the topic in the lesson plans. A total of 40% acknowledged they are selective when teaching HIV/AIDS. It was established some terminology is left out and greater focus is placed on the content that sets out to equip learners with decision making skills which will assist with prevention. One participant pointed out learners expressed an interest in contraceptives and asked for more discussion on this topic. It was established it is not certain whether it is to prevent HIV infection or merely unwanted pregnancy.

During the interviews 60% of the participants mentioned they experience no personal constraints to effectively implement HIV/AIDS education whereas the remaining 40% respectively mentioned lack of interest as a factor and caution with words when covering sensitive content. The participant stated: *“I am scared to give too much information on how to use a condom...I do not want to make it easy for those not sexually active since when they obtain all this knowledge they may go into that direction.”* The effective implementation of Life Orientation at Kylemore High School is according to 40% of the participants impacted by time constraints and 60% indicated the lack of school programs/projects that support HIV/AIDS education is another barrier. It was established 80% of the participants argue the school community is not supportive of HIV/AIDS education, 20% indicated the contrary. During the interviews a total of 60% stated parents are not supportive of the HIV/AIDS content in Life Orientation. One participant stated: *“The majority parents do not care or worry what their children learn in Life Orientation.”* Parent`s lack of support was also expressed by another participant: *“Parents expect teachers to address sexual issues with their children...I feel a lot of pressure and responsibility...Parents should bear some of the responsibility.”* The remaining 40% indicated there is support from parents. It was established this support is, however, only from certain parents and not the majority.

A staggering 100% of the participants mentioned learners are receptive for the information conveyed in the HIV/AIDS curriculum. During the interviews 60% mentioned they use roleplaying and group work activities with good participation from learners, the remaining 40% indicated they do not use these activities but there is interaction from learners in the



class. One participant pointed out learners are eager to participate in the Life Orientation class since this is the only place apart from friendship circles where they can openly discuss sex and other sensitive issues. The five Life Orientation teachers have the same opinion regarding the behaviour of learners. It was established despite the information conveyed in the Life Orientation class regarding HIV/AIDS there is no evidence of behaviour modification among learners. The risk conduct of learners is still evident, 40% of the participants pointed out the current conduct of many learners are exposing them to greater risk of HIV infection. One participant mentioned the girls who fell pregnant were of those who actively participated in class discussions; indicating the knowledge obtained were not applied. This finding correlates with the literature of Jacobs (2011). During the interviews it was established 100% of the participants feel powerless to break the cycle of bad decision-making of learners. It was mentioned by 20% of the teachers, Life Orientation fail to adequately empower learners since they view it merely as another school subject they have to pass. A total of 40% of the participants indicated peer pressure, sense of experimentation and adventure, lack of vision, low self-esteem as well as difficult home circumstances are factors that influence learner`s ability to internalise the knowledge obtained. It was established 60% of the participants believe the school has a responsibility to address the prevailing risk behaviour and reinforce HIV/AIDS education with awareness and prevention programs.

#### **4.4 CONCLUSION**

The data obtained from the 16 individual interviews indicated willingness from the participants to share their perceptions and experience regarding HIV/AIDS education at Kylemore High School. The conclusion to the research and subsequent recommendations will place the study in context and clear the way for future research.



## **CHAPTER 5**

### **CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 INTRODUCTION**

The research project aimed to determine the perceptions of teachers at Kylemore High School toward HIV/AIDS education in order to provide guidelines to effectively implement this topic in Life Orientation. The purpose of the study was also to benefit the learning experience of pupils. The adequate teaching on HIV/AIDS will be advantageous for the learners and eventually reap benefits for the entire school community. The study utilized a qualitative approach to answer the problem statement: What are the perceptions of teachers regarding the teaching of HIV/AIDS education to learners? The data obtained from the 16 semi-structured individual interviews furnished information that permitted insight into the mind-sets of teachers regarding this content within the subject Life Orientation. The findings indicate the realization of the necessity and importance of HIV/AIDS education and reveal the varied perceptions of the 16 participants regarding this topic. It was not the intention to generalize the findings of the research study although it can be assumed teachers in general will perceive HIV/AIDS education differently.

The concluding chapter sums up the study and draw conclusions on how well the research study met the objectives identified in chapter one. Recommendations are formulated to assist in solving the research problem as well as inform future research. The limitations of the study are viewed and suggestions are made for future research.

#### **5.2 CONCLUSION**

The study had four objectives to satisfy and the concluding remarks will demonstrate that they were met through the research process.

##### **5.2.1 THE DETERMINED HIV/AIDS KNOWLEDGE OF TEACHERS**

The semi-structured individual interviews aimed to determine the 16 participant`s HIV/AIDS knowledge and provided sufficient information on the 16 teacher`s knowledge of the epidemic. It was established they had adequate knowledge on the different routes whereby the virus can be transmitted and know there is no cure; the availability of antiretroviral medications are known to all 16 participants and its ability to prolong quality of life. It was

determined 56% of the participants know someone living with HIV and 19% indicated they knew a person who died of AIDS. The teachers are familiar with the devastating effects of HIV/AIDS. The majority (81%) are aware of the serious nature of South Africa's HIV situation. All 16 teachers expressed insight with the intervention strategies they proposed and revealed no stigma or discrimination inclinations. It can be concluded the participants have adequate knowledge of the epidemic and are aware of the means whereby the spread of the virus can be prevented.

### **5.2.2 THE DETERMINED PERCEPTIONS OF TEACHERS REGARDING HIV/AIDS EDUCATION**

The intention of the study was to determine how teachers at Kylemore High School perceive HIV/AIDS education. It was established the understanding of the concept HIV/AIDS education differs for the 16 participants, only 25% had no knowledge what this content entails whereas the remaining 75% expressed how they perceived this topic within Life Orientation. The majority perceive HIV/AIDS education as a means whereby learners are made aware of the epidemic, 13% perceived it as a vital topic that needs to be consistently taught and one participant indicated it is not a practical content since learners still continue with their risk behaviour.

The findings of the research furnished data that indicated despite the different opinions on this topic all 16 teachers agreed on its importance and necessity and expressed no hesitancy to address the sensitive content found in the HIV/AIDS curriculum. It was established the 16 participants had a good understanding of the Education Department's goals for mandating this content in Life Orientation. The research found some teachers perceive learner's interest in this topic to diminish and indicated a need for new mind-sets and approaches to impart HIV/AIDS knowledge to school-going youth. It can be concluded ample data was found regarding the perceptions of teachers at Kylemore High School with regard to education on HIV/AIDS, thus this particular objective of the study was met.

### **5.2.3 THE DETERMINED HIV/AIDS CONTENT TAUGHT AT KYLEMORE HIGH SCHOOL**

It was established only the Life Orientation teachers have knowledge on the topics covered in HIV/AIDS education. The other teachers, however, expressed an interest to know what content is taught. During the interviews it was ascertained only grades eight and nine have a

text book dedicated to HIV/AIDS education whereas the other grades do not cover HIV in detail. The Life Orientation teachers responsible for grades eight and nine mentioned they try to cover the entire HIV/AIDS curriculum but due to time constraints may not cover every topic as thoroughly as expected. During the interviews it could not be determined what topics receive less attention and if it is an annual occurrence. It was found the participants know they can incorporate HIV/AIDS in the lesson plans of grade 10-12 but indicated they do not sufficiently address the epidemic in these grades. It was established 40% of the Life Orientation teachers indicated they are selective when teaching on HIV/AIDS; greater focus is placed on prevention since learners expressed an interest to know more about preventive measures and some terminology is not covered within lessons. The research could not obtain enough data to determine what content of HIV/AIDS education is left out or does not receive adequate attention in class.

#### **5.2.4 GUIDELINES FOR EFFECTIVE HIV/AIDS EDUCATION**

It was established the Life Orientation teachers meet only once at the start of the school year. A guideline for effective HIV/AIDS education is to schedule regular meetings during the year. The subject head should organise these meetings in order to allow discussions on support needs, training opportunities, feedback from the subject advisor and any other matters that warrant the input of all five teachers responsible for this subject. During the interviews it was determined for grades ten to 12 there is no section in the text book dedicated to HIV/AIDS. A guideline to ensure education on HIV/AIDS receives sufficient attention in these grades is to have the subject head require each teacher to stipulate at their first meeting where they will incorporate HIV/AIDS in their lesson plans. This will guarantee a commitment to address this topic in these grades.

A directive for the school management is to have structures in place for programs that support HIV/AIDS education. The relevance of this guideline is HIV/AIDS related programs within the school environment offer opportunity for reinforcement of the knowledge gained in the Life Orientation class and illustrate to learners the importance of HIV/AIDS education outside the normalcy of schoolwork. It is advised the school commemorate annually World AIDS day with a special HIV/AIDS awareness program and implement other relevant extracurricular programs in support of education on this topic within Life Orientation. This guideline is especially applicable to Kylemore High School since the perception was expressed during the interviews that learners regard the HIV/AIDS education content as trite. A guideline for Life Orientation teachers is to supplement theoretical HIV/AIDS information

with discussions and occasional professional guest speakers to address certain topics in class. These guidelines are to enhance knowledge and aid effective implementation of the content.

### **5.3 RECOMMENDATIONS**

The recommendations are made based on the research findings. It intends to inform the school regarding suitable processes it can implement that may influence the perceptions of teachers regarding HIV/AIDS education and signal to the school community the commitment of Kylemore High School to help curb the spread of HIV. The recommendations aim to reinforce the knowledge learners obtain in the Life Orientation class and impact their choices outside the classroom. The findings indicate the school presently has no activities or programmes in place to facilitate reinforcement of the HIV/AIDS education content.

It was established there is great concern regarding the evident risk behaviour of many learners. The 16 participants were unanimous the school should do more to address known issues; currently the main focus is academic performance with no programs in place to mitigate prevailing social ills. The lack of appropriate community facilities require of Kylemore High School to put measures in place in an attempt to avert HIV infections. Teachers are for many learners the only responsible adults who can impart accurate HIV/AIDS information. The Life Orientation class is currently the primary place where pupils learn regarding this epidemic; all 16 participants agreed this is not sufficient. It can be concluded the five Life Orientation teachers carry a large responsibility to relay knowledge around HIV/AIDS and the shortage of support from the school and parents add to this burden. The following recommendations take into account the limited resources of the school; the recommendations are:

#### *Implement effective communication structures*

The findings revealed communication among staff is a worrisome issue at the school. It was established the lack of communication is cause for unhappiness and add to discord as well as the demotivation to initiate extracurricular programs. The findings indicate teachers were not informed or introduced to the volunteers of Love life and Wagon of Hope, two organisations involved in HIV/AIDS awareness and peer education. During the interviews it was also ascertained there was never an opportunity for the three teachers who attended training on HIV/AIDS to convey to the rest of staff the information they obtained. It was further determined communication among Life Orientation teachers does not take place;

communication structures that allow for sharing needs and difficulties do not exist. This shortcoming hinders the school to utilise available expertise and effectively and timeously address issues.

#### *Formulate and implement an HIV/AIDS policy*

Majority staff mentioned the school does not have a HIV/AIDS policy. The teachers who stated the school use a generic policy indicated it has not been adapted to the specific situation of Kylemore High School and it was never implemented; its content is unknown. It is recommended the school management put the necessary structures in place that will allow the 25 teachers to formulate an HIV/AIDS policy unique to the school environment. The entire school community must eventually be familiar with the content of the policy.

#### *Encourage parent involvement*

The lack of parent involvement is a huge concern for the school. The findings indicate majority parents show no interest to come alongside the teachers in order to find solutions for the existing problems. Parent involvement is, however, imperative for the success of any program the school implements. It is recommended school management endeavour to alter the current situation by communicating to staff the need for other means whereby the school can interact with parents in an attempt to build relationships. Teachers must be allowed to make suggestions on how to encourage parent involvement. The suggestions of teachers should be discussed; consensus on the most promising actions will motivate staff and simultaneously encourage team work. The endeavours of the school to reach out to parents will hopefully communicate the importance of parent involvement and encourage parents to reciprocate with the anticipated response.

#### *Form community partnerships*

Kylemore High School is presently not partnering with community institutions. The two institutions that will best aid the school's response to the risk behaviour of learners are the clinic and the community churches. It was established nurses from the clinic are willing to address learners on request of the school principal; such an occasion occurred in the past but no formal partnership was, however, formed. Forming a partnering relationship with the clinic will enable regular opportunities for nurses to address issues such as teenage pregnancies, reproductive health needs, sexuality and HIV/AIDS. This will also permit learners to obtain information on suitable referrals and help build trust between learners and clinic staff. A formal partnership with churches will also be beneficial since this could

motivate parent involvement; it is known clergy has a great influence on their parishioners, especially in small communities such as Kylemore. The involvement of clergy will provide the opportunity for learners to receive an HIV/AIDS awareness message from a respected avenue such as youth camps and/or confirmation class. The school's HIV/AIDS response will be reinforced and open discussions on this topic will be stimulated.

#### *Implement a HIV/AIDS program at the school*

It was established the school has expert volunteers available. Currently Kylemore High School has no HIV/AIDS program in place; volunteers from Wagon of Hope and Love Life are, however, able to assist the school with starting a HIV peer education programme. It is advised the principal and four other teachers avail themselves as adult peer educators to steer and oversee the running of this programme. It is recommended the school consult other appropriate organisations for guidance on how to start such a programme; this will ensure the right steps are taken for programme success. The school should in addition to a peer education programme implement a HIV/AIDS awareness programme that will reach the entire school community. It is recommended school management approach nearby farmers and businesses for monetary donations in aid of such a programme. A HIV/AIDS awareness programme will provide the platform for meeting the support needs of specifically the Life Orientation teachers.

#### *Celebrate World AIDS day*

Kylemore High School presently does not commemorate World AIDS day. It is recommended the school celebrate this day annually in September or October seeing this is a much better time during the school calendar. The school may involve parents and other community members in this celebration which will build on community relationships and encourage parent involvement.

#### *Teacher HIV/AIDS training*

A need for HIV/AIDS training was identified among the five Life Orientation teachers. The school should request training dates from the Western Cape Education Department and communicate it to all teachers. It is recommended apart from Life Orientation teachers the school should nominate other teachers to attend HIV/AIDS training, since it is offered by the Western Cape Education Department there is no cost involved for the school. The school management must keep record of who attend this training in order to ensure all 25 teachers had opportunity to attend a training session. This will enable those not responsible for Life

Orientation to become aware of the content of the HIV/AIDS curriculum and incorporate HIV/AIDS into their lesson plans. The importance of knowledge around this epidemic will be emphasised and support for HIV/AIDS education will be established.

#### *Learning support material for the subject Life Orientation*

It was determined the five Life Orientation teachers have only text books as their main learning resource, not all have educational posters. During the interviews these teachers expressed a need for additional resources such as HIV/AIDS posters, educational videos and visual aids. It is recommended the school request these items from the Western Cape Education Department. The school has a volunteer of Love Life on a daily basis on its premises, it is recommended the Life Orientation subject head takes the initiative to contact Love Life for posters, pamphlets and other information sources related to HIV/AIDS; to be distributed among the other Life Orientation teachers.

#### **5.4 LIMITATIONS OF THE STUDY**

The qualitative study was restricted to only one school and employed convenience sampling to secure its sample of 16 teachers. The inclusion of all 25 teachers would have enabled a more extensive look at the teachers and their perceptions of HIV/AIDS education. The study would also have had a wider scope if it included more high schools, thus broadening its sample. Time limitations did not allow a broader reach since conducting the research only commenced in September during which time schools were engaged in examinations and tests. The distance between Kylemore High School and other high schools in the Stellenbosch area were also a determining factor. The characteristic of the study make it impossible to generalize the results from the study to the broader population.

The study employed only semi-structured individual interviews as data collection method. The use of an extra method such as observation may have had enriched the research findings since observation of a Life Orientation lesson would have provided data on interaction with learners and classroom practices. A more comprehensive understanding of teacher's perceptions regarding HIV/AIDS education would have realized if the study included primary school teachers since this would have permitted a bigger sample and data on the experience of these teachers. Time constraints were a significant factor in deciding to focus on only one high school.



## **5.5 POSSIBILITIES FOR THE FUTURE**

The effectiveness of HIV/AIDS education will benefit from the following suggestions for future research. There is at present not adequate literature on the perceptions of teachers regarding HIV/AIDS education in schools. The effective implementation of this content will benefit from more research on how teachers perceive this topic and their responsibility to teach it. Research into the importance of support structures at schools and its ability to reinforce HIV/AIDS education needs to be investigated. The support needs of Life Orientation teachers especially in resource poor schools needs to be explored more thoroughly. This will provide insight on how adequate resources or the lack thereof affect teacher`s perceptions of HIV/AIDS education. Future research endeavours needs to also focus on HIV/AIDS education within the curriculum since this will shed light on time allocation and content coverage per grade.

## **5.6 CONCLUSION**

The far reaching impact of the HIV epidemic compelled the national Department of Education to prioritize efforts to deal with HIV among school-going youth. Age-appropriate HIV/AIDS education incorporated within the subject Life Orientation was made compulsory in all public schools as a measure to halt the spread of the virus. The perceptions of educators regarding this endeavour influence how effective they teach relevant content in their classroom; the success of this effort is subject to teachers and their delivering of the curriculum. It is thus needed to understand how teachers regard HIV/AIDS education in order to address identified hindrances to its successful implementation as an HIV prevention measure.

The research study aimed to provide insight into the perceptions of teachers regarding HIV/AIDS education at a high school situated in a previously disadvantage community. The findings indicated there is an overall agreement on the importance and necessity of this content and no hesitancy were expressed to discuss sensitive topics. It can be concluded perceptions of the teachers are influenced by personal beliefs, the school environment, the community in which the school is located and the evident risk behaviour of learners. Results has shown teachers perceive HIV/AIDS education as essential but regard the content as not having the intended impact on the risk conduct of learners. The teachers indicated a lack of support structures at the school and the absence of extracurricular programs to supplement HIV/AIDS education prevent to a great extent the reinforcement of knowledge obtained in the classroom. It is undeniable the perceptions of teachers regarding HIV/AIDS education



affect the effective implementation of this content; hence their experience of this topic needs to be considered in future policy formulation decisions.

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## ADDEMDUM 1: PERMISSION FROM WESTERN CAPE EDUCATION DEPARTMENT



Directorate: Research

[Audrey.wyngaard2@pgwc.gov.za](mailto:Audrey.wyngaard2@pgwc.gov.za)

tel: +27 021 476 9272

Fax: 0865902282

Private Bag x9114, Cape Town, 8000

[wced.wcape.gov.za](http://wced.wcape.gov.za)

**REFERENCE:** 20120521-0063

**ENQUIRIES:** Dr A T Wyngaard

Miss Carmen Jordaan

11 Cupido Street

Kylemore

7600

**Dear Miss Carmen Jordaan**

### **RESEARCH PROPOSAL: THE PERCEPTIONS OF TEACHERS AT KYLEMORE SECONDARY SCHOOL REGARDING THE TEACHING OF HIV/AIDS EDUCATION TO LEARNERS**

Your application to conduct the above-mentioned research in schools in the Western Cape has been approved subject to the following conditions:

1. Principals, educators and learners are under no obligation to assist you in your investigation.
2. Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
3. You make all the arrangements concerning your investigation.
4. Approval for projects should be conveyed to the District Director of the schools where the project will be conducted.
5. Educators' programmes are not to be interrupted.
6. The Study is to be conducted from **16 July 2012 till 28 September 2012**
7. No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December).
8. Should you wish to extend the period of your survey, please contact Dr A.T Wyngaard at the contact numbers above quoting the reference number?

9. A photocopy of this letter is submitted to the principal where the intended research is to be conducted.
10. Your research will be limited to the list of schools as forwarded to the Western Cape Education Department.
11. A brief summary of the content, findings and recommendations is provided to the Director: Research Services.
12. The Department receives a copy of the completed report/dissertation/thesis addressed to:

**The Director: Research Services**

**Western Cape Education Department**

**Private Bag X9114**

**CAPE TOWN**

**8000**

We wish you success in your research.

Kind regards.

Signed: Dr Audrey T Wyngaard

for: **HEAD: EDUCATION**

**DATE: 22 May 2012**

**ADDEMDUM 2: PERMISSION FROM KYLEMORE HIGH SCHOOL**

**Hoërskool KYLEMORE High Sch**



Posbus 1, Groot Drakenstein , 7680 Tel: (021) 8851341

*Skoolstraat, Kylemore, Stellenbosch, 7680 , Faks: (021)8851817*

The University of Stellenbosch  
STELLENBOSCH  
7600

Dear Sir/Madam

I, Mr A de Vries principal of Kylemore High school herewith grant permission that Carmen Jordaan (student number 12524476) can conduct her research at Kylemore High school as requested by her.

Yours sincerely

Signed: Principal Mr A de Vries

For: Kylemore High School

Date: 20 April 2012

## ADDEMDUM 3: LETTER OF ETHICS CLEARANCE



UNIVERSITEIT·STELLENBOSCH·UNIVERSITY  
Jou kennisvennoot • your knowledge partner

10 August 2012

Tel. 021 - 806-9003  
Enquiries: Mr. Winston A. Beukes  
Email: [wabcukcs@sun.ac.za](mailto:wabcukcs@sun.ac.za)

Reference No. DESC64/2012

Ms Carmen Denise Jordaan  
Africa Centre for HIV and AIDS Management  
Stellenbosch University

Ms Jordaan


### LETTER OF ETHICS CLEARANCE

With regard to your application, I would like to inform you that the project, *The perceptions of teachers at Kyalamora High School regarding the teaching of HIV and AIDS education to learners*, was approved on the following proviso's:

1. The researcher will remain within the procedures and protocols indicated in the proposal, particularly in terms of any undertakings made in terms of the confidentiality of the information gathered.
2. The research will again be submitted for ethical clearance if there is any substantial departure from the existing proposal.
3. The researcher will remain within the parameters of any applicable national legislation, institutional guidelines and scientific standards relevant to the specific field of research.
4. The researcher will consider and implement the foregoing suggestions to lower the ethical risk associated with the research.
5. This ethics clearance is valid for one year from 10 August 2012 to 09 August 2013.

We wish you success with your research activities.

Best regards



**MR W.A. Beukes**  
REC Coordinator: Research Ethics Committee: Human Research (Humanities)  
Registered with the National Health Research Ethics Council (NHREC): REC-050411-032



Afdeling Navorsingsontwikkeling • Division for Research Development

Privatek/Privat: Bos X1 • Matieland 7601 • Suid-Afrika/South Africa  
Tel: +27 21 808 9184 • Faksfax: +27 21 806 4537  
[www.sun.ac.za/research](http://www.sun.ac.za/research)

## **ADDEMDUM 4: INTERVIEW GUIDE FOR SEMI-STRUCTURED INTERVIEWS**

### **1. Demographic information**

- 1.1 How old are you and are you married?
- 1.2 Do you have children of your own or a caregiver for other children?
- 1.3 Are you a resident of Kylemore?
- 1.4 If no. Are you aware of the scarcity of community resources and facilities?
- 1.5 What resources and/or facilities do you deem as needed in Kylemore, especially with regard to the youth?

### **2. General career and education background information**

- 2.1 How long have you been teaching at Kylemore High School?
- 2.2 What subject (s) do you teach at Kylemore High school?
- 2.3 For how long have you been teaching?
- 2.4 At undergraduate level did you train as a teacher?
- 2.5 What teaching qualifications do you hold?

### **3. General questions of the school environment**

- 3.1 Does the school celebrate world HIV/AIDS day?
- 3.2 Does the school have any extracurricular activities in support of HIV/AIDS prevention?  
Example: peer education, HIV awareness campaigns, community interaction, creating platform for discussions on HIV?
- 3.3 Is the school involve in community upliftment or partnerships within the community?
- 3.4 Does your school have a HIV policy?
- 3.5 If yes: Who were involved in creating the policy?
- 3.6 If no: Why does the school not have a policy?

3.7 If yes. Are all aware of the policy and its content?

3.8 Are you familiar with the National policy on HIV and AIDS for learners and educators in public schools and students and educators in Further education and training institutions of 1999?

#### **4. Questions pertaining to teacher's knowledge regarding HIV/AIDS**

4.1 What do you think is the different routes whereby the HIV virus can be transmitted?

4.2 How can HIV transmission be prevented?

4.3 Is there a cure for HIV/AIDS?

4.4 Would you know by looking at a person that they are HIV positive or not?

4.5 Do HIV treatments prolong quality of live?

4.6 Are you aware there are female condoms available that can reduce a woman's change of being infected with HIV?

4.7 After infection, does a person immediately feel sick or present HIV symptoms?

4.8 South African youth has the highest HIV infections globally, true or false?

4.9 Do you know of anyone living with HIV/AIDS?

4.10 How do you feel about those who are HIV positive?

4.11 What interventions do you think is needed to address HIV in South Africa?

4.12 What actions do you think is required to address the HIV/AIDS situation among youth?

#### **5. Questions pertaining to perception of HIV/AIDS education**

5.1 What do you understand about the concept HIV/AIDS education?

5.2 Do you have knowledge regarding the goals or purpose of HIV/AIDS education in schools?

5.3 If you are not a Life Orientation teacher. How would you feel if you are required to teach HIV/AIDS education, which will include sexuality education?

5.4 Do you perceive HIV/AIDS education as necessary for learners?

## **6. Question for the Life Orientation teacher pertaining to teaching Life Orientation**

6.1 Have you always taught Life Orientation at the school?

6.2 Are you trained/qualified/interested to teach Life Orientation?

6.3 Did you go for training regarding HIV/AIDS education?

6.4 Do you go for refresher training for HIV/AIDS education?

6.5 Do you have an interest to teach Life Orientation?

5.6 Did your studies include or expose you to psychology?

## **7. Questions for Life Orientation teachers pertaining to HIV/AIDS education**

7.1 Are you comfortable to teach HIV/AIDS education?

7.2 Are you comfortable with the content of the HIV/AIDS curriculum?

7.3 Are you confident in your abilities to efficiently address HIV?

7.4 Do you go for training offered by the Western Cape Education Department for the subject Life Orientation and specifically HIV/AIDS education?

7.5 Do you receive support from the school in teaching HIV/AIDS education?

7.6 Do you focus on the entire HIV/AIDS curriculum or are you selective in teaching HIV/AIDS education?

7.7 If selective, what topics do you leave out?

7.8 What topics do you teach in your class and are you at ease when you teach it?

7.9 Are the learners receptive to the information conveyed in HIV/AIDS education?

7.10 What personal constraints do you encounter in teaching HIV/AIDS education? Example religion prejudices and fear.

7.11 What hindrances/barriers do you experience to effectively implement HIV/AIDS education at Kylemore Secondary school?

7.12 What structures and learning support material does the school have in place in support of HIV/AIDS education?

7.13 Is the school community supportive of HIV/AIDS education?

7.14 Are parents supportive of HIV/AIDS education to their adolescent?

7.15 Is there evidence of behaviour change among learners with regards to HIV risk conduct?

## **8. Closing**

8.1 Are there any other matters regarding the teaching of HIV/AIDS education you would like to emphasise?

**THANK YOU FOR PARTICIPATING AND ASSISTING IN MAKING A  
DIFFERENCE IN THIS WORLD**