AN INVESTIGATION OF THE KNOWLEDGE OF HIV/AIDS EDUCATION AMONGST THE 15 YEAR OLD GIRLS AT KIRIYATSWANE SECONDARY SCHOOL

Marei Cyprian Mashabela

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

Study leader: Prof. JB du Toit
April 2006
SUMMARY

The thesis focused on the knowledge of HIV/AIDS Education amongst the 15 year old girls at Kiriyatswane Secondary School. The school is based at Embalenhle Township in Mpumalanga Province. The research points out that most of the 15 year old girls at the school have knowledge of HIV/AIDS Education. Social settings such as home, schools, churches and media promotes the acquisition of this knowledge. Parental involvement is pivotal in educating the teenagers about HIV/AIDS. The school, as a secondary institution of socialisation, enhances the knowledge, skills, values and attitudes the teenagers have acquired at home. The churches and media further entrenches and consolidates this knowledge through moral and value regeneration. The home, school, churches and media serve a great purpose of dispelling myths and misconceptions about this epidemic. What needs to be further investigated is whether this knowledge of HIV/AIDS Education translates to change in sexual behaviour.
OPSOMMING

Die doelstelling van die werkstuk is die bepaling van die MIV/Vigs-kennis van 15 jaaroue vroulike skoliere van Kiriyatswane Sekondêre Skool in Mpumalanga Provinsie. Resultate van die studie dui daarop dat die skoliere wel kennis dra van MIV/Vigs, maar dat die meeste van hierdie kennis by die ouerhuis verkry is.

Die werkstuk spel die potensiële rol van die kerk in die oordra van kennis uit en stel voor dat die kerk, huis en skool, as instellings, almal sal moet bydra tot kennisoordrag as poging om die pandemie te bekamp.

Voorstelle vir verdere studies word gemaak. Die noodsaaklikheid van ondersoekende ten einde die rol van opvoeding in uiteindelik gedragsverandering van te stel, word sterk aanbeveel. Gedragsverandering is die enigste werlike veranderlike wat beduidend kan impakteer op die voorkoming van verdere verspreiding van die virus.
ACKNOWLEDGEMENTS

Many thanks to the Almighty God, the Creator of heaven and earth, whose boundless love, guidance and care never failed me especially in the execution of this study. Truly, it was worthwhile traveling this journey with you.

To my mother Mrs. Kate Mokgabudi, thanks for your love, encouragement and support throughout this study. Nonhlanhla Tshabalala you are a blessing to have as a partner. It wasn’t easy without your perseverance and understanding. Stellenbosch University you are real partners in education. Thanks for your continued guidance, facilitation and expertise. Prof. JB. du Toit, Prof J. Augustine, Ms. Anja you are true beacons of hope, strength and wisdom. Keep on shine the light South Africa needs your caliber.

My beloved learners of Kiriyatswane Secondary School, Mrs. Olo Made (Life Orientation Education Specialist), Gert Sibande Region, Mpumalanga Department of Education and the South African community, this is your research. Ms Thandazo Mnyakeni, Mr. Mandla Mahlungu and Mr. Mandla Simelane, thanks for your endless efforts and endurance typing this study. Remember that we are all affected and infected by HIV/AIDS. Lets act now.

Thank you all.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. INTRODUCTION</strong></td>
<td>1</td>
</tr>
<tr>
<td>1.1 Problem Statement</td>
<td>1</td>
</tr>
<tr>
<td>1.2 Background to the Problem</td>
<td>1</td>
</tr>
<tr>
<td>1.3 Importance of the study</td>
<td>2</td>
</tr>
<tr>
<td>1.4 Research Objectives</td>
<td>6</td>
</tr>
<tr>
<td>1.5 Research Questions</td>
<td>6</td>
</tr>
<tr>
<td>1.6 Delination of the study</td>
<td>7</td>
</tr>
<tr>
<td>1.7 Outline of the remainder of the study</td>
<td>8</td>
</tr>
<tr>
<td><strong>2. LITERATURE REVIEW AND THEORATICAL AND CONCEPTUAL FRAMEWORK</strong></td>
<td>8</td>
</tr>
<tr>
<td><strong>3. RESEARCH DESIGN</strong></td>
<td>16</td>
</tr>
<tr>
<td>3.1 Research approach and method</td>
<td>16</td>
</tr>
<tr>
<td>3.2 Data collecting method</td>
<td>19</td>
</tr>
<tr>
<td>3.3 Sampling</td>
<td>20</td>
</tr>
<tr>
<td>3.4 Analysis of data</td>
<td>20</td>
</tr>
<tr>
<td>3.5 Limitations of the study</td>
<td>20</td>
</tr>
<tr>
<td><strong>4. FINDINGS AND ANALYSIS</strong></td>
<td>21</td>
</tr>
<tr>
<td>4.1 Findings</td>
<td>21</td>
</tr>
<tr>
<td>4.2 Analysis</td>
<td>26</td>
</tr>
<tr>
<td>4.3 Presentation of Statistical Results</td>
<td>29</td>
</tr>
<tr>
<td>4.4 Test of statistical significance</td>
<td>30</td>
</tr>
</tbody>
</table>
5. CONCLUSIONS AND RECOMMENDATIONS 31
   5.1 Recommendation 31
   5.2 Conclusion 35

6. REFERENCES 38
1. INTRODUCTION

HIV/AIDS Education forms a central part of sex Education or Sexuality Education. It is the process of acquiring information and forming attitudes and believes about sex, sexual identity, relationships and intimacy. It’s also about developing young people’s skills so that they make informed choices about their behaviour, and feel confident and competent about acting on the choice. (Avert, 2005: 67). Young people have the right to sex education because it is a means by which they are helped to protect themselves against abuse, exploitation, unintended pregnancies, sexually transmitted diseases and HIV/AIDS. The aims of Sexuality Education are to reduce the risks of potentially negative outcomes from sexual behaviour like unwanted pregnancies and STI’s (Sexually Transmitted Illness) and to enhance quality of relationships. The kinds of skills young people develop as part of sex education, listening, negotiating, identifying sources of help, advice, decision making and assertion.

In this scientific writing a literature review, research, findings and analysis will be presented. Finally recommendations, conclusion and reference list will be presented.

1.1 Problem Statement
To investigate the knowledge of HIV/AIDS Education amongst the 15 year old girls at Kiriyatswane Secondary School.

1.2 Background to the problem

a) How the problem arose.
The problem arose as a result of high teenage pregnancy. The school experience high teenage turnover rate especially amongst teenage girls. Other asks permission to leave school early for health reasons i.e. to visit the clinic or doctor. Some die from HIV/AIDS related illnesses i.e. TB, pneumonia. The
learners at Kiriyatswane Secondary School are from eMbalenhle Township, which has 42% unemployment. However, the township is situated 5 km from Sasol 2 (Secunda) and it is surrounded by four coal mines supplying Sasol with coal. Most of the households are headed by single parents (i.e. mothers), guardians or foster parents and many are unemployed.

It is such conditions that propagate the young girl child vulnerable and susceptible to abuse, pregnancy, sexually transmitted illnesses (STI’s) and HIV/AIDS infections. The 15 year old girls have just entered the adolescent stage, thus they are highly experimental regarding their sexuality. Peer pressure, misconceptions, inability to openly discuss with parents about sex remains some major challenges they are faced with.

a) Content of the study
The study focus on 15 year old girls at Kiriyatswane Secondary School. The school is situated at eMbalenhle Township in Mpumalanga Province 10 km from Secunda. The school is registered with Mpumalanga Department of Education, at of Gert Sibande Region and is attached to the Highveld Ridge East Circuit. Kiriyatswane Secondary School is an English medium school with 1 400 learners from Grade 8 – 12. The school has a staff of 45 including educators, Principal, Deputy Principal and HOD (Head of Departments) support staff i.e. general assistants and admin clerks.

1.3 Importance of the study

a) Why the problem merits attention
HIV and AIDS is a key challenge to our country. The scourge of HIV/AIDS is ravaging the fiber of our country, the youth middle-aged adults during their most productive years. The one big solution we have against it is education. Thus this study will investigate the knowledge of HIV/AIDS education amongst 15 year old girls, thus misconceptions will also be corrected. If they are not properly
educated, they are likely to die at a very tender age, robbing South Africa towards leaders and pioneers. The country will experience shortage of economically active population (EAP). EAP refers to people who are able and willing to work in a population within a given time. The study will provide the teenagers with valuable information so that they choose to abstain, condomise or be faithful to one healthy partner. This will ensure that our country invests in its youth for future rewards.

The effects of HIV/AIDS on organizations (including schools) are reduced productivity, increased costs, loss of customers and learners. Profits or results are being depressed by a number of factors:

- Absenteeism is increasing not only because of ill health experienced by employees and Learners, but also because workers take time off to care for their families and for funerals.
- The morale of the workforce is sagging.
- Sick learners are less productive at school and cannot carry out the more demanding Physical jobs.
- Learners who die or abscond on health grounds cannot be replaced.
- The communities where these learners come from need more support financially and emotionally to weather the crisis.
- The costs of health care, medical aid and hospitalization are rising.
Kiriyatswane Secondary School, Mpumalanga Department of Education will be provided with scientifically proven research on HIV/AIDS Education. This will help these authorities in policy formulation and critical decision making.

b) How did the researcher come to develop an interest in the proposed topic?
The passion and eagerness to make a positive difference in the community and country as a whole. This specifically relates to the management of HIV/AIDS since there is not yet cure for this dilemma. Having to lose family members, colleagues, friends, learners and community members prompted and motivated me to actively play a vital role in providing solution to the greatest challenge that is HIV/AIDS.

c) Why is it worth doing the research?
This has emanated form the fact that one is discontented with the alarming rate of teenage pregnancy, STI infections and worst the deaths due to HIV/AIDS related diseases. This practice makes the young girls to be the victims of HIV/AIDS and its socio-economic repercussions i.e. funeral costs. Young and highly experimental as they are, they become preying ground for adult and abusive males who take advantage of their innocence. Poverty and unemployment challenges these young girls to fend for themselves and sometimes their families. Deaths due to HIV/AIDS left mot of them orphans with no parents and guardians to support, guide, and nurture and groom them. The society has lost good role models who will line and demonstrate a healthy, sporty and balanced lifestyle, due to the epidemic.

d) The rationale
The national for this study is to investigate the knowledge of HIV/AIDS amongst the 15 year old girls at Kiriyatswane Secondary School.
e) The significance of the study and who will it benefit and how

The study will equip educators, education circuits, parents, community, regions, province and National Department of Education with relevant and reliable information. Policy makers will be advised on what should be addressed in the curriculum especially regarding HIV/AIDS policies, prescribed Learner Teacher Support Material (LTSM), Critical Outcome (CO), Specific Outcome (SO), Learning Outcome (LO), Assessment Standards (AS) and Assessment Criteria (AC). Mpumalanga Provincial Department will have accurate information for decision making. Departmental officials such as Curriculum Implementers will know exactly what to monitor and support educators on, especially regarding to the implementation of HIV/AIDS policies. Schools will be equipped with the skills and knowledge on how to treat, accommodate, support, teach and guide learners and colleagues infected and affected by HIV/AIDS.

Learners will know the facts about the epidemic. Misconceptions, fears, uncertainties and myths will be corrected through regular trainings, workshops and seminars on HIV/AIDS education. They will be empowered with life skills and thus they will know and practice their rights. Thus learners will be motivated to take responsibility and accountability for their choices and actions. They will know the importance of HIV/AIDS education in their lives and the dangers of involving themselves in sexual relationships at an early age. Children have the right to correct information about their health, sexual issues and HIV/AIDS prevention. Human rights belong to all people as well as learners and they are protected and guaranteed by the constitution.

The parents will be empowered to be open to their children on matters relating to HIV/AIDS education. Thus they will be challenged to discuss with their children what is right or wrong and what is acceptable or not. The community will be empowered and mobilized to fight against this epidemic through prevention, care and treatment advocacies. Learners, parents, educators, health workers,
religious leaders work together in this regard. We are all affected and infected by HIV/AIDS.

1.4 Research Objectives

- To investigate the knowledge of HIV/AIDS education amongst the 15 year old girls at Kiriyatswane Secondary School.

- To conduct HIV/AIDS education and training to the 15 year old girls at Kiriyatswane Secondary School.

- To teach the 15 year old girls at Kiriyatswane Secondary School about HIV/AIDS education.

- To learn about the sexual practices of the 15 year old girls at Kiriyatswane Secondary School as influenced by their knowledge of HIV/AIDS education.

- To clarify misconceptions amongst 15 year old girls at Kiriyatswane Secondary School about HIV/AIDS education.

1.5 Research Questions

- What are the challenges relating to HIV/AIDS education?

- What are the main causes of these challenges?

- How does this challenge affect the teenage girls?
• What are the roles of parents, educators, curriculum in addressing the challenges of HIV/AIDS education?

• Why are women more vulnerable to HIV/AIDS than men?

• How does HIV progress to AIDS?

• How does a person get HIV?

• What is fuelling the epidemic amongst teenagers?

• What is the relationship between poverty and HIV/AIDS.

• When should pre-test and post test counseling be administered?

1.6 Delienation of the study
This study focuses on the 15 year old girls at Kiriyatswane Secondary, at Embalenhle Township (Secunda). The school is attached to Highveld Ridge East circuit of the Gert Sibande Region belonging to the Mpumalanga Department of Education. Learners in the Senior Phase (Grade 8 – 10) were selected to conduct this research. These learners were given pre-training and post-training questionnaires to respond to with permission granted by the Principal and assistance from the Life Orientation educator. This study focuses on the knowledge of HIV/AIDS education amongst the 15 year old girls.

HIV/AIDS epidemic knows no colour, age, sex, gender or status. It kills across the board. However, children have the right to information about their health and HIV AIDS education. It is their constitutional right to learn, be informed, protected and guided to make correct choices in life. The right of young people and adults (human rights) are protected and enshrined by the constitution of
South Africa. It is crucial that they learn about HIV/AIDS before they even start with sexual relationships. They should learn to abstain, change lifestyle if they are already sexually active.

1.7 Outline of the remainder of the study
The study will capacitate or empower the youth, teachers, parents, education and health officials and the community at large. Young people will learn and know the correct facts about HIV/AIDS. Myths and misconceptions will be clarified and corrected. Being armored with knowledge will probably lead to a behavioral change regarding to their sexual practices. They will be able to teach each other and realize that the only remedy to this dilemma is education, prevention and care. Partnership between learners, educators, and health and education officials, community structures will form a strong team to fight and manage this epidemic. An educated community is a strong and successful one.

2. LITERATURE REVIEW AND THEORATICAL AND CONCEPTUAL FRAMEWORK
In this section a critical synthesis of the existing research regarding HIV/AIDS. Education is provided. This will place the problem in theoretical perspective help identify alternative theories for understanding the problem and identify central concepts issues, models and themes regarding the study. Information from policies, journals, books and previous research will be reviewed. This will be of great significance in identifying gaps in the literature in relation to the topic.

Key Concepts, Issues, Models and Themes

- HIV or the immunodeficiency virus is a retrovirus that infects the white blood cells, the T4 helper cells which normally fight off infection in the human body.
• Aids stands for “acquired immune deficiency syndrome” it is a disease that breaks down apart of the body’s immune system, leaving the person defenseless against a variety of illness that are normally not life threatening to people without AIDS.

• Transmission – refers to how HIV enters the body.

• Safer sex – refers to practices or behaviours that ensure that no risk of infection.

• ART – stand for Antiretroviral treatment. These are the medicines which suppress the replication of HIV by blocking the enzyme HIV uses to replicate itself.

• CD4 – is a cell count test which indicates the strength of the immune system.

• MTCT – stands for Mother Child Transmission. It refers to HIV transmission from a pregnant mother to an unborn child.

• Femidom – refers to a female condom, used during sexual intercourse to prevent against HIV transmission or Sexually Transmitter illness (STI’s).

• Sexual Practice – refers to people behaviours and attitudes readings sex.

• Window Period is the time, usually up to three months, that the body takes to produce measurable quantities of antibodies after infection by HIV.

The UNAIDS Report on Global HIV/AIDS epidemic (2003:44) cited global priorities. The new political momentum culminated in June 2001 when membership of the United Nations met in Special Section of the General Assembly. The purpose was to agree on comprehensive and coordinated global
response to the HIV/AIDS crises. The Special Session’s Declaration of Commitment was adopted unanimously. It serves as a benchmark for global action. Its target and goals include the need to secure more resources to fight HIV/AIDS. It ensured that by 2005 a wide range of prevention programs are available in all countries. This will ensure that at least **90% of young people aged 15 – 24 have access to information, education and services** necessary to develop their life skills needed **to reduce vulnerability to HIV/AIDS** **and 95% by 2010**. Reduce by 25% the rate of HIV/AIDS infection **amongst young people aged 15 -24 in the most affected countries** by 2005 and globally by 2010. **Empower woman** as an essential part of reducing vulnerability to HIV/AIDS.

Admits this clear priorities South Africa remains challenged with the increasing infections of HIV/AIDS amongst young people (woman aged 15 -24) this epidemic increases whiles there are numerous campaigns, awareness and prevention strategies including education. However in countries like Senegal, Thailand, Uganda and Brazil mounting inroads have been made against the epidemic. These countries are leading examples of the integration of comprehensive care and a renewed commitment to prevention.

The UNAIDS has monitored progress toward implementation of the Declaration of commitment. This yielded key findings on low HIV/AIDS prevention coverage. While most countries have developed strategic framework for effective action, only a fraction of people at risk of contracting HIV/AIDS have meaningful access to basic prevention services. **Firstly, life skills based education.** Of the thirty countries reporting on this indicator, half are making effort to incorporate a life skills approach into their education program. With evidence that skills – based sexual and reproductive health education promotes healthy life styles and reduces risky behaviour. Additional countries are in the process of integrating such an approach into their school program (e.g. USA). **Secondly, basic HIV/AIDS knowledge.** Accurate information about HIV/AIDS is a prerequisite to effective to HIV/AIDS prevention. In 31 of 38 countries in which young woman
aged 15 – 24 were surveyed, on basic HIV/AIDS facts in the year 2000. However, fewer than 30% of woman could accurately answer question on HIV/AIDS transmission.

**Thirdly, risk reduction behaviour among young people.** Survey results indicate that condom use with non regular partner is higher in urban areas than rural areas. It is higher in urban areas and higher among young man that among young woman. Young man, however are more likely to report having higher – risk sex (e.g. sex with a non-marital or non-cohabiting partner) in the prior year. Data also suggest that condom use varies considerably between countries, with scores ranging form as low as 2% - as high as 88% in Sub-Saharan Africa. In this region between 15% and 20% of young people report having had sexual intercourse before the age of 15. young woman reporting earlier median age of first sex than do males.

**Fourthly, STi management.** STi control remains a fundamental element of effective HIV/AIDS prevention. Only one in four countries in Sub-Saharan Africa reports that at least 50% of STi patience are appropriately diagnosed, counseled and treated. **Fifth, Prevention of MTCT.** PMCT is virtually non-existent in many heavily affected countries. Apart from Botswana were coverage reached 34% by the end of December 2002. PMTCT is extremely low in countries hardest hit by HIV/AIDS throughout the world. **Sixthly, injecting drug use coverage and safer behaviour.** Fewer than 5% of injecting drug users (IDU) receives recommended prevention services. A majority of drug users have yet to adopt the behaviour that will reduce the risk of transmission.

Soul City Institute, Khomanani and Centers for disease Control and Prevention (CDC), 2005:5 provides valuable information on how HIV progress to Aids. They maintain that this is a gradual progress moving through various phases. **Stage1:** HIV enters the body duplicating itself rapidly in the in the CD 4 cells with few or no signs that a person is infected. **Stage ii:** Minor skin problem, head or chest
colds and weight loss. **Stage iii:** The viral loads are increasing resulting in profound weight loss, chronic diarrhea, fever, oral thrush, pneumonia and TB.

**Stage iv:** Very serious diseases such as lung infection, brain infection, severe diarrhea profound weight loss and cancer develops. Whiteside and Sunter, 2000:8 further asserting that during the early stage of infection, antibodies to the virus may not be identifiable (window period) and on infection person will be very infection during this period. An incubation period follow when battle between virus and immune system cell more quickly that they can be replaced and slowly the number of (D4 cell falls.) This implies that infection will increase in frequency, severity and duration until the person dies. These two studies agree with one another regarding how HIV progresses to Aids. Martin, 2005:18 states that the most common mode of HIV infection is sexual transmission across the genital mucosa.

Bruton *et al* 1999:13, stipulates that people do not develop Aids as soon as they are infected with HIV. Most experience a long period of around 5-8 years during which they feel well and remain productive members of families and workforce. The policy further suggest modes of HIV Transmissions including sexual contact, MTCT, contact with infected blood, intravenous drug use and blood transfusions.

This implies that HIV cannot be contacted through insect bite, urine, saliva and sweat, and through social contact Soul City Institute, Whiteside and Sunter concurs with the Policy Handbook for Education regarding HIV transmission.

Kader Asmal, 2000:6 developed Implementation Plan for Tirisano which priorities HIV/AIDS program. It states that "We must deal urgently and purposefully with the HIV/AIDS emergency in and through the education and training system. Project1 focuses on Awareness, Information and Advocacy. Its objectives HIV/AIDS among educators, learners and students at all level to promote values, which recognize the right of girls and woman to free choice in sexual relation. Its
outcomes are increased awareness, understanding, knowledge and sensitivity of the causes of HIV/AIDS its consequences and impact on individuals, communities and society in general.

Eradication of in discriminatory practices against individuals affected by HIV/AIDS. A development of HIV/AIDS for attitude and behaviour forwards sexuality including an increase respect for girls and woman. Project 2, Focus on HIV/AIDS within the curriculum. Its objective is to ensure life skills and HIV/AIDS education are integrated into the curriculum at all level of education and training system. Its outcomes is that every leaner should understanding the causes and consequences of HIV/AIDS. All learners lead healthy live style and take responsible decision regarding their sexual behaviour. Project 3, deals with HIV/AIDS and the education system. Its objective is to develop planning models for analyzing and understanding the impact of HIV/Aids of education and strategies to respond to the impact of HIV/Aids on sustainability of education and training system. Establishment of care and support systems for learners and educators affected by HIV/AIDS

A research Projects was conducted in South Africa on HIV/AIDS Education in School by NP Ngele. Her problem statement was to investigating the perception of primary school learners on HIV/AIDS. Education in the KwaMhlanga Circuit. The findings were that teaching and time allocation given for HIV/AIDS. Education period is insufficient (i.e. once or twice per week) Policy regarding time allocation is also not clear. Attitude of learners regarding HIV/AIDS Education is positive, because they show willingness to learners more about the subject. Knowledge; The results showed that at least learners have little information about HIV/AIDS. All the seven learners displayed a little knowledge about HIV/AIDS regarding diagnosis, transmission and prevention (Ngele, 2003:24). The educator and parents displayed positive attitude for the subject to be taught in schools. However educator they needed more guidance on the content matter to be taught and how to teach it.
HIV/AIDS Education isn’t only for Health Class,” Its for English, Math’s, Science, Spanish…" Hopkins, 1997; 1 In America a special multidisciplinary curriculum has transported HIV/AIDS Education out of its relegated position in its school’s health classes and moved it into other areas of curriculum where it belongs. The thought was that many students resist AIDS education in a multidisciplinary way had the potential for making the curriculum fun. If students missed the message in one course, an activity in another course might capture their imagination and begins the learning process." She maintains that in one English Class, HIV/AIDS education can alive students are they interviewed a child who has AIDS. In Math class they solved problems using AIDS related statistics. In cooking class they put together a special diet for an HIV- positive mother at some schools in America announcements related to HIV/AIDS are read over the schools PA system during daily announcements.

AIDS Across the Curriculum

“One of the primary goals of the curriculum created was to have students experience the practical application of academics to HIV/AIDS” (Windall, 1997:2). When creating this curriculum she hoped that learning about HIV/AIDS through it connections to all areas of the curriculum would translate than to the student’s personal lives. This was made possible because educator were creatively involved in waving HIV/AIDS into their lessons. Educators also attended a special in service session conducted by the Red Cross. Windall’s encourages all high schools to investigate using a cross-disciplinary approach to AIDS education (Hopkins, 1997:18.) The pose a great challenge to South Africa’s education system to design-curriculum content meeting its educational needs.

In Uganda and Thailand HIV/AIDS Education, stakeholders active participation led significantly to a reduction in HIV/AIDS especially amongst young people these two countries service as a benchmark in the battle against this epidemic. Uganda managed to reduce the number of HIV positive people to 4.5%. This is a good example that the battle against aids can be won.
Sex Education Legislation for School in England and Wales is controlled by several Acts and bills, the Learning and Skill Bill 2000, Claude117 states that, Local education authorities no longer have any responsibility for sex education in maintained school; this now rests with the school’s governing body and head teacher. It also issues guidance on the delivery of sex education in schools. This country is also governed by Education Act of 1996. This act consolidate the Education Act of 1944. It states that curriculum for every grant maintained school should include a basic curriculum that includes provision of sex education for all pupils and for special school received secondary education (Section 352 c-d). They also have Sex and Relationship Guidance which provide guidance, aimed at addressing uncertainty as to what sex and relationship education (SRE) and how it should be delivered.

The above acts provide a very solid framework for the implementation of HIV/AIDS Education in England and Wales. Such acts are necessary to have a reinforce change in the Education system to meet new global challenge of HIV/AIDS.

**Critical analysis of literature and identification of gaps in the literature**

The majority of the literature reviewed focus only on perception of primary school learners. Emphasis on some literature is on the epidemiology of HIV/AIDS, modes of transmission commendable to analyses how the primary school learners educator and parents responded regarding the perceptions about HIV/AIDS Education.

There is a dire need or a niche to investigate the knowledge amongst 15 years old girls regarding HIV/AIDS Education. Previous research did not specifically address their vulnerable group. Being adolescents, experimental and young, makes them were exposed to the dangers of HIV/AIDS, STI’s, teenage pregnancy and sexual abuse. This age group (15 years old girls) is easily deceived and pressured by peers in decision making.
This research is located within systems thinking as a conceptual framework. The 15 year old girl (individual) operates within a school with physical, emotional, mental and spiritual needs. She operates in a team (i.e. class) to achieve common goal (e.g. passing at end of the year. The school as an organization consists of systems (e.g. vision, mission, goal and objectives).

It operates as a structure (e.g. organogram from the school Governing Body (SGB) to the learners and within certain culture (e.g. Values, norms, level of openness, democracy) Hence, it is of paramount significance that the learner should be educated regarding HIV/AIDS within the schools systems, strategies, structures and culture being aligned, thus operate synergistically-However, learner’s external environment have an impact towards the school and its effect cannot be controlled by the school. It is against this background that there is dire need to investigate the knowledge of HIV/AIDS amongst 15 year old girls in this country.

3. RESEARCH DESIGN

3.1 Research Approach and Method

(a) **Explanation of selected Research Approach**

**Triangulation** is the research approach used for the study. It encompasses Pre-Training Questionnaire Training and Post Training Questionnaire. However, the investigation is more **Qualitative** in nature. Qualitative research method is used within the triangulation for the purpose of this study. This approach is not strictly formalized. The scope is more likely to be defined and a more philosophical mode of operation is adopted. The research attempts to gain first hand, holistic understanding of interest through a flexible strategy of data collection. Methods of data collection on are used to acquire in depth knowledge to guide further study. It assumes that valid understanding can be gained through accumulated knowledge acquired first and by a single researcher.
(b) **Why Triangulation is appropriate for the study?**

Triangulation is relevant because it first ascertains what the learners know on HIV/AIDS Education (Pre-Training Questionnaire). Thereafter training occurs to empower participants with knowledge. Lastly the Post-Training Questionnaire accesses the respondent's knowledge after the training. It evaluates whether respondents are better knowledgeable or not after intervention with training. Triangulation confirms the trustworthiness or validity of the results. It ensures continual alertness of the researchers' own biases or subjectivity. This is of great assistance in producing trustworthy interpretations.

(c) **How will Triangulation assist to answer research questions?**

Triangulation ensures that the investigation addresses research questions by verifying inconsistencies arising from the respondents. It looks for negative cases for emerging hypothesis. It also tests rival explanation during the investigation (credibility). Triangulation will help to replicate the results of a study where possible. A variety of methods (i.e. Pre-and Post Training questionnaires are used. This promotes dependability. This approach allows participants to express their experiences, values and expectations (conformability). This ensures that the researcher is insider, thus he will get first hand information or experiences. Triangulation ensures that conclusions drawn are supported by data. Findings are also transferable to other contexts depending on physical environment and nature of interactions (transferability).

The research problem investigates of the knowledge of HIV/AIDS Education amongst 15 year old girls at Kiriyatswane Secondary School. To underpin the discussions of findings and analysis there of a close relationship between the researcher and the subjects (i.e. 15 years old girls) is necessary, where in the researcher's stance is an insider and assumes the role of exploring of the participants interpretations. The Qualitative researcher method is the only method that allows processual and socially constructed by the participants to portray the social reality. It necessitates ideographic (understanding meaning
people attach to everyday life as scope of findings. The chosen topic requires an emergent relationship between theory and research.

This study will gather data that is presented in form of words, quotes from documents and transcript, regards reality as subjective and it is aimed to understand the meaning that people attach to everyday life. Meaning will be derived from the 15-year-old girls perspective and data will be analyzed by extracting themes. The research process is flexible, unique and evolves throughout the research process. A holistic approach in analysis will be followed, emphasizing relationship between elements and contents.

(d) How will the Case Study Research Method will answer research questions?
The main purpose is to “shed light” on phenomenon (i.e. knowledge of HIV/AIDS Education). By being close to participants it will help the researcher to access first-hand information. This method will be of significance by enabling the use of inductive form of reasoning (i.e. developing concepts, insights and understanding from patterns in the data. It will ensure that no rigid steps are followed and it cannot be replicated in answering the research questions. The method will also ensure that it discovers meaning once researcher immersed in the data. It is in its nature to seek to understand the phenomena (i.e. knowledge of HIV/AIDS Education). Thus it will be permissible to answer the research questions. Categorising of concepts into themes and categories as implied by Case Study research methodology will provide plausible solutions to the posed research questions.

The method goes deeper into the problem and thus provides good understanding. It provides the researcher an understanding of the situation and the meaning of the problems, rather than seeking to find out what the cause was. Data provided gives explanation in an attempt to answer the research questions. The researcher has ample time to explore his interpretation in a flexible and unique way. The researcher should spend focused time on-site (during training)
with the respondents. He interacted directly with all the respondents. Questionnaires were administered as data collecting techniques. Data will be analysed using interpretational analysis to examine data contrasts, themes and pattern to explain data collected. The findings will be communicated by analyzing and reflecting the narrative.

3.2 Data Collecting Methods
Questionnaires were used to gather data. Firstly pre-training, training intervention and later a post–training questionnaires.

a) Explanation of the strength of Questionnaires
They are inexpensive to administer or efficient. This mean that only one copy can be typed and copies are made for all respondents. They ensure that confidentiality of respondents is respected. This is evident when respondents not including their names on the questionnaires. No expertise is required to administer them. An literate person understanding the purpose of the study can easily respond to the questionnaire. It is easy to tabulate information gathered from respondents. The respondents can quantify and easily summarized.

b) Explanation of Weakness of Questionnaires.
The participants cannot ask for clarity due to ambiguity when they respond to questionnaires. This act can be misleading, thus clues can be given to respondents if explanations are given to them. They are very impersonal. Respondents only respond to the questionnaire without any personal interaction with the researcher. Questionnaires are difficult to design.

They need lots of thinking and reshaping before they could be administered. In most cases responses are incomplete. They could be biased. This means the researcher can manipulate the questions in order to elicit certain response in his/her favour. It is difficulty and time consuming to interpret the findings from questionnaires. They are non-empathetic one cannot put him/herself in the
researchers shoes. Data may be over interpreted. The predetermined questions may miss issues.

### 3.3 Sampling

Individuals were sources of information for this study. They were selected from different classes of grade 8 at Kiriyatswane Secondary School through quota sampling. The sample population is all learners at the Kiriyatswane Secondary School. Are the sample group. The sample group was selected by asking all 15 year old girls in different grade (8 - 9) to raise their hands. There after selecting the first 100 from these classes using quota sampling study. There are one hundred (100) participants chosen for the purpose of this study. The characteristics of the sample group are: It is a non random sample. A certain selective criteria (i.e. the first 100 participants) this sample was convenient out time saving to select. However people did not have equal chance of getting selected. The problems relating to sampling is the following: It is difficult to select participants who will be able to provide the most meaningful information on the topic.

### 3.4 Analysis of Data

The information collected will be organized into the following categories or themes: key concepts, modes of transmission, diagnosis, skills, prevention, care and support, values and attitudes, parental involvement, curriculum, stakeholder participation and HIV/AIDS trainings, workshops and seminars. This will make it easier to analyze it in order to draw findings for meaningful interpretations. In the report the information will presented through extracting relevant quotations, using tables, charts and graph.

### 3.5 Limitations of the Study.

There was a limited time frame (i.e. two months) for the study to be completed. This necessitated that the three processes of pre-test, training and post –test questionnaires administration to be too close. To teach and assess teenagers
within a short space of time might jeopardize the authenticity of the findings. There is not enough literature written on the subject of HIV/AIDS. This encouraged the researcher to be resourceful and analytical in approach. The two respondents were hungry, thus the researcher had to provide refreshments. Others respondents are using public transport to go home, and had to be released career than others. Some of the questions were ambiguous for the respondents (e. g CD4 Count, MTCT, Femidom). Participants are learners in Grade 8 and they found the questionnaire ambiguous. The learners did not have a good command of English, since it is their second language.

4. FINDINGS AND ANALYSIS

4.1 Findings: HIV/AIDS knowledge
The results of the pre-training questionnaire showed that the participants did not have HIV/AIDS Knowledge; hence training intervention was a necessity. Below is the result of the post training session.

HIV/AIDS knowledge

(i) Key Concepts
There are 60 respondents who have an idea about key concepts such as HIV/AIDS, antiretroviral. They maintain this by saying that “HIV is a human immune virus…”, “HIV/AIDS is the result of HIV infection”. There other 40 respondents indicated that they don’t know what HIV/AIDS is. The respondent stated that they don’t know what Aids is, although she knows that HIV kills, she also assert that there is a cure for Aids.

(ii) Models of transmission
The 73 respondents show knowledge as they respond “… having sex with no condom, sleeping around with many boys or girls...can result in HIV infection.” However other three have misconceptions relating to modes of transmission. e.g.
“Aids can be transmitted when you share a tooth paste” She says “…it is difficult to talk with your family ….” When asked whether is she open to discuss with your family about sex, HIV /AIDS.

(iii) Diagnosis
After administering post-training questionnaires, 54 respondents showed knowledge about window period. They assert that it “Its period to three months that the body takes to produce antibodies after infection” This was evident from respondents, the other 46 who did not know the diagnosis of HIV/AIDS.

The 54 respondents indicated that counseling and testing should be done immediately when a person worried about possible infection. The other 46 respondent indicated that they don’t know when this should be administered.

(iv) Skills

Communication Skills
The 71 out of 100 respondents indicated that they are open to discuss with their parents about HIV/AIDS. This shows that they have developed good communication skills. These skills are essential in knowing about HIV/AIDS education. These respondents awake to discuss with their teachers, Peers and other community members on challenges faced by this HIV/AIDS epidemic.

Interpersonal Skills
Respondents with knowledge on HIV/AIDS showed that there were able to access resources centers i.e. library, teachers, parents and peer and were able to interact with than freely. This shows that they had acquired interpersonal skills.
Decision making skills
The 60 of 100 respondents who have any indicated that they never had sex and are not pressured by peers to engage in sexual act. There are 40 respondents who are sexually active and had sex without peer pressure.

(v) Prevention
The 76 respondents show knowledge on this aspect. These 76 respondents maintain that people can prevent themselves from HIV/AIDS infection through not sleeping around, always using a condom. Others indicate that ‘knowing my status’ as a preventive means. All respondents indicate that there is no cure for HIV/AIDS.

(vi) Care and Treatment
35 respondents know what are antiretroviral. Ten respondent indicated that antiretroviral are pills that can stop Aids but does not cure it. They had an idea that they prolong the lifespan of a person who is HIV- positive. They stay with mother and stepfather, or mother and father, or mother with brothers and sisters as bread winner. They learned about HIV/AIDS at school, church and home. Their parents are open to discuss with them about HIV/AIDS even if they are sexually active all the respondents showed willingness to help or support a family member who is HIV-positive. They suggest that “….. can do anything to protect them and ensure that they go to clinic”. Others mention that they will support the infected member with everything than that they have “They will love and protect them” 57 respondents from 100 indicate that they do not know when counseling a testing should be done. However 52 indicate that you can take it after or before testing it also depends on a person.

(vii) Values and Attitude
All the respondents acknowledge that they are infected and affected by HIV/AIDS. This is motivated by their eagerness to support and care for infected family members. They display values of ubuntu and caring or support attitude.
They display good values of respect and dignity to all human irrespective of health. 77 respondents indicated that they are open to discuss with teacher, friend and family about sex, HIV/AIDS. They assert that we want to know about HIV/AIDS so that we can tell any one about aids that it is dangerous. “These respondents have a positive attitude regarding discrimination of HIV/AIDS information to all people”. They are good instruments of HIV/AIDS advocacy.

(viii) Parental Involvement
Most of respondents 53 shows above average knowledge on HIV /AIDS education are

- Staying with both parents – all or either one is working
- Open to discuss with them about sex, HIV/AIDS education
- Stay in a developed area of Embalenhle i.e. Ext 4

However those 33 who are sexually active either stay with single parents i.e. mother only & guardian extended family who are mostly employed

20 of respondents stay with both parents, but never discuss with them about sex or HIV/AIDS education. They also not open to discuss with teachers and friends about sex & HIV/AIDS education. quoted saying …"I'm scared to talk about HIV/AIDS but I want to know about it" 50 respondents of the 100 are open to discuss with parents on sex HIV/Aids issues. Some indicates that “I'm not shy because it can affect us and it's a big problem to all of us”. The findings from the investigation are presented in the form of a pie chart. fig1 clearly depicts the findings followed by an explanation there of:
(i) Key Concepts

The study has revealed 60% of the respondents showing an understanding of HIV/AIDS Key Concepts. This implies that most of the teenagers are aware of what HIV/AIDS, antiretroviral are. They master the key concepts underpinning HIV/AIDS Education. This becomes a good departure in the quest to educate the nation to know their responsibilities in this regard.
(ii) Modes of Transmission
It is revealed that 73% of the respondents understand better the manner in which the virus enters the human body. The majority of the respondents have cited unprotected sexual intercourse as the major cause of HIV Infection.

(iii) Diagnosis
Fifty percent 50% of the respondents are not aware of the how to diagnose for HIV While the other 50% show understanding of diagnosis. This entrenches further training and workshop on diagnosis to increase the level of understanding

(iv) Prevention
As with modes of transmission, prevention revealed 76% of respondents understanding how people can prevent themselves from contracting the HIV virus. Whether the 76% of respondents will put the knowledge they have into practice through behavioral change, remains a challenge to all of us.

(v) Care and Treatment
HIV/AIDS knowledge on care and treatment reveals that 65% of respondents indicate that they do not know much about how to care and treat people infected with the virus. Only 35% knew about care and treatment.

4.2 Analysis

Participants Results: HIV/Aids Education

(i) Key Concepts
Majority of respondents 60% from 100 respondents shows an understanding of key concepts. This implies that these leaner enters secondary school with some background information on HIV/AIDS from their Primary school and home. Some of them only know that Aids is a disease that kills However key concepts such as antiretrovirals MTCT etc are not known. The researcher can thus conclude that
continual Education through HIV/AIDS workshops, seculars and training are essential in this regards.

(ii) Models of Transmission
It explains how the HIV virus can be contaminated. Respondents could not identify the use of drugs (especially needles, blood transfusions, razor blade, MTCT as other modes of transfusion, How ever most of them 73% know the other modes of transfusion (i.e. unprotected sexual intercourse). This is crucial because if they have good knowledge of this aspect, they will always be able to take precautions against being infected. The other participants 27% do not know how a person gets transmitted with virus. If they are not adequately trained they are likely to be vulnerable to the epidemic. During training it was evident that others did not know that you need to wear rubber gloves when bathing or washing clothes of an infected person. This will prevent of against direct contact with blood of a person living with HIV/AIDS.

(iii) Diagnosis
This refers to all the processes and procedures undertaken to determine whether a person is infected or not. Half of the respondents, 54% show understanding or knowledge of diagnosis while others, 46% show no understanding. It was evident during training that participants could not comprehend the general symptoms of HIV/AIDS. The challenge was that Aids does not have specific symptoms, unlike for example measles. The symptoms must be persistent and unexplained by any other reason before the possibility of Aids should be considered. However, an inference can be made that move educational activities (HIV/AIDS seminars, projects) are necessary for people to master diagnosis of HIV/AIDS.

(iv) Skills
The knowledge about HIV/AIDS assist in developing in personal, decision making, time management and teamwork skills. Participants learned about the value of community at large. Through communication one can acquire more
knowledge and be able to transfer it further to other stakeholder (i.e. peer church embers effective and effectively and efficiently (interpersonal skills) Bing equipped with the right knowledge will ensure sound or informed decision making occurs. People (participants) are able to postpone sexual activities until such time that they are more matured. (time management) Teamwork is evident in the ability to co-operate well with their families, school and community. The results show that 71% of respondents have acquired the necessary skills.

(v) Prevention
The investigation revealed that most of participants 76% are informed regarding prevention from HIV/AIDS. In the training session however, it was evident that other measures of prevention such as treating STI’s and having one mutual partner can be a preventive strategy. Only 68% respondents knew what antiretroviral were.

(vi) Care and Treatment
Few of the respondents (35%) from the 100 have affectionately shown compassion, love, support, and respect to the HIV infected. They are willing to help them and accept them for who they are. They support the statement that my friend with HIV/Aids is still my friend. It was evident in the post-training questionnaire when these respondents indicated that person (family) who is HIV-positive will be given healthy food ARVS, love and care the training taught CD4 cell count four alls below 200cells-They also learned that keeping vegetables garden will ensure that fresh vegetables are taken to boost the immune system.

(vii) Values and Attitudes
The values such as which respondents acquired will equip them to be responsible young citizen of South Africa. They will be embedded in them for a life-time. Through continued interactive on with family, friends’ school, church and community at large, They will make sure that they impact the lives of people in a positive way. These values and attitudes are central lead a healthy,
responsible and meaningful life –style. This will enable them to make right, informed and responsible decisions. They will learn to be responsible and accountable for their actions and future. This is shown by 77% of the respondents.

(viii) Parental Involvement
The family is regarded as a basic unit of socialization and education. Before a child go to school or church, he/she first learn from home. It is significant that parents should be open to discuss facts about sex, and HIV/Aids education with their children. This will ensure that when the child goes to school, the knowledge of HIV/Aids he/she got from house is been expanded. Peer pressure will not dominate these learners as they will be knowledge, thus being able to make responsible decisions. Parents should not see sexuality education as taboo, immoral and unethical. Although 53% of the (100) respondents indicated that parents are open to discuss this matter, the other 47% respondents indicated that this is not possible. Educators can help parents who don’t know about HIV/Aids Education.

(ix) Curriculum Life Skills (HIV/AIDS Education)
The investigation revealed a need to formalize HIV/Aids Education. The curriculum at all schools should cater for HIV/Aids Education with clear guidelines in terms of syllabus of how to implement it. Educators needs quality training on know to teach about HIV/Aids. Guidelines should be clear on the number of period per week to be allocated for the subject. At least three

4.3 Presentation of statistical results
Christensen, 2004:451 asserts that when presenting the results of statistical tests in the text, provide enough information to allow the leader to corroborate the results. Although what count as sufficient information depends on the statistical tests and analysis selected. It means including information about the magnitude or value of the test, the degree of freedom, the probability level and the direction
of the effect. For the purpose of this research, the results thereof comprise of the interpretation of the descriptive statistics for the questionnaire and the consideration of significant values related to the relevant correlation coefficients.

Considering the descriptive statistics about the knowledge of HIV/AIDS Education amongst the 15 year old girls it is clear that they know something about HIV/AIDS Education. And arithmetic average (mean value of 62.375%) is shown based on the knowledge of key concepts, values and attitudes, diagnosis, care and treatment, parental involvement, prevention, modes of transmission and skills. The examination of the mean value for these categories reveals that the 15 year old girls at Kiriyatswane Secondary School have an above average knowledge about HIV/AIDS. However, only 35% showed knowledge on care and treatment of HIV AIDS. This poses a great challenge to educators, parents, community health workers, religious leaders and their peers.

4.4 Test of statistical significance

The test of statistical significant answers the question whether any results obtained by the data analysis are statistically significant or reliable (de Vos, 2001:247). The result of this study reveals that \( r = 0.18, \quad p < 0.05. \) this statistics reveals that there is a modest positive correlation between the knowledge of HIV/AIDS education and the 15 year old girls. This correlation is statistically significant since \( p \) is less than 0.05.
5. RECOMMENDATIONS AND CONCLUSION

5.1 Recommendation
The significance of understanding HIV/AIDS Education cannot be over emphasized. It is true that knowledge is power and without it communications shall perish. Below are recommendations as a result of this investigation since HIV/AIDS affect and infects all of us:

- There is no easy answer, no quick fix, no magic bullet for HIV/AIDS. Pinning one’s hopes on a vaccine or cure is an unsound strategy at this stage. The medical fraternity will develop treatment regimes which are cheaper to use, and simpler to administer which turn HIV into a chronic but manageable ailment, although this will take time.

- Little things will make a difference. There are so many community and NGO initiatives worth building on and intensifying to educate the nation on HIV/AIDS. This includes campaign called ‘love life’, sponsored by the Kaiser Family Foundation, the Gates Foundation and others. They use popular youth idiom to get message of safer sex across to young people. Billboards, posters on taxis, inserts in newspapers and televisions and radio are all used to appeal to the youth to ‘talk about it’.

- Everyone has a role to play. The challenge of HIV/AIDS Education will be conquered when the population as a whole is mobilized for it. Every home is a suitable front to repel the enemy.

- We need leadership. In countries like Uganda and Thailand, the epidemic is been turned around by highly visible political leadership. We need people of the caliber of Thabo Mbeki and Dr Nelson Mandela to be out on the Hastings and in the school halls, fighting the campaign of their lives.
Knowledge and Education. Most of the adults are sufficiently aware of AIDS, the next step is to move beyond awareness and this is a priority of government. Firstly, schools need to be used for AIDS education and the program should start at a very early age (i.e. 6yrs). The aim of the program should be to teach life-skills rather than focusing on HIV/AIDS alone. Secondly, parents should take some responsibility for this education. However it is hard to broach the subjects, parents should remember that it is their children’s life’s that are at stake.

Condoms and other barrier to infection. Condoms should be readily available, affordable and of acceptable quality. The use of make condoms requires the assent of the make partner. There is an urgent need to improve the female Condoms and look at other prevention methods.

STI’s treatment. The early and correct treatment of STI’s is an important weapon in the armory against HIV transmission. Encouraging woman in particular to seek proper reproductive health care should be a priority. The existing activities have been necessary but are insufficient.

Voluntary testing and counseling should be encouraged. If people don’t know that they are HIV positive, they cannot make decision as to whether or not to risk infecting other people. If people decide to be tested and discover they are negative they will have an incentive to remain that way. The key is quality and availability of testing and counseling.

Enhancing status of woman. These range from giving them training and capital to become entrepreneurs to tougher laws on rape and sexual harassment.

Children, particularly orphans are vulnerable to sexual molestation. These children should be placed in a caring environment.
• All workplace should design, implement and evaluate HIV/AIDS policies, program involving all relevant stakeholders.

• All people infected with HIV/AIDS should be continually supported physically and emotionally.

• Our curriculum should be multidisciplinary, addressing HIV/AIDS in all the subjects and/or learning areas.

• Effective school program should include the following elements:
  
  o A focus on reducing specific risky behaviours.
  
  o A basis in theories which explain what influences people sexual choices and behaviours.
  
  o A clear and continuously reinforced message about sexual behaviour and risk reduction.
  
  o Providing accurate information about, the risks associated with sexual activity and birth control and about method of avoiding or deferring intercourse.
  
  o Sealing with peer and other social pressures on young people, proving opportunities to productive communication, negotiation and assertion skills.
  
  o Uses a variety of approaches to teaching and learning that involve and engage young people and help them to personalize the information.
o Uses approaches to teaching and learning which are appropriate to you people age, experience and cultural backward.

o Is provided by people who believe in what they are saying and have access to support in the form of training or consultation with other sex education.

- Policies should be enacted to ensure equal access to services; countries should assess and address laws, policies and practices that increase the vulnerability of woman and girls.

- All countries with generalized epidemics e.g. South Africa should develop and implement national strategies to address the growing number of children orphaned and made vulnerable by the epidemic.

- Implementation and enforcement of measures to eradicate HIV/AIDS related stigma and discrimination are urgently needed to ensure that new resources and growing political commitment on HIV/AIDS are effectively transmitted into programs that can halt and eventually reverse the global epidemic.

- All countries should develop and implement national strategies to ensure the delivery of comprehensive care and treatment to people leaving with HIV/AIDS.

- All highest levels of government, countries should immediately assess their national policies and accelerate the development and implementation of policies needed to bring countries into compliance with the declaration.
 Assertive political leadership is important in Zimbabwe, Swaziland and South Africa where effective action is immediately needed to prevent a measure expansion of HIV/AIDS.

 Companies doing business in low and middle income countries should adopt the IOL code on practice on HIV/AIDS and World of Work.

 Financial support for HIV/AIDS Programs is urgently required for strategies to build the institutional capacity that countries need to support and effective response in areas resource management, monitoring and evaluation.

 Countries need to ensure that a comprehensive package of HIV prevention services is implemented and coverage expanded to guarantee access to these services for all vulnerable groups (woman and girls).

 Urgent international action is needed to respond to crisis conditions that exist in the countries of Southern and Eastern Africa. Engagement of international sector partners to assist these countries in addressing the epidemic’s growing impact. A broad diversity of donors and stakeholders should work together to help countries bring essential HIV/AIDS programs to scales

 5.2 Conclusion

 Every school community needs courage to reflect honestly on the impact of the HIV epidemic. Once this process begins, it soon becomes clear that we are all living with HIV. In some way or another all our lives are affected by the virus and the breakdown it causes in our families, our places of work, and our society as a whole. We have to accept that the problems will not disappear overnight. As more and more young adults die of AIDS, schools will be called upon to care for
children who grow, develop, living and dream—despite the presence of HIV and AIDS in their lives.

These are the reason why we need a vision and commitment to action that will strengthen the education sector for the next twenty years.

A good way to developing such a vision:
Take responsibility for the problem that directly affects you. Focus on those issues in your school that you can actually do something about. For example, you cannot prevent new HIV infection through sexual violence outside the school, but you can treat the girls in your school with respect. You can teach them to be assertive and aware of the risks they face. You cannot get rid of poverty in your community, but you can make sure you like with existing feeding schemes to provide at least one healthy meal a day. You cannot protect children from the breakdown of family life, but you can create many opportunities for children to experience care at school. Understanding the impact of the epidemic on South Africa as a whole. Organizations should use your knowledge of the epidemic to draw up affective action plans.

The best HIV and AIDS school policy will have a limited effect on the lives of learners unless we create a caring school climate. For many children the school is the most secure environment they experience. It provides one of the few opportunities for learner to develop their self-worth and persona confidence. These qualities, in turn, give them the will to make good choices and take charge of their lives.

Schools cannot do everything, but they can lead the way. As school managers, educators and members of the SMT or SGB you have the right and the responsibilities to take action. This will protect the right of every child to be loved, develop and grow up feeling safe. Fate has dealt South Africa a cruel blow by replacing apartheid with HIV/AIDS as public every number one. The role of many
parents and cares as sex educators changes as young people get older and young people are provided with more opportunities to receive formal sex education through school and community setting. However it does not get any less important. Sex education in school tends to take place in blocks of time; it can’t always address issues relevant to young people at a particular time. Parents can fulfill a particular important role is providing information and opportunities to discuss issues as they arise.

The role of schools in teaching young people information, Skills and shaping their attitudes cannot be over emphasized. However they are faced with obstacles in implementing AIDS Education in School. Some countries have no policies on AIDS education and in other there can be policies specifically against AIDS Education. At the level of individual schools, one major obstacles is that (i) often the subjects can be considered by adults such as policy-makers, teachers and parents as too sensitive for children or too controversial.

(ii) School curriculum is already full and that it is therefore impossible to find a slot for AIDS Education. Even it HIV and AIDS education is provided in a school, it is often in adequate for one or more or the following reasons: HIV and Aids education is often provided only with medical and biological facts and not real-life situations affecting young people. Only one option in terms of sexual behaviour may be offered (i.e. abstainance) regardless of the age the students. Learner Teacher Support Material (LTSM) may not exist and educators may not be properly trained to organize classroom activities on sensitive issues. No education is provided on referral services such as further information and skills training counseling and youth-friendly STD services.
6. REFERENCES


