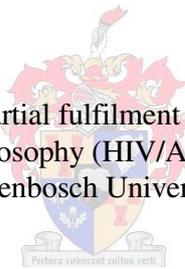


Identifying risk factors amongst pupils of Groendal Secondary School
that make them vulnerable to HIV/AIDS

by

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degree Master of Philosophy (HIV/AIDS Management) at
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DECLARATION

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ABSTRACT

Despite all our efforts to teach life skills to our learners, we still get learners that fall pregnant, use drug substances, drop out of school and have no future plans.

The aim of this study was two-folded. Firstly, it aimed to determine some factors identified by our learners and educators from their own experience that make our learners vulnerable to contract HIV/AIDS. The identification of these factors will give our school's educators and broader community an indication on how to act and help our learners to live a responsible life. Secondly, the study aimed to give our school and others through literature studies some guidelines to address the problems experienced by the school and learners.

OPSOMMING

Ongeag al ons pogings om leerders lewensvaardighede aan te leer, is daar nog steeds leerders wat swanger raak, dwelms gebruik, die skool vroeg verlaat en geen toekomsplanne het nie.

Die doel van hierdie studie is tweeledig. Die studie poog eerstens om faktore te identifiseer wat deur die leerders en opvoeders genoem was wat leerders kwesbaar maak om MIV/Vigs op te doen. Tweedens, word daar aan die hand van literatuurstudie sekere riglyne neergelê aan ons skool en andere om die probleem wat deur die leerders veroorsaak en ondervind word, aan te spreek.

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CHAPTER 1 INTRODUCTION

In a National Survey from the University of the Witwatersrand, it was found that our country finds itself in the grip of a devastating HIV/AIDS epidemic in which the peak incidence occur amongst our youth in the 15 to 24 year age group (National Survey, 2003). Most of the members in this age group find themselves in high schools from grades 9 to 12.

Under the heading, “Western Cape teens are country’s top tearaways behaviour, study reveals”, it was stated that teenagers in our province have more sex, use more drugs, drink more alcohol and are more violent than their fellow youth in the rest of the country (Argus, 2010). A really frightening and shocking statement. This statement could be seen as a wake-up call for those who are involved with the education and upbringing of children to bring about change in this situation. This is really a matter of concern for the politicians, educators and parents as such.

These and other scholastic problems experienced and created by our learners put more pressure on schools to address it. A real concern is the fact that only a few initiatives, if any exist, are in place to address the problems.

The task of the school is therefore beyond the fact of just preparing learners for a good job or further studies. Our aim should also be to change the risky behaviour of our learners. Therefore, it is important to intervene and act decisively to prevent the trend of substance use and abuse, poor academic performance, teenage pregnancies and the high drop-out figures of our learners.

1.1 Problem statement

Despite all our efforts in our school to teach life skills in the Life Orientation classes, we still find poor academic performances, girls falling pregnant, high drop-out rate and the use of drug substances. These and other risky behaviour make our learners vulnerable to HIV/AIDS.

1.2 Aims and objectives of the study

The aim of this study was to set some guidelines for schools to respond and address risky behaviour that will make learners less vulnerable to HIV/AIDS.

The more specific objectives of the study were:

- To identify risk factors (social factors) that make learners vulnerable to HIV/AIDS
- Identify academic and scholastic problems experienced by the school
- Provide guidelines for the school to create an intervention program

1.3 Research question

The research question of this study was derived from the problems experienced by our learners in our school. The question that needed to be answered, was: “What are the problems learners experience and what can be done to reduce the risky behaviour and vulnerability of them”.

1.4 Research hypothesis

From the above-mentioned research question and problems the following hypothesis was formulated: Schools have the ability to reduce the risky behaviour and vulnerability of our learners if we equip them with the necessary life skills (knowledge, skill, values and attitudes) they need and introduce more effective programs and actions in schools.

1.5 Research methodology

The methodology of this study consisted of a literature review and the completion of an information list on which educators and learners had to list at least five risk factors that make learners vulnerable to HIV/AIDS.

This study was conducted amongst the grade 9 to 12 learners which fell in that risky age group between 15 and 24 as described by literature and surveys. Permission was granted by the principal for educators and learners to complete the information list. The participants gave their full support in this regard and had no objections to take part in the study.

CHAPTER 2 LITERATURE STUDY ON VULNERABLE CHILDREN

Various factors and forces in our communities make our learners vulnerable to contract HIV/AIDS. It is said that vulnerable children are only vulnerable because of the conditions and the communities they live in. In a disadvantaged community they have to deal with hardships of many kinds and their behaviour are influenced by the social environment in which they live. They are affected by poverty, HIV/AIDS epidemic, disabilities and by emotional problems (Soul City, 2006). A brief description of risk factors and vulnerability of children will be discussed.

2.1 Defining HIV risk and vulnerability

2.1.1 Risk is defined as the probability or likelihood that a person may become infected with HIV. Unprotected sex with a partner whose HIV status is unknown, multiple sexual partnerships and injecting drug use with contaminated needles and syringes are regarded as certain behaviours that create, increase and perpetuate risk (UNAIDS, 2008).

2.1.2 Vulnerability

Vulnerability results from various factors outside the control of the individual that reduce the ability of individuals and communities to avoid HIV risk. These factors may include:

- Lack of knowledge and skills required to protect them and others.
- Availability of services.
- Societal factors such as human rights violations or social and cultural norms. The norms can include practices, beliefs and laws that stigmatize and disempowering certain populations, limiting their ability to access or use HIV prevention, treatment, care, support services and commodities. These factors alone or in combination may create or increase individual and collective vulnerability (UNAIDS, 2008).

Grusken and Tarantola (Foster et al, 2005, 139) described vulnerable children as: "Children are vulnerable to HIV/AIDS by the simple fact that they are born, grow up, and become sexually active in a world that has added the risk of acquiring HIV infection to many of the already risky situations that mark their childhood". They also mentioned that behaviours and risks are influenced by the social environment in which the children live and the access and availability of services to their benefit. These and other factors will determine the degree of risk that a child will be exposed to HIV infection.

2.2 Risk factors and consequences

Various factors exist in the community that make our children vulnerable and put them at risk to contract the virus. Factors such as poverty, school drop-out, gender inequalities, drug and alcohol use, harmful practices, stigma affected by HIV/AIDS and emotional difficulties are regarded as the risk factors to take notice of. These factors were described by Soul City (2005) and the National Strategic Plan (2011).

In their guide on how to support vulnerable children, Soul City (2006) described the following factors which make our children vulnerable.

2.2.1 Poverty

Many children in South Africa live in poverty. It was stated that out of every ten children in our classrooms, seven will live in poverty. The consequences that may occur are that poverty may force children to work, to have sex in exchange for money or turn to crime. Early drop-out from school and poor performance may also occur.

2.2.2 Affected by HIV/AIDS

Some children may act as the head of their households because they lost both parents due to HIV/AIDS. They may also act as the caregivers to sick parents or grow up in a single parent house. Most of them who are affected by HIV/AIDS may also have to deal with stigma and discrimination.

2.2.3 Emotional difficulties

Some people may experience serious emotional problems due to the conditions they live in and leaves a mark on the children's emotions. In some cases these children will also experience poverty and be affected by HIV/AIDS.

2.2.4 Gender

Both boys and girls can be vulnerable in different ways. Girls are more vulnerable in terms of sexual abuse, teenage pregnancies and being burdened with domestic work and child care. On the other hand, boys are vulnerable because of susceptibility to crime and becoming street children.

2.3 View of the new strategic plan

In addition the National Strategic Plan (2011) discussed the following consequences of risk factors.

2.3.1 Poverty

On poverty it says that it could lead to children being hungry or malnourished; engage in risky transsexual sex, living in overcrowded conditions; be oppressed and experience abuse and have poor access to medical and social services.

2.3.2 Drug and alcohol use/abuse

Drug and alcohol abuse could increase the risk of HIV infection and of infecting others. The use of these substances is also associated with an increase in violence and abuse of women and children.

2.3.3 School drop-out

School drop-out can also be associated with an increase of risk of HIV infection. An important strategy is to keep children longer in schools because it serves as centres for care and support.

2.3.4 Gender

Gender inequalities (perceptions that men or boys are entitled to control women or girls in a relationship) place girls at increased risk of violence, sexual abuse and disproportionate responsibilities for the care of others, missed schooling and HIV infection. It is also important to be aware that the same could happen to boys and they are often overlooked in gender inequalities issues.

2.3.5 Stigma

HIV/AIDS related stigma discourages effective prevention, testing, treatment and disclosure. HIV positive individuals may choose to hide their conditions because of rejection and may continue with risky sexual relations with unsuspecting partners.

2.3.6 Harmful practices

Harmful practices includes cultural practices that may bring risk to children through scarification or circumcision or invasive component in virginity testing or other customs such as early marriage. All these practices involve blood-letting.

Other additional factors that can also contribute to the vulnerability of children include the following:

Learning difficulties, having being bullied at school, live with discrimination, domestic violence, separation or divorce of parents;, children move to new and unknown communities, physically, emotionally or sexually abused, negligence , abuses drugs or alcohol or is cared for by someone who does, depression and being disabled.

2.4 Forces shaping sexual risk behaviours and vulnerability

In South Africa Matthews (Karim, 2005) mentioned that the HIV/AIDS epidemic is mainly driven by sexual behaviours that expose individuals to the risk of infections. Children experimenting with sex at an early stage and girls who fall pregnant while still at school, tell us that they engage themselves in unprotected sex which increase the possibility of infection. The following factors were described as forces that shape sexual behaviour.

Personal factors are those factors that are part of the individual person. It includes the cognitions and feelings related to sexual behavior and HIV/AIDS and thoughts about oneself. It influences sexual behaviour and HIV risk. It is argued that low self-esteem is associated

with earlier sexual debut, having more than one sexual partner and having a negative attitude towards condom use.

The **proximal context** includes features of relationships and the environment that have an influence on the individual. It includes interpersonal relationships, such as negotiating condom use, coerce, male dominated sexual relationships, peer group pressure to be sexually active and relationships with parents and health workers. It also includes the physical and organizational living environment for example:- where one lives – urban or rural, on streets, quality and quantity of health services, access to condoms, to the media and recreational facilities.

The **distal context** refers to cultural factors such as traditions, the norms of the larger society, the social discourse within a society and shared beliefs and values. Social discourses refer to the unequal distribution of sexual power between men and women. The subordination of women's needs and rights may have an important influence on the sexual behaviour and HIV risk. Even the myth that sex with a virgin will cure HIV could also lead to the rape of a child and simultaneously the transmission of HIV to girls and young women. Poverty and social marginalization are also factors that could have an influence on the sexual behaviour of the youth and adults. This can lead to the exchange of material and financial resources for sex.

These and other factors will determine the content and strategy of any prevention program. Knowledge, education and skills are vital in education for HIV/AIDS prevention to influence the attitudes and behaviours of young people.

CHAPTER 3 PROFILE OF THE SCHOOL AND PROBLEMS EXPERIENCED

Groendal Secondary was completed in 1991 which means that it is now for 21 years in operation. It is surrounded by low cost housing and makes provision for children from low income households.

Aspects that will be highlighted in this chapter will focus on some important statistics which includes the number of enrollment, language of instruction, pass rate of the matriculants the last five years, drop-out figure, number of pregnancies, pass rate of other grades 8 to 11 during 2011 and a brief overview of the strengths and weaknesses of the school.

3.1 Enrollment Statistics and other general information

During 2011 the school had to accommodate 1036 learners in a building that was built to accommodate 700 learners. A further challenge is the fact that the number of Xhosa speaking learners increased over the years since they were allowed to enroll at our school. The language barrier is an obstacle to communicate properly with them and to involve them in programs. Despite the efforts of hardworking and dedicated educators, our school is characterised by poor academic results. The pass rate of the matriculants the last five years was never beyond the point of 80%.

Table 3.1 Matric Pass rate and other general statistics during 2011

Number of Teachers.	Male = 17 Female = 16 Total = 33		Afrikaans = 32 Xhosa = 1				
Language of instruction.	Afrikaans, English and Xhosa						
Grades	8 to 12						
Total Enrolment of learners.	Grade	8	9	10	11	12	TOTAL
	Afrikaans	224	228	174	145	79	850
	Xhosa speaking	46	42	41	35	22	186
Total number of learners.		270	270	215	180	101	1036
Pass Rate of Matrics the last five years.	2007	2008	2009	2010		2011	
	69%	63%	76%	62%		76,2%	

3.2 Problems experienced by the school

The drop-out figure of our learners (Table 3.2) is another source of concern. Every year an average number of 80 learners drop out of school. In Figure 3.4 one can notice that the number of learners that fail is also a problem and contribute to the drop-out figure. These are learners that form part of the lost generation. We assume that some of them enter the labour market at an early age, while the majority of them sit at home or roaming the streets or hangout at shops or shebeens - a potential crime candidate.

Another concern is the number of pregnancies (Table 3.2 and 3.3) which occur at our school yearly. The average number of pregnancies is around 10 to 15 girls every year. In 2012 the number of pregnancies increased from 12 in 2011 to 24. Another concerning fact is that the age of the girls who fall pregnant, becomes younger and younger. Most of them drop out of school and never complete grade 12.

The challenge to the school is to minimize the drop out and the number of pregnancies during the years to come. If this tendency is going to continue, many problems will occur in the community and will have an effect on the school in the future. The school has to take the necessary steps to keep the learners in school until grade 12. Good planning and strategies are needed to prevent it.

Table 3.2 Drop-out figure and number of pregnancies during 2011

Grades	8	9	10	11	12	Total
Total number in January	270	270	215	180	101	1036
Total number in December	246	250	201	161	98	959
Total number of drop-outs	24	21	14	19	3	81
Total number of Pregnancies	2	2	2	2	4	12

Table 3.3 Drop out figure and number of pregnancies during 2012

Grades	8	9	10	11	12	Total
Total number in January	256	281	200	183	127	1049
Total number in December	240	253	177	165	127	962
Total number of drop-outs	16	28	23	18	3	88
Total number of Pregnancies	0	6	7	9	2	24

Table 3.4 Pass and fail numbers of Grade 8 – 11 during 2011

GRADE	PASS	FAIL	TOTAL
8	232	23	255
9	167	80	247
10	162	40	202
11	126	35	161
TOTAL	687	178	865

3.3 Strengths and weaknesses

The community, which the school serves, is characterised by a low income, unemployment of parents and ex-learners, seasonal workers on farms, parents dependent on government grants, use and abuse of alcohol and other substances and a very low parent involvement. These and other problems have an influence on the academic performance and social behaviour of the children.

Learners' problems range from smoking of cigarettes, use of alcohol and other drug substances, teenage pregnancies, poor academic performances, no long term plans, lack of ethos and the vandalism of school property.

Despite the workload of educators and the lack of interest from learners and parents in programs, the educators try their best to:

1. Inform learners about current HIV/AIDS issues
2. Highlight dangers of unprotected sex
3. Feeding scheme for poor learners
4. Invite speakers to school on various issues and topics
5. A HIV/AIDS prevention program with the help of students from the University of the Western Cape.

CHAPTER 4 RESEARCH METHODOLOGY

A qualitative research method was initially used for the purpose of this study. The researcher attempts to gain information about the risky behaviour of learners in their environment and also the influence of community factors on their behaviour.

As the study progressed the action research approach surfaced through. The focus of this approach is to identify and investigate problems and issues at classroom and school level (Hewitt; 2005).

The purpose of this approach is about a group of people, educators, who identify problem and do something about it and monitored their success and if not satisfied, repeat the action (O'Brien; 1998). One of the benefits of such an approach is that it provides educators with the opportunity to understand what is happening in their school. This is what this study wants to achieve. Educators must be aware of the learner, scholastic and societal problems to act accordingly. The same type of approach was followed in this study as described in literature, to:

1. Identification of risk factors
2. Collecting and analysing data
3. Developing and implementing an action research plan
4. Using and sharing results to implement an intervention program.

To accomplish the desired outcomes which were described in this study a collaborative and school-wide action research approach are needed. The collaborated approach focused on educators to work together on a particular area of study, while the school-wide approach is needed to bring about a reform initiative. An initiative which will bring the necessary change that is needed for the reduction of risk factors amongst our learners in school. It also offers the opportunity to transform the school's climate or environment to address the problems and to ensure quality education.

4.1 Target Group

The survey was conducted in September 2011 amongst all educators and learners from grade 9 to 12 which are included in the risky age group between 15 and 24. A total number of 686 (grades: 9 -240; 10 - 201; 11 - 148; 12 - 97) learners and 34 educators took part in the survey. The number of the learners that participated might be seen as high, but it was necessary to get a good idea what learners are thinking about themselves and of others and what they regarded as risky behaviour.

4.2 Method

Information was collected through an information list. Both educators and learners were asked to identify and mention four factors or aspects (Addendum A) and risky behaviour of learners which make them vulnerable to HIV/AIDS. Educators and learners were asked not to mention the ways how HIV is transmitted. With the permission of the principal to conduct the survey, time was allocated for the learners to complete the information list. They

completed at the same time in different classes under the supervision of an educator during the class teacher period. Educators were supervised and briefed by the researcher before the completion of the list. They also had to complete it firstly to give them an idea of what is expected from the learners.

After completion of the lists by the learners, it were put in an envelope and clearly marked with the grade and section of the class. These envelopes were sent to the researcher.

4.3 Analysis of information

The researcher worked through every list of the different grades and only relevant factors on the issue were listed. In most cases the same factors were repeated by different learners. The common factors were then taken in consideration and listed. Factors were then listed under each grade (9 to 12) and in the summary the factors were put under the different categories or themes: household, moral and social factors, knowledge of HIV/AIDS, attitudes to HIV/AIDS, decision making skills, substance abuse and scholastic problems. The categorising of the factors will make it easier to make meaningful interpretations to intervene.

4.4 Response to risky behaviour

Based on literature intervention methods or approaches will be discussed to reduce the risky behaviour of the learner and to get prevention programs going. A multi-sectoral approach, development of life skills and education for resilience are some of strategies that can be fruitfully used.

The rest of the study will focus on the identification of risk factors which will be used to identify prevention strategies to address the problem areas. Furthermore, the participation of the educators and the broader community in this whole process will also be used as one of the desired outcomes.

CHAPTER 5 RESULTS: RISK FACTORS IDENTIFIED BY LEARNERS AND EDUCATORS

The factors identified by the learners and educators were listed in categories such as household, moral and social issues, knowledge of HIV/AIDS, attitudes to HIV/AIDS, sexuality, decision making skills, substance abuse and scholastic problems.

Table 5.1 Risk factors identified by learners and Educators

Categories	Learners	Educators
HOUSEHOLD	Poverty Absence of parents at home Domestic problems and violence Abuse at home Unemployment of parents Not happy at home	Poverty leads to sex Absence or poor parental support, control and involvement Communication gap between parents and children Overcrowded houses Lack of supporting structures Uncontrolled access to adult entertainment Low educational level of parents Unemployment of parents Use of substances by parents
MORAL AND SOCIAL FACTORS	Peer group pressure Abuse of girls Uneducated members of community Girls sexually attractive for men Influence by older people Crime Ignore parents in choices Lack of youth development No respect for older people Visit adult entertainment facilities Rape Sexual active at young age Sell body for money	Decline of moral values Low self-esteem of parents and children Lack of supporting structures at home Abuse of women and children Peer group pressure Anti-social activities
KNOWLEDGE OF HIV/AIDS	Limited knowledge Do not take warnings seriously Not enough sex education	Parents knowledge limited Learners do not apply knowledge
ATTITUDES / BEHAVIOUR TO HIV/AIDS	Carelessness Recklessness Do not take warning seriously Unprotected sex	Ignorance-not aware enough Will not happen to me Experiment with drugs and sex Underestimate seriousness Carefree approach to life
DECISION MAKING SKILLS	Carelessness Ill discipline Irresponsible lifestyles Urge to experiment	Danger of taken HIV/AIDS lightly Not responsible enough No long term plans No sense of responsibilities for their

	Lack of skills To impress friends Low self esteem	actions Know dangers but still do it Driven by the need for money-sexual favours
SUBSTANCE ABUSE	Drugs and alcohol use Use needles Smoking of cigarettes	Smoking cigarettes Use alcohol and drugs Share needles when using drugs
SCHOLASTIC PROBLEMS	Bunk school Drop out of school	Low interest in academics Struggle to cope – academically Poor academic performance No ambition Lack of school ethos Early dropouts

5.1 Discussion of results

5.1.1 Household

The conditions at home are described as not conducive for a good life for our children. Both learners and educators see poverty, absence of parents, violence, unemployment and not setting the example at home as major issues in determining of risk factors.

5.1.2 Moral and social factors

The decline of moral values is regarded as a weakness in society which has a negative effect on the development of the children. Combined with peer group pressure, crime, abuse of women and children, anti-social activities and early sexual activities and you have a recipe for total destruction. The transmission of the virus will be high in such conditions.

5.1.3 Knowledge of HIV/AIDS

The learners mentioned that that they do not have enough knowledge on HIV/AIDS and sexual education. Educators, however, assume that they have enough information, but do not apply it. Another concerning point is the limited knowledge of the parents because the prevention message on HIV cannot be supplemented by the parents at home.

5.1.4 Attitudes and behaviour towards HIV/AIDS

Once again learners mentioned that their behaviour is not in tune with what is taught in the classroom. They see carelessness, recklessness, unprotected sex and not taking warnings seriously as problems that exist amongst them and make them vulnerable. Educators see ignorance, experimentation with drugs and sex and a care free approach to life as obstacles to lead a life free from any dangers.

5.1.5 Decision-making skills

From the results of the learners it can be seen that they need more information to lead a more responsible life. They need the skills to control themselves on issues such as experimenting with alcohol, drugs and sex.

5.1.6 Substance abuse

The use of substances is a problem that is on the increase. Smoking of cigarettes is another problem and could so easily lead to the use of much serious substances. The use of alcohol is also on the increase because it is in many ways acceptable in society. However, it could have an influence on the decision making process.

5.1.7 Scholastic programs

The educators are concern about the progress of learners in school. Low interest in schoolwork, struggle with content in classes, lack of school ethos and early dropouts are some of the main factors that could lead to poor academic performances.

These identified problems and issues will give the school a good idea in which direction it has to move. It could serve as guidelines for intervention programs which are important to change the behaviour of the learners. Some guidelines on intervention programs will follow in Chapter 6.

CHAPTER 6 RECOMMENDATIONS AND GUIDELINES

According to the World Bank (2002), education is, amongst others, a very valuable tool to reduce the spread of HIV/AIDS. It could help us to achieve the Millennium goal 6 which is about the combatting of HIV, malaria and other diseases. Schools with their already existing infrastructure are the ideal place for prevention efforts to a large number of uninfected learners who are at risk. It is therefore highly cost effective and brings learners, educators, parents and the community together to partake in prevention strategies.

The department of Education (2002) made it clear that HIV/AIDS education must take place within a life skills program and should be implemented at all learning institutions. The aim of such a life skills program should be to enable learners and educators to:

1. Understand transmission and prevention of HIV
2. Make informed and responsible choices
3. Apply precautions and first aid to protect them and others from infections.

Schools should also become centres of community life, deal with HIV and AIDS emergency and have a HIV/AIDS plan for their school.

This chapter will focus on strategies and guidelines which schools can follow to act on risk factors and at the same time reduce vulnerability.

6.1 Proposed strategies for schools

Wood (2008) proposed and described a multi-pronged approach which focuses on different aspects relating to the prevention of HIV/AIDS. In following this approach it is much needed to give attention to both the infected or affected learners. The following diagram will give an overview of this approach.

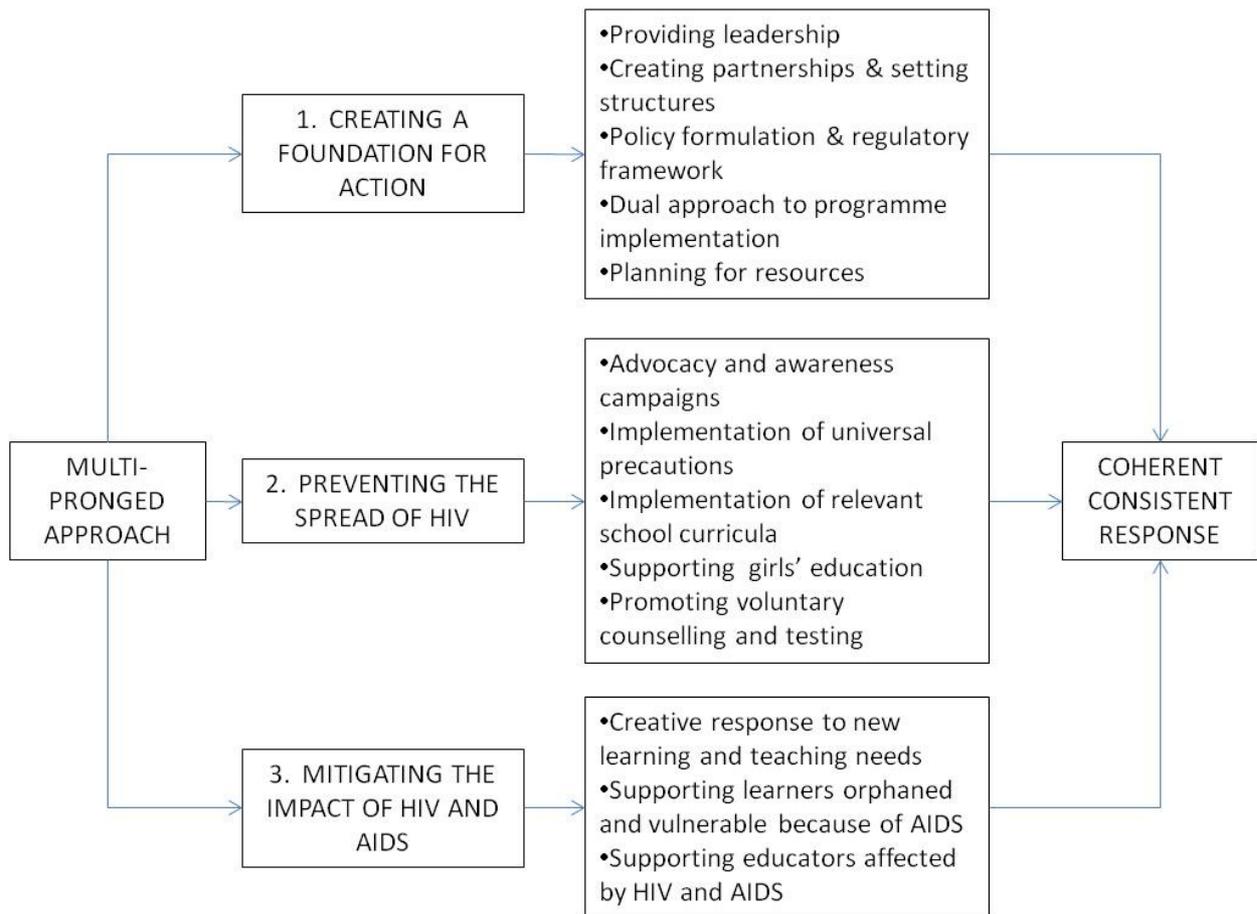


Figure 6.1 The multi-pronged approach to a coherent and consistent response in the fight against HIV and AIDS

Source: Dealing with HIV and AIDS in the classroom, Wood, 2008

6.1.1 Creating a foundation for action

A foundation for action is creating an environment that is conducive to the performance of action against HIV and AIDS in a school. In order to improve the effectiveness of interventions, the school environment should be supportive of all the HIV and AIDS activities and programs that it runs. Educators - the principal, deputy principal, and heads of departments as well as educators should play a leading role in creating such an environment. The commitment of the different role players to fight HIV and AIDS and their influence in directing resources towards this cause, is seen as critical. The following aspects were identified and should follow in order to get an intervention program from the ground.

1. Providing leadership

It means that the managing team should take the leading role to introduce, manage and also encourage the rest of the staff to get involved in the actions against HIV/AIDS. The keyword is commitment and the urgency to develop and implement

programs which should be communicated to all parties of the school community. It is expected from the managing team to set the tone and example to follow a positive lifestyle.

2. Creating partnership and setting up structures

Prevention is not the problem of each school and educator alone. We can only win the fight against the pandemic by working in a team and with members and organizations of the community. The establishment of networks with people and organizations that are doing HIV and AIDS work is important. In order to set up these structures one should perform these actions:

-Establish an HIV and AIDS coordinating committee. This committee should ensure that the school pandemic policy is formulated, implemented and regularly reviewed, that ongoing HIV and AIDS activities take place and regular forum meetings are held.

-Initiate a multi-sectoral approach by identifying potential partners in the community and establishing a forum.

-Coordinate and hold regular forum meetings to share information and establish referral systems.

3. Forming policies and regulatory frameworks

Every school should have policies in place around issues not only of sexual harassment and child abuse, but also of HIV and AIDS. The school policy should state the school's beliefs and aims clearly. This must be in line with the Constitution and the law of the country as well as with other national policies.

4. Taking a dualistic approach to program implementation

A school's HIV and AIDS strategies should focus on two aspects namely, prevention and mitigation. Prevention strategies concentrate on preventing the further spread of HIV by promoting awareness about risky and safe sexual behaviour. Drug and alcohol abuse are more examples of risky behavior, while prevention includes condom distribution, life-skills curriculum, voluntary counseling and testing, as well as drug and alcohol awareness campaigns.

Mitigation on the other hand pays attention to reducing the effects of the pandemic on teaching and learning. These programs should address the various needs of learners who are orphaned and vulnerable because of HIV and AIDS. It must also support educators who are infected or whose relatives are sick with AIDS. Programs could include bursary and feeding schemes, counseling, peer and educator support structure, youth clubs and vegetable gardens.

5. Planning for resources

Most schools cannot afford the necessary resources but sectors like the Health and Social Welfare as well as most NGO's has enough resources to help schools. It is the responsibility of the leadership to determine which resources the school need and identify and network with relevant people and organizations that could make such resources available.

6.1.2 Preventing the spread of HIV/AIDS

The following need to be put in place in order to prevent the spread of HIV/AIDS

1. Holding advocacy and awareness campaigns

The aim of this action is to keep the HIV and AIDS messages alive. Therefore, it is important for schools to hold regular campaigns to ensure that the messages reach as many people as possible. Awareness campaigns about abstinence and safer sex should be part of any program. Learners should also participate in these campaigns. Furthermore, campaigns need to focus on factors that increase the risk of HIV infection such as drug and alcohol abuse, gender stereotypes and gender-based violence, child sexual abuse and HIV- and AIDS related stigma.

2. Implementing universal precautions

Proper care must be taken in every situation in which bodily fluids are handled. This needs to be done irrespective the status of the person.

3. Implementing relevant curricula

Every educator should have basic knowledge about HIV and AIDS and must have the ability to handle sensitive topics, questions and should teach the HIV and AIDS curricula. They must ensure that content- specific and relevant material is used in the teaching of the life- skills curriculum. Relevant HIV and AIDS curricula are formal or non-formal school curricula relating to HIV and AIDS issues and they are in different forms such as Life-skills Education, Life Orientation, Sexuality Education and Health Education.

4. Supporting girls' education

Education for girls has the ability to slow down the spread of HIV/AIDS by contributing to female economic independence, delayed marriage, family planning and work outside home. Therefore it is necessary to give special attention to the development of a sexual harassment policy, promotes gender equality, support system for girls who become pregnant and establish a safe school environment so that girls can continue with their education

5. Promoting voluntary counseling and testing

Relevant campaigns in schools should be introduced to make sure that learners know where to seek for help. The purpose of this action must be to replace the fear about their HIV status with knowledge and courage to take part in the counseling and testing process.

6. 1.3 Mitigating the impact of HIV and AIDS

Programs that will reduce the effects of AIDS on educators, learners and the school itself need to be developed, implemented and monitored. Special care must be taken when learners are affected because they tend to drop out of schools. Aspects that need to be mentioned include the following:

1. Creating an appropriate response to new learning and teaching needs

Wood mentioned that when HIV and AIDS affect educators and learners, the supply, demand and quality of education is also affected. Strategies and action plans should be developed to adapt to the changing context.

2. Supporting orphaned and vulnerable learners

Programs promoting the human rights culture and a caring environment, which includes the rights of the people living with HIV, must be in position. Identification and support to the needy must be in order to refer them to the right organizations. The school also has to keep a watchful eye on affected learners to continue with their learning. To accomplish this, the counseling skills and knowledge about HIV and AIDS must be improved.

3. Supporting infected and affected educators

Educators play an important role in the delivery of quality education. The infected and affected educators might have a huge effect on schools as such. It puts more pressure on the remaining educators who must carry the increased workload. Opportunities must be created for educators to acquire more knowledge about HIV and AIDS, and life- and basic counseling skills so that they will be better prepared to manage their personal issues and learners' problems better.

6.2 Other views and strategies to combat risk factors and vulnerability

Foster et al (2005) regarded prevention as the first line of defense. They also make it clear that if the prevention program works, it could lead to the slowdown of HIV infections and will also reduce the risky behavior. Five components are identified and regarded as essential to their strategy. The strategies are:

- Provide young people with knowledge and information.
- Develop the life skills young people need to protect themselves.
- Reduce social, economic and legal factors that create vulnerability.

- Guarantee access to youth friendly health services and supplies.
- Promote and facilitate participation of children and youth.

1. Provide young people with knowledge and information

They recognize the fact that knowledge alone is not enough to change behaviour but it can play an important role to take steps needed to protect themselves and their peers from HIV.

2. Develop the life skills young people need to protect themselves

Once armed with knowledge, young people must develop the skills to make appropriate decisions, negotiate safer behaviour, resist peer pressure and locate the necessary supplies and services for prevention, care and support regarding reproductive health, HIV/AIDS and STI's.

On the same topic UNAIDS (2008) advised us that Life-skills education is an effective method that uses participatory exercises to teach behaviours to young people that help them deal with the challenges and demands of everyday life. It can include decision-making and problem-solving skills, creative and critical thinking, self-awareness, communication and interpersonal relations. It can also teach the young how to cope with their emotions and causes of stress. This life-skills-based approach will help them to understand and assess the individual, social, and environmental factors that raise and lower the risk of HIV transmission. It can also have a positive effect on behaviours, including the delay in sexual debut and the reduction in the number of sex partners or even casual sex.

3. Reduce social, economic and legal factors that create vulnerability

Vulnerability is a direct result of societal factors that affect the ability to take control over one's own health. A combination of personal, service related and societal factors can influence the vulnerability of young people to HIV infection. Poverty, access to contraceptives and condoms, selling sex for money, sexual exploitation or forced sex should be addressed. Gender inequalities is another factor that should be taken noticed of. Programs must also address the social, legal, economic and cultural factors that keep the young from making the choices needed to protect their health.

Other interventions and structural changes to reduce vulnerability should include literacy programs, expansion of educational and employment opportunities, legal protection of property rights, protection against physical violence, food security and the elimination of social stigmatization. Programs for changing cultural norms, gender inequality and services that deter them of protecting themselves need to be addressed.

4. Guarantee access to youth friendly services and supplies

Many young people are embarrassed to buy condoms because of the social stigma. The conservative society will always oppose the establishment of youth friendly and funding of reproductive health services, STI services, availability of condoms and confidential counseling to the youth. Preventive strategies should include: the removal of barriers that include the availability of condoms in places where risky behavior occurs, implementing peer education, creating youth friendly health services that acknowledge young people's sexual nature without being judgemental.

5. Promote and facilitate the participation of children and youth

Development and attention should be given to the building of capacity amongst young people to participate effectively in the effort to establish prevention programs. Additional capacity building is also needed to enable adults and organizations to accept and facilitate the participation of the young.

6.3 Education and resilience

Resilience can be described as positive functioning within negative circumstances. It is not something that belongs to the individual but it is a dynamic process that depends on interaction between the individual and their context.

There are three basic intervention strategies to encourage resilience, namely:

Risk-focused strategies: - These strategies aim to prevent a problem before it occurs or materialises by stopping exposure to risk factors that could promote problematic behaviours. Examples are the preventing of homelessness for AIDS-orphans, drop-out of learners or even teenage pregnancies through policy or special assistance programs.

Asset-focused strategies: - The aim of this strategy is to build assets that empower people to cope with difficult circumstances. It is a program that provides educators with resources and skills to cope better with the impact of the pandemic on classroom dynamics. This is to be aware of the different services that are available in your immediate environment and community. When people document their local, available assets it is called asset mapping. Examples of protective assets include school assets, library, welfare programs, NGO's, counsellors, hospitals and clinics.

Processed-focused strategies:-This strategy aims to improve the processes that encourage resilient functioning. It has a supporting function that strengthen adaptive coping skills when loved ones die of AIDS- related complication (Wood:2008).

6.4 Conclusion

Educators within schools have a very important and critical role to play in the whole prevention process of HIV and AIDS. It is clear that the whole staff of a school must take ownership of a program introduced. It is not just the work of the Life orientation teacher to teach learners how to care for them psychologically, physically and emotionally.

The hope is that the above-mentioned strategies will give the educators some guidelines to start a program and to sustain it. Actions such as this will have a reducing effect on risk and vulnerability factors. However, the will and the determination of our educators to make a visible change in our in our learners lives will be the indicator of every success story.

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ADDENDUM A

Information list for Educators and Learners.

Informasie lys vir Opvoeders en Leerders.

Complete the following information list. / Voltooi die volgende informasie lys.

Grade / Graad:.....

Age of learner / Ouderdom van leerder :.....

Question: Mention four factors; aspects or issues from your own experience or what you observed from our learners behaviour which make them vulnerable to HIV/AIDS.

- Concentrate on learners' behaviour and what is happening in the community. Do not focus on the ways how HIV/AIDS is transmitted.

VRAAG: Noem faktore; aspekte of kwessies vanuit jou eie ervaring of wat jy waargeneem het uit die gedrag van ons leerders wat hulle kwesbaar, vatbaar of onveilig kan maak om MIV/VIGS op te doen.

- Konsentreer op die leerders se gedrag en wat in die gemeenskap plaasvind. Moenie op die maniere hoe die virus oorgedra word fokus nie.

List Your Risk factors / Noem jou verskillende Risiko faktore

1.

2.

3.

4.

Thank you/ Dankie